Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 26 July 2016 - 6:00 pm
Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

Date of publication: 18 July 2016

Chris Naylor
Chief Executive

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Membership

Cllr Maureen Worby (Chair)	(LBBD) Cabinet Member for Social Care and Health Integration
Dr Waseem Mohi (Deputy Chair)	(Barking & Dagenham Clinical Commissioning Group)
Cllr Sade Bright	(LBBD) Cabinet Member for Equalities and Cohesion
Cllr Laila Butt	(LBBD) Cabinet Member for Enforcement and Community Safety
Cllr Evelyn Carpenter	(LBBD) Cabinet Member for Educational Attainment and School Improvement
Anne Bristow	(LBBD) Strategic Director for Service Development and Integration and Deputy Chief Executive
Helen Jenner	(LBBD) Corporate Director of Children's Services
Matthew Cole	(LBBD) Director of Public Health
Frances Carroll	(Healthwatch Barking & Dagenham)
Dr Jagan John	(Barking & Dagenham Clinical Commissioning Group)
Conor Burke	(Barking & Dagenham Clinical Commissioning Group)
Jacqui Van Rossum	(North East London NHS Foundation Trust)
Dr Nadeem Moghal	(Barking Havering & Redbridge University NHS Hospitals Trust)
Sean Wilson	(Metropolitan Police, Interim Borough Commander)
Ceri Jacob (Non-voting member)	(NHS England London Region)

AGENDA

1. **Apologies for Absence**

2. **Declaration of Members' Interests**

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

3. **Minutes - To confirm as correct the minutes of the meetings on 26 April and 14 June 2016 (Pages 3 - 26)**

   (i) Minutes of 26 April 2016

   (ii) Minutes of 14 June 2016

BUSINESS ITEMS

4. **Health and Wellbeing Board Membership (Pages 27 - 30)**

5. **Child and Adolescent Mental Health Needs (CAMHS) Transformation Plan and Needs Assessment (Pages 31 - 48)**

6. **Children and Young People Mental Health Transformation Plan Update (Pages 49 - 58)**

7. **18 Week Referral To Treatment Update (Pages 59 - 72)**

8. **Update on Commissioning of Eye Care Pathway (Pages 73 - 78)**

9. **Healthwatch Barking and Dagenham Annual Report 2015/16 (Pages 79 - 138)**

10. **Systems Resilience Group - Update (Pages 139 - 141)**

11. **Sub Groups - Update (Page 143)**

12. **Chair's Report (Pages 145 - 149)**

13. **Forward Plan (Pages 151 - 164)**

14. **Update on North East London Sustainability and Transformation Plan (NEL STP) (Pages 165 - 185)**

    Appendices B and C to the report are in the exempt section of the agenda at Item 17

15. **Any other public items which the Chair decides are urgent**

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

Private Business

The public and press have a legal right to attend Council meetings such as the Health and Wellbeing Board, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended).

17. Appendices - North East London Sustainability and Transformation Plan (NEL STP) (Pages 187 - 291)

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

(i)

(ii)

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London Borough of Barking & Dagenham
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Our Vision for Barking and Dagenham

One borough; one community; London's growth opportunity

Encouraging civic pride

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

Enabling social responsibility

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

Growing the borough

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

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MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 26 April 2016
(6:00 - 9:01 pm)

Present: Cllr Maureen Worby (Chair), Anne Bristow, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Frances Carroll, Matthew Cole, Helen Jenner, Dr Jagan John, Cllr Bill Turner, Melody Williams and Sean Wilson

Also Present: Cllr Eileen Keller, Terry Williamson and Matthew Hopkins

Apologies: Dr Waseem Mohi, John Atherton, Dr Nadeem Moghal, Jacqui Van Rossum and Sarah Baker,

86. Extension of the Meeting

At 8.00 p.m. the Chair moved that the meeting be extended by half an hour, this was seconded by Cllr Carpenter and agreed by all present. At 8.30 p.m. the Chair moved that the meeting be extended by a further half an hour, this was seconded by Helen Jenner and agreed by all present.

87. Declaration of Members' Interests

There were no declarations of interest.

88. Minutes - 8 March 2016

The minutes of the meeting held on 8 March 2016 were confirmed as correct.

89. Draft Primary Care Transformation Strategy

Sharon Morrow, Barking and Dagenham Clinical Commissioning Group (CCG) Chief Operating Officer presented the report and explained that the CCG's Draft Primary Care Transformation Strategy, which was attached to the report, had been developed in response to a number of drivers for change, such as the NHS Five Year Forward View and the challenges of changing demographics, the increasing number of patients with long-term and multiple-long-term conditions and the number of GP practices that were saying their workload would be unsustainable.

Sharon explained that the emerging vision was of Primary Care led locality based services, which would be supported by other medical professional services such as pharmacies. The CCG felt the integrated services would provide personalised, responsive, timely and accessible care that was both patient centred and co-ordinated, which would improve benefits for patients. It would ensure that patients received a standard offer across all practices. The Strategy would also encourage partnership working between GPs and would drive a better use of IT. The King's Fund framework would be used to develop place based care in Barking and Dagenham. Sharon drew the Board's attention to the timescale and the next steps set out in the report.

Dr John, Clinical Director Barking and Dagenham CCG, commented that the

current GP model would not be sustainable and this vision was trying to improve longstanding problems and to improve patient outcomes. The strategy would encourage partnership working, including with local authorities to integrate health and social care. There was also the added pressure of the number of GPs retiring in the area and across London and the South generally.

The Board raised a number of issues, including:

- Other Factors – Health and care provision alone was not the answer and other social impacts, such as jobs and quality housing all have an impact on long-term health outcomes. Matthew Cole, Director of Public Health agreed to provide some wording on this issue to the CCG.

- Delivery and Funding - How would this Strategy be aligned with other issues, such as the Better Care Fund and how would delivery be achieved? How would it be resourced, bearing in mind the £400m funding gap that exists across the BHR health and social care system?

  Ambition 2020 and any proposals emanating from that would impact on social care services will be delivered in the future. This had not been taken into account.

  Preventative Health measures and better lifestyle choices may not have an impact for many years to come. As a result there were still pressures that needed to be met both now and in the short to medium future.

- Document Accuracy - The details in the document also needed to be accurate, for example one GP mentioned in it had already retired a few months ago.

- Staffing Levels - LBBD was second from bottom for GP staff numbers per 1,000 population. Why was Barking and Dagenham so low in the rating and why were other boroughs better staffed when they had less health issues?

  There are recruitment issues across a whole range of health professionals in this area, which included GPs, Health Visitors, Physiotherapists and Dentists etc. Difficulty in recruitment of qualified professionals was not unique to GPs, for example children's social workers were difficult to recruit and also under pressure because of demand.

- GP Referrals to Outpatients - The number of GP referrals to outpatients was significantly higher at 426 per 1,000 than the London Average or 312. The range across practices locally of 320 to 680 per 1,000 was unlikely to be as a result of population factors alone. This needed to be further explored rather than just being anecdotal evidence.

- Growth Borough - LBBD was a growth borough and the population would be increasing. How were the CCG and GP services going to deal with that increase when Riverside Ward still had no GP Surgery?

- Seven Day Primary Care Service - If a seven day Primary Care Service was to be available, how were GPs going to be able to cope with the extra workload?

- Leadership of Local Health – What input would be provided both from and to other health professionals, for example collaboration between GPs and dentists?

- Data and Statistics – Data was being used to drive the LBBD's Ambition 2020 vision and decisions but there appears to be a lack of data to support the proposals and strategy.

- Implementation - Concern in regard to the implementation dates and felt that this was a little premature and was not as holistic as it should be.

Sharon Morrow responded:

- In relation to the funding issue, the rationale was that if patients have access to wider primary care services there would be less demand for more costly hospital care services.

- The CCG were aware that there were difficulties in recruiting GPs to this area and action was being taken to make it a more attractive option for them to choose to work here.

- The graphs and data were primarily to illustrate some of the variation in health measures that CCG monitor. As the Primary Care localities were progressed then the specific demographics and needs for an area would be addressed through the locality structure.

- The CCG have already attended planning meetings in regards to Barking Riverside and were looking at recruiting GPs and other health professionals for the area as it grows.

- It would be unlikely and impractical for all GPs to open and provide a 7 day service. The expectation is that weekend service would be provided through hubs.

- In regards to leadership, the proposed model recognises that GPs are the gate-keepers for healthcare services and community services are organised around their registered lists. The Localities discussions were being held through HCO/ACO to see how GP practices could work together and provide integrated services.

- Performance management and monitoring would be undertaken and achievement levels would become part of the contract.

Anne Bristow, LBBD Strategic Director of Service Development and Integration, advised that the work around the Accountable Care Organisation (ACO) Business Case was looking at what a locality structure might consist of and at this point in time there had been no decision as to whether these would be led by GPs.

The Chair commented that she had repeatedly pointed out that a one size fits all approach does not work in LBBD and she was disappointed about the lack of consultation. Whilst the Council had signed up to Integrated Care that does not mean it just will hand over services without being absolutely certain those services

would be improved and delivered for individuals. The Council could not sign up to supporting the Strategy as it currently stands.

Dr John advised he had visited LB Tower Hamlets Locality model, which had turned their diabetes service around and it was now one of the best in England. In his view the Strategy would involve a lot of work to co-ordinate health professionals but it could be achieved. Dr John said that he felt that the locality groups would have the same outlook and aims and this would improve patient outcomes. The Locality model was not just about GPs but a hub of shared providers. GPs were currently swamped and something needed to be done in the near future to stop the system deteriorating into crisis.

The CCG indicated that doctors do work collaboratively with dentists and the locality model would make it easier for this to happen.

Helen Jenner, LBBD Director of Children's Services, said that a strategy needs to identify what needs to change but that this does not come out clearly in this Strategy and it was also not clear what it was aiming for within the structures. This Strategy had not been seen by most Board Partners before nor had there been any discussions on the principles and aims but the Strategy had now progressed to the point of a structure. This was a concern as discussion and consultation with Partners should have occurred long before this point.

Conor Burke, Accountable Officer, Barking and Dagenham CCG, advised that there had been little change in Primary Care in the NHS in 68 years. The NHS had to change to address the shifts in the healthcare market and demographics. This was a provider strategy and its aim is for those providers to deliver a more efficient service and it also deals with some of the problems of multi-provider care. Locality models were about how GPs deliver the provision between themselves and it could be a delivery vehicle for the Accountable Care Organisation (ACO). The GPs had recognised that they need to reorganise and reform and this could converge with the ACO business case as that moved forward

The Chair welcomed the clarification and whilst noting Dr John's understanding of the Locality model and the CCG view that it would improve service and patient outcomes, she and her colleagues were rather cynical that North East London was being dealt with as one area. The Chair commented that the Draft Primary Care Transformation Strategy was clearly not new but it had not been talked about before and the Board were not happy with it being foisted upon it. LBBD Board Members wanted the best model for LBBD residents and not the best model for other NE London boroughs.

The LBBD Board Members felt that they could not support this Strategy at the present time and that it required further consultation and consideration of the impact on services, Ambition 2020 and ACO changes.

The Board:

(i) Reviewed the contents of the Primary Care Transformation Strategy and in view of the lack of earlier consultation and the issues raised at the Board agreed that further consultation and work needed to be undertaken before the Board could support the strategy and requested a further report on this issue for further consideration by the Board in due course.

90. Better Care Fund 2016/17

Sharon Morrow and Andrew Hagger, LBBD Health & Social Care Integration Manager jointly presented the report and explained that in December 2015 there had been a report to the Board with details of the progress the BCF had made in 2015, which gave details of performance against agreed metrics, delivery of the agreed schemes and actions being taken to address underperformance. This was then followed by the end of year report in March 2016 that assessed performance and provided an outline of the plans and timescale for developing the 2016/17 BCF Plans. The report and its attachments before the Board now provided both an overview and detailed plans for submission to NHS England.

Sharon explained that issues such as the reduction of non-elective admission and permanent admissions into residential / nursing placements had been taken on board. In regard to delayed transfers of care, the aim was to achieve a 2% reduction in 2016/17. Andrew advised that BCF schemes in the 2015/16 plan had been amalgamated to make them more cohesive and the themes and metrics for these were set out in Appendix B to the report.

Contributions would be in the order of £7.5m from LBBD and £13.2m from the CCG. It was also anticipated that a Section 75 Agreement would be in place by June 2016.

Cllr Carpenter, LBBD Cabinet Member for Education and Schools, drew attention to the funding allocation in section 4 of the report and the 170 admissions target in section 3 of the report and the risk to this not being achieved when we had both an ageing population growth and increasing budget pressures. Anne Bristow advised that there was indeed a risk if the older population grows significantly and also because the borough had a high level of non self funders. The usual rate for residential care settings had been increase by £100 a week, which would should help keep individuals in the community, which is generally a better setting for them. It was noted that the pooled budget had already been committed in existing services and there was not any new funding allocated. Cllr Carpenter commented that the £105,000 was a very modest amount allocated to end of life care. Sharon Morrow advised that this did not reflect total end of life spend and details of the spend would be provided direct to Cllr Carpenter.

Healthwatch advised that they would be able to monitor the patient and service user impact across a range of issues and ascertain if patients had discerned any improvement in services.

The Board:

(i) Endorsed the Better Care Fund plan, budget for 2016-17 and activity and Delegated Authority to the Strategic Director, Service Development and Integration and the Accountable Officer for the BHR CCGs, to agree and submit to NHS England the Plan as set out in Appendix A of the report, subject to the adjustments advised at the Board; and

(ii) Delegated authority to the Strategic Director, Service Development and Integration, to extend the Section 75 agreement for the Better Care Fund, with amendments in line with the report, and in consultation with the

Director of Law and Governance and the Strategic Director Finance and Investment.

91. Referral to Treatment

Matthew Hopkins, Chief Executive, Barking, Havering and Redbridge University Hospitals NHS Trust, introduced the report and led the presentation, supported by Clare Burns, BHRUHT Programme Director for Demand Management. Matthew explained that the NHS Constitution gave patients the right to access services within 18 weeks following a GP Referral. It became apparent in 2014 that in BHRUT this was not being achieved and due to the lack of confidence in the reliability of the data BHRUT had suspended formal reporting of its Referral to Treatment (RTT) performance in February 2014.

The Patient Administration System (PAS) computer system had been updated in December 2013. There appeared to have been both a misunderstanding and mismanagement of the data within the Trust over a number of years, for which the Trust was now apologising.

NHS England had subsequently tasked BHRUT and Barking Havering and Redbridge CCGs to develop a recovery plan and to report regularly to the NHSE / TDA to provide the necessary assurance that changes were happening. Despite the data not being assured in March 2016, BHRUT Board Papers stated that it had 1,015 patients waiting more than 52 weeks on the elective RTT pathway, which had led to significant national publicity. Independent auditors had now been appointed to verify the data and patient numbers but the exact numbers were still being verified. The only positive resulting from this problem was that the data deficiencies had allowed an opportunity to investigate where there were gaps between patient demand and capacity of services.

Since March the number of people waiting 52 weeks had reduced to around 800. NHS London had also written to BHR CCGs outlining their concern.

Matthew explained that 95% of patients should have had their procedures / diagnoses within 18 weeks of GP referral. For an organisation the size of BHRUT it would be expected that there would be around 30,000 people on the process / waiting list at any one time. The Trust had 58,000 people on the waiting list. In the past year the Trust had delivered an additional 1,200 operations and 30,000 extra outpatient appointments but there were still a large number of people waiting over 18 weeks. Matthew added that the Junior Doctors strike action had resulted in 4,000 appointments being cancelled on 26 April alone.

The aim now was to achieve compliance with the NHS Constitution standards by March 2017. To achieve that BHRUT were now looking towards other providers across the region, however, some people have indicated that they would prefer to wait longer to stay local. BHRUT had a programme of improvement for the data accuracy and to deal with the backlog of patients waiting for appointments or treatment.

Clare Burns explained that work now needed to be undertaken to provide services locally to resolve demand at the hospitals. As patients do not seem to want to travel for treatment, this would include alternative routes to treatment, such as a

community dermatologist service in LBBD. Clare added that LBBD referrals were often to orthopaedic and surgery when that was not always the answer and alternatives such as physiotherapy and living with the pain for a short while may be the answer. GPs should not stop referring patients, but should have other options in place, which may have more rapid results for patients.

Consultant auditors were checking for clinical harm, that correct governance and robust process were in place, demand and capacity issues and were also undertaking a modelling review.

The Chair said that she felt that it was not a credible statement to say that people would want to wait longer to be seen within the Trust than to travel to another provider and asked where the evidence was supporting this, for example how had people been approached and how many had been contacted, how long had they been told they might have to wait, had they been told they could go elsewhere? Matthew agreed to provide the evidence to the Board in due course.

The Board asked Matthew what was going to happen to reduce the number of people still waiting. Matthew advised that extra work had already been undertaken which had resulted in the delivery of 1,200 extra operations and they had also provided funding to resolve the computer / data issues.

The Board was extremely concerned that the Trust had suspended reporting but had not advised the Board of the difficulties for over 18 months. The Board felt that selected reporting of poor performance was totally unacceptable. Councillor Carpenter said that she felt that the not reporting of the problem to the Board had been deliberate and underhand and gave the misleading impression that BHRUT was performing well in regards to appointments, when in fact it was not. It was not right for any of the Partners to keep the Board in the dark in regards to significant or fundamental problems that they may have, as it would remove the Board's input and ability to monitor and support change. Matthew responded that as an organisation it was felt that it was wrong to continue reporting faulty and erroneous data and that before they started reporting again the data must be correct, robust and credible. The Department of Health had provided a support team in September 2015 to review the BHRUT data and consultants, Ernest and Young, had now been engaged to undertake a full review and checks.

The Board was disbelieving of the claim that there had been no clinical harm to the individuals that had been waiting up to 52 weeks or more for treatment and that there could also be psychological harm caused by the stress of waiting and the delay in treatments. Matthew advised that a clinical harm review had been undertaken and there were only two patients with moderate to severe clinical harm from the wait. Clare Burns advised that one of those was a patient with increased problems with a shoulder.

The Chair commented that this situation had not been considered or reported to the Council's health scrutiny committee, known as the Health and Adult Services Select Committee (HASSC), and suggested to Councillor Keller, Chair of HASSC, that the issue of the Referral to Treatment was added to its Scrutiny Work Programme for further investigation as a matter of priority.

Councillor Butt, LBBD Cabinet Member for Crime and Enforcement, was extremely

concerned that both the document and presentation referred to ‘waiters’ and asked that BHRUT not use the term ‘waiters’ in their future reports and suggested that ‘patients’ or ‘people’ was more appropriate. Councillor Butt added that it needed to be remembered that these were individuals, people, and not numbers.

Councillor Turner, LBBD Cabinet Member for Children’s Social Care, indicated that the Council was extremely disappointed in BHRUT’s dismissive attitude to the Board and the other Partners on it. This was borne out by BHRUT’s failure to advise the Board of such a significant problem and under performance: even if they did not know numbers, they were clearly aware that there was a major problem.

Councillor Turner reminded the Board of the legal duty of candour and asked Matthew to whom they had reported the suspension of reporting data. Matthew advised that the Department of Health had been advised as soon as it became apparent that there was a significant issue.

Councillor Turner asked if anybody within BHRUT had been held accountable for the failures. Matthew responded that there had been a systemic lack of capacity in dealing with the problem over many years, as well as incompetency, rather than a wilful misreporting of data. As a result appropriate disciplinary action had been taken but he was not prepared to share what that was with the Board as it was personal information.

Councillor Turner asked who would be the named individual accountable for ensuring the data issues were sorted and the time people were waiting was resolved. Matthew explained that BHRUT and BHR CCG had developed a refreshed Referral to Treatment recovery plan to more effectively tackle the issue of long patient wait times and provide the necessary assurance to all stakeholders. The refreshed recovery plan was being reviewed by NHS England and NHS Improvement (formerly TDA) and consultants were also verifying the data. However, as Chief Executive and Accountable Officer he accepted that he was responsible for ensuring the data issue was resolved and patients waiting times were reduced.

Councillor Carpenter commented that it was necessary to ensure all those waiting more than the NHS Constitution standard were seen as a matter of priority and not just those already waiting more than six months or a year.

Conor Burke, Accountable Officer, Barking and Dagenham CCG, advised that he had just received details on the patients waiting and this would be shared with GPs so that they could look at the individual cases and make the appropriate contact.

The Board:

(i) Noted that the Barking, Havering and Redbridge Clinical Commissioning Groups and Barking, Havering and Redbridge University Hospitals NHS Trust had developed a refreshed Referral to Treatment recovery plan to more effectively tackle the issue of long patient waits that sought to offer necessary assurance to all stakeholders, including patients and the public;

(ii) Noted the recovery plan was being reviewed by NHS England and NHS

Improvement (formerly NTDA) and external consultants had been engaged by BHRUT to independently verify the data accuracy and assist BHRUT in the resolution of the problem;

(iii) The Board also wished to place on record its serious concern in regard to:

(a) The decision of BHRUT to 'not report' nor advise the Board of the problem over the last 18 months;

(b) The apparent lack of urgency at BHRUT in regard to resolving the problem at an earlier point in time;

(c) The significant number of patients who were waiting more than the 18 weeks referral to treatment target, set out in the NHS Constitution, with some patients still waiting for over 52 weeks;

(d) The potential deterioration in patients' conditions and the physiological and social harm that may be caused to patients by the delays;

(iv) Requested that the Board be provided with regular performance updates on this issue, including:

- Details of the action being taken by BHRUT to reduce patient wait times;
- The performance achieved in the previous quarter;
- The projected trajectory rates to achieving the 18 week referral to treatment target across all specialities;
- The numbers of patients in each specialist area and how many of those patients were Barking and Dagenham residents;
- Evidence to substantiate the anecdotal claim by BHRUT that patients were prepared to wait longer to be seen within BHRUT rather than being treated by other providers;

(v) Requested that BHRUT do not use the term 'waiters' in their future reports and suggested that 'patients' or 'people' was more appropriate; and

(vi) Recommended that the LBBD Health and Adult Services Select Committee include the issue of the Referral to Treatment in its Scrutiny Work Programme for further investigation as a matter of priority.

92. London Ambulance Service NHS Trust Improvement Plan

Terry Williamson, Stakeholder Engagement Manager, London Ambulance Service (LAS), presented the report and updated progress on the Improvement Plan. The Improvement Plan had been out into place following the inspection by the care Quality Commission (CGC) in June 2015 which had rated the services as "inadequate".

Terry gave the background to the service and the Improvement Plan, which provided the details of the LAS intention to provide a better service to patients and a better place to work and the work plans to achieve those required improvements. The details were set out in the report but particular attention was drawn to:

- Approximately 200 operational staff cover vehicles deployed in the North East London, which included stations in Dagenham, Ilford, Hornchurch, and Romford and there were also supporting resources from Newham, Hackney and Waltham Forest. The prioritisation of 999 calls was undertaken at the Emergency Operations Centres at Waterloo and Bow.

- Culture change workshops had been held on bullying and harassment.

- Recruitment of Paramedics was being undertaken across the world and the services had been particularly successful in attracting staff from Australia; some of whom would be starting work at the end of March 2016.

- An innovative 'elderly fallers' provision had been set up in partnership with NELFT. This provided an appropriate care pathway for these patients that prevented attendance at hospital.

- The Quality Improvement Plan wouldl involve all staff in all its work streams, which would include an investigation into pathways to treatment at Urgent Care Centres etc and identifying what issues may be stopping staff from using them.

- For the year-to-date, the demand for the service (calls) in Baking and Dagenham had increased by 4.7%. The North East London sector was currently the third highest performing area across the whole LAS area. However, the target for Category A calls nationally was 75% attendance within 8 minutes and whilst this was not achieved by many national services, the LAS was only achieving 58.3% and wished to improve on this.

In response to a question from Cllr Butt, Terry advised that the performance data in section 2.2 of the report were response times for Category A (life threatening) calls, for which the response time to arrive at the patient was 8 minutes. Abbey Ward had the highest level of Category A calls. Sean Wilson, Interim Borough Commander, Metropolitan Police, advised that Abbey was also their highest calls area for violence. It was noted that the call status would not be downgraded if on arrival it transpired the patient did not be life threatening condition. Terry advised that he would provide the necessary data to enable it to be mapped if it may result in some partnership innovation.

Cllr Turner advised that he had seen the data and added that he was pleased to see the LAS engagement with the Board.

Sean Wilson advised that there was some joint working initiatives being trialled with other 999 services, for example LAS are intending to use Havering Fire Brigade on a safe stand-by point for staff.

The Board:

(i) Noted the London Ambulance Services (LAS) NHS Trust Improvement Plan and progress made to date;

(ii) Noted the potential for joint working with the other emergency services and partners to improve service delivery; and

(iii) Was pleased to see the LAS at the Board and would welcome their regular attendance.

93. Care City Programme Update

Helen Oliver, Managing Director Care City, presented the report on the progress made by Care City, which included its formal launch two months earlier, the confirmation of NHS Innovation Test Bed, Barking Riverside designation as a NHS Healthy New Town site and collaborations with national and international groups.

Helen also drew the Board's attention to the innovation work stream, which included investment achievements of £1.8m to test nine IT devices, Activity 2 Exchange innovation with stakeholders, the research and education work streams, which included improvements to cross community skills and capacity, the details of which were set out in the report and presentation.

The Board were pleased to see the innovative use and testing of IT that would enable people to look after themselves whilst they were still being safeguarded.

The Chair encouraged people to visit Care City to see the work that was going on there.

The Board

(i) Noted the work that had been undertaken following the launch of Care City in January 2016 and the evolving programmes of work which were being developed.

94. Public Health Programme Board Strategic Delivery Plan Update

Matthew Cole, presented the report and explained that the Public Health Programme Board and its sub-committee the Health Protection Committee had oversight responsibility on the national programme for immunisation and screening and how the screening tests helped to identify those at higher risk of a health problem: which in turn would enable early intervention to reduces mortality, morbidity and the economic cost of life-long treatment and support from health education and social services.

Matthew reminded the Board that further actions to improve performance in Antenatal Newborn Screening Programme at both BHRUT and Barts Health NHS Trust in regards to foetal anomaly, Sickle Cell, Thalassaemia and newborn bloodspot screening, and infant physical examination.

Matthew pointed out the performance of other non-cancer screening for abdominal aortic aneurysm and diabetic retinopathy were performing well. However, the uptake of child immunisation at two and five years and the seasonal flu vaccination were still areas that needed to improved performance. The area that was showing a 'R.A.G' red rating was the uptake rates for cancer screening which was below both the London and England average within the last three years.

The Board was surprised to hear that there was a worldwide shortage of BCG vaccinations and UK stocks were almost totally depleted and reminded Public

Health England that the duty of candour applied to them also.

NELFT advised that they only had BCG vaccine stocks for a couple of weeks maximum and as there were no further scheduled deliveries of the vaccine they were trying to ascertain when supplies would be forthcoming. NELFT advised it had suspended accepting new BCG vaccination patients and were only immunising those already booked into the BCG clinics and they would also shortly be suspending the universal neonatal BCG programme. With no vaccinations at birth or at the clinics being undertaken there would be an increasing backlog of individuals that would need to be followed up.

Helen Jenner said she was concerned about the loss of 'herd protection' levels for children and asked what would happen if there was an Tuberculosis incident in a local school as the protocol currently was to immunise all children in contact within the school. NELFT advised that they had been told there was a small amount of BCG vaccine held nationally for emergency, but not for a local emergency such as Helen had described.

The Board were very concerned about the lack of BCG vaccination supplies nationally and the number of high risk adults and children who were not being vaccinated.

The Board was also concerned about the need for a proactive plan to urgently obtain BCG vaccination supplies and the apparent failure of the national and London resilience plans in regards to this and any further vaccination supply shortages.

In response to a question about the Measles outbreak, Public Health England advised that there were 64 confirmed cases across London and these were mainly in young adults.

Cllr Turner raised the issue of early testing in pregnancy for Sickle Cell and was advised that BHRUT expected 49.3% of women to have been tested before 10 weeks gestation. The Board noted the pathway for testing and other options and that overall testing uptake of those at risk was over 99%.

The Board

(i) Noted the report;

(ii) Requested that Health and Social Care Commissioners provide performance updates as part of the Board's quarterly performance report on the measures being taken to prevent Health Care Associated Infections within both the hospital and community settings.

(iii) Requested that Public Health England to provide a quarterly performance report on the actions to improve coverage figures for immunisation and antenatal screening, including the sickle cell testing rates for at risk expectant mothers by 10 weeks gestation;

(iv) Requested that the NHS agreed clear arrangements to manage babies moving into the area without full newborn screening;

(v) Requested NHS England provide details to the Strategic Director, Service Development and Integration, within seven working days, of a proactive plan to urgently obtain BCG vaccination supplies and details of the national and London resilience plans in regards to this and any further vaccination supply shortages;

(vi) Reminded partners that Breast Screening provision locally had been raised previously and still need to be included.

95. Contracts: Procurement and Commissioning Plans 2016/17

The Board received the report from Matthew Cole, which set out the Council's commissioning plans around Public Health and Adult Social Care for 2016/17, which included information on contracts over £500,000 in value that were due to expire during 2016/17 financial year.

The report also provided information on how the plans would meet with the Joint Health and Wellbeing Strategy, Partners' commissioning intentions and Legislative requirements including the Care Act 2014 and Children's Act 2014,

The Board:

(i) Noted the proposed procurement and commissioning plans for 2016/17, including the list of list of contracts over £500,000 that were set to expire during the financial year.

96. Systems Resilience Group - Update

The Board received the report on the work of the System Resilience Group (SRG), which included the issues discussed at the SRG meetings held on 29 February and 30 March 2016.

The Board noted the work that was ongoing in regards to the BHRUT Trust and its Improvement Plan, including performance over the Easter period and the front and back door service of Accident and Emergency, influenza uptake, neuro-rehabilitation, Referral to Treatment and Cancer Improvement Plan, the latest position on the Urgent and Emergency Care Vanguard and the governance and delivery arrangements for the SRG.

97. Sub-Group Reports

The Board noted the reports on the work of the:

- Children and Maternity Sub-Group
- Mental Health Sub-Group
- Learning Disability Partnership Board Sub-Group

98. Chair's Report

The Board noted the Chair's report, which included information on:

- **Sustainability and Transformation Plans (STP)**
  There were now 44 STP areas across England and LBBD was in the North East London STP, which also included Havering, Redbridge, Waltham Forest, Newham, Tower Hamlets, City and Hackney.

  The full Sustainability and Transformation Plans were due for submission at the end of June 2016 and a draft version of the STP would be presented at the next Board meeting.

- **Health and Wellbeing Bard Development Session**
  The Session would be held on 19 May 2016, Care City, Barking.

- **Women's Empowerment Month**

  - Women's Empowerment Awards 2016 and events held in March.

  - The Adoption of the Gender Equality Charter by the Council.

- **News from NHS England:**

  - Resources to support early detection and secondary prevention in primary care. The CVD Primary Care Intelligence Packs had been launched by the National Cardiovascular Intelligence Network (NCVIN).

  – New whistle-blowing guidance for primary care.

99. Forward Plan

The Board noted the draft June edition of the Forward Plan.

MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 14 June 2016
(6:00 - 8:20 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Cllr Sade Bright, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Matthew Cole, Helen Jenner, Jacqui Van Rossum, Sean Wilson and Tudur Williams

Also Present: Sarah Baker, Cllr Bill Turner, Stephen Norman and Meena Kishinani

Apologies: Anne Bristow, Frances Carroll and Dr Nadeem Moghal, Cllr Peter Chand and Terry Williamson

1. Apologies for Absence

2. Extension of the Meeting

At 7.58 p.m. the Chair moved that the meeting be extended initially by half an hour to 8.30 p.m.. This was seconded by Cllr Bright and agreed by all present.

3. Declaration of Members' Interests

There were no declarations of interest.

4. Minutes - 26 April 2016

(i) Minute 91 - Referral to Treatment.

Cllr Carpenter, Cabinet Member for Educational Attainment & School Improvement, and Cllr Turner, Cabinet Member for Corporate Performance and Delivery, both requested inclusion of some of their comments and for the minutes to be stronger in the displeasure that the Councillors and the Council had felt at the underhand behaviour of BHRUT in deliberately not reporting the problem to the Board and in the continuing delays that residents were experiencing in obtaining appointments and treatment.

The Chair pointed out that minutes by their nature quite rightly do not express emotion, but in view of the Councillors' strong views the Chair agreed that the minutes of the 26 April 2016, with the requested changes to Minute 91, would be represented at the next meeting for approval. The Chair advised that the LBBD Health and Adult Services Select Committee had now also considered the Referral to Treatment issue and would be reporting its recommendations in due course.

5. Reducing the Risk of Fire for Vulnerable People

Steve Norman, LBBD Borough Commander, London Fire Brigade, gave a presentation on the risks and action that could be taken to reduce incidents and deaths resulting from fires in relation to vulnerable residents, especially those that smoke and have a mixture of conditions such as health, memory, disability and

frailty issues. Approximately 80% of fatal fires occur in premises where a care package had already been put into place and many such incidents may be preventable. On a non-emotional level, the economic cost of assessment and provision of tailored equipment to reduce the risk(s) would be significantly less than damage repairs or total loss of property.

The Board's attention was drawn to the new safety standards (BS5839 Part 6), aims and matrix, set out in the report, and how the needs and risks would change depending on whether people were resident in individual properties, sheltered community or care homes. Steve presented a number of examples and then explained how major impact could be achieved in simple easy to implement changes such as fire chair rugs, storage of combustible materials away from heightened risk seating / bed areas, personal suppression systems, type and placement of detectors and alarms and ensuring that separate telephone lines were provided for personal alarms and fire alarms.

Whilst the Fire Brigade were expert in fire prevention they would also be able undertake assessments, such as trip and other hazards, when at a property.

Bids could also be made for funding from £1m that had been set aside for prevention work.

Steve explained the potential benefits of upgrading and commissioning to the higher standards, which were due in December 2016. Tudur Williams, LBBD, Operational Director Service Development and Improvement, felt that some important steps could be made in the meantime and that the opportunity for partnership working should be pursued as a matter of urgency. Recognition of fire risks training for staff, such as health professionals, social workers, housing, care and other front line staff, would be welcomed as soon as possible. It may also be beneficial to have a common fire risk section on assessment and other people centred forms, which could then also form part of the processes for care plans and hospital discharges etc.

Cllr Turner, raised concern about fire risk in poorly adapted properties, houses in multiple occupation and bad landlords who do not provide alarms, safe exits etc. Steve advised that there were not many deaths in private houses in multiple occupation, however, there were certainly injuries occurring from fires in such properties. LBBD's Private Rented Property Licensing Service had taken the decision to be proactive and fund the provision of alarms to houses in multiple occupation and had also been working with the Brigade to identify houses at risk.

Sarah Baker, Independent Chair of LBBD Safeguarding Adult's and Children's Boards, also pointed out that there were fire risks in homes with disabled children, due to the amount of equipment that that was often needed, and that it would be important to also work with Children's Centres and to consider expanding fire risk assessment and prevention to all vulnerable individuals between the ages of 0 to 100. Vulnerable people of all ages could also be in a larger family setting and potentially could increase the risks to others.

The Board:

(i) Discussed the information provided and the proposed work to investigate the potential improvements identified for the prevention of fires for

vulnerable people, including the potential for Joint Partnership working and bid opportunities; and

(ii) Agreed, in principle, to support the actions set out in the report and to work with the Fire Brigade to produce a Partnership approach to service provision fire and other risk assessments, which would be reported back to the Board in due course.

6. Update on North East London Sustainability and Transformation Plan (NEL STP)

Conor Burke, Accountable Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups, presented the report on the shaping work that had been undertaken on the Accountable Care Organisation following the successful expression of interest for the ACO pilot. Conor reminded the Board that it was anticipated that the ACO pilot would provide complete integration of health and social care through the removal of silo working and its ethos would be people centred and seamless service provision. It was also becoming clear that input and partnership working with the Police, Fire Brigade and London Ambulance Service, was also import to the new ways of working and also to the success of any new processes. The practical work and initial case for change was being overseen by the Accountable Care Organisation Executive Group and a Steering Group of officers and meetings were now scheduled to be held on 15 and 20 June.

The deadline for the submission of the draft STP was the end of June 2016.

Work was now underway to ensure consistency of the narrative with other authorities and also providers such as BHRUT. For Barking and Dagenham, Havering and Redbridge CCG areas, the details of the NEL STP will form the propositions, which would then be developed through though the established programmes and those would then form the basis of the business case for the ACO. The STP will also inform and provide linkage with the high level financial and challenge of the ACO. In addition, the increasing pressures meant that it was also becoming clear that it would be necessary to accelerate the implementation of the NHS Five Year Forward View. It was expected that the combined changes could result in £500m/£600m savings to the NHS over five years.

Conor stressed that the report was to assure the Board that progress was being made and that it was consistent with Five Year Forward View and emerging vision.

The Chair felt that this issue was of such importance that significant time needed to be set aside at the next Board for its discussion and that the Forward Plan needed to be adjusted to allow this. The biggest challenge was the Hospital trusts serving the area were both in special measures. Once the stock-take was undertaken at the Steering Group, decisions could start on what was monitored and how that would be undertaken. The Chair reminded the Board that the bid had been based upon assurances that national frameworks and existing regimes could and would be challenged and that would be essential to allow new radical ways of working to emerge.

In response to a question from Cllr Carpenter, Conor advised that it was his belief that Barking and Dagenham, Havering and Redbridge areas were more advanced

and it would be some time before the rest of NE London were in a position to form an ACO. Conor also explained that it was expected that the ACO would cover about 95% of the whole budget.

Helen Jenner, LBBD Corporate Director Children's Services, pointed out that there needed to be a significant education and prevention approach to stop people turning up at A&E or going into hospital in the first place in order to ensure pressures and demographic changes could be met in the medium and long-term future.

Conor explained that initially there was likely to be three or four pilot localities and that these will be based around multi health professional hubs, which could deal with issues internally and would reduce the need for hospital attendances. Dr Mohi concurred with this and stressed that it was about working together and making positive changes locally that would in turn achieve the removal of the variations in service provision. Dr Mohi said the most important thing would be an ethos step change and an understanding that the ACO was not just another organisation, but a radical new way of working.

The Board:

(i) Discussed the approach, set out in Appendix A, covering the vision, draft priorities and enablers which had been identified to support the work;

(ii) Provided feedback to the NEL STP Team, as outlined above;

(iii) Asked for a full report on the Sustainability and Transformation Plan to the 26 July Board meeting; and

(iv) Agreed that in order to enable sufficient time for discussion of this issue at the 26 July Board meeting, that report authors would consider which of their reports scheduled on the Board's Forward Plan could be deferred to the 27 September Board and advise Democratic Services accordingly.

7. 'We all have a part to play' - Public Consultation

Meena Kishinani, LBBD, Programme Director, Ambition 2020, presented a report on principles of Ambition 2020 and the public consultation, set out in "We all have a part to play", which was attached as an appendix to the report. Meena explained that the Council's Growth Commission had led on to Ambition 2020 Programme and whilst the position of the Borough had improved significantly, in a regards to many depravation and other national indicators, London's performance was improving faster. Consultation was underway in regards to the re-shape of the Council and the way in which Council services would be provided through the Ambition 2020 Programme. There would be a new strategic structure, which would not be based on traditional organisation structures, but upon what was needed to be achieved, long-term goals and higher standards and performance. Ambition 2020 was also about finding new ways of delivering services and also about changing residents' perception of the Council being the expected point of solution in the first instance. The change was essential in order to meet increasing demands at a time when resources were being reduced.

The Board watched the film, which was also available on the Council's website as

part of the Ambition 2020 consultation. The Board went on to discuss a number of issues including community solutions, 'My Place', enforcement, leisure services, parks and open spaces and how the Council was also looking to identify how and why people and families came to the attention of the Council and how appropriate intervention could be put into place to avoid expensive support escalation at a later date.

Meena stressed that the Ambition 2020 aims were aligned to change proposals, such as the STP, and would be part of the foundation for building an ACO.

Sarah Baker asked how the changes and new processes under care and support would be tested to ensure that vulnerable adults and children were not left exposed. Meena advised that there would be a huge quality assurance function to make sure services are safe.

Matthew Cole, Director of Public Health, asked if the business case for services would be provided to the Board for Partners' assurance. Meena advised that Council officers would be working with Partners and details and issues would be brought to the Board as appropriate.

The Board:

(i) Noted the new strategic structure within the Council and the pressures and challenges driving Ambition 2020;

(ii) Discussed and commented on the proposals in the consultation document and noted that the deadline for responses was 16 June 2016;

(iii) Noted the next steps and work that would be undertaken in conjunction with the Partners in relation to issues such as the Accountable Care Organisation (ACO) and Sustainability and Transformation Plan (STP) and that further reports on progress and the business case(s) for appropriate service areas would be presented to the Board in due course in order to provide Partner assurance if requested by the Chair or Lead Officer.

8. Urgent and Emergency Care (UEC) Transformation

Conor Burke presented the report and drew the Boards attention to the details set out within it. The Board was reminded that urgent care was fragmented and poor in this area and the Systems Resilience Group (SRG) had been working on the issues for a number of years. Following a detailed review of attendance and admission data at the SRG April 2016 meeting, a summit was held to address a number of issues and look at what could be done to stabilise performance. Whilst the urgent care performance overall had been much better in the last 12 months, the most recent A&E 4 hour patient waiting to being seen standard was suggesting a significant improvement to a 92/94% achievement rate. Data also indicated that there had been a 16% increase in attendance at A&Es. There was also the ongoing issue of why people attend A&E, when that do not need to be there, and in many instances should be using other community and Primary Care options.

Cllr Turner commented that this had many parallels with Ambition 2020, including the need to change attitudes. There was also a need to improve and reflect the other side of services and the health economy, as they interact and impact upon

one another. Cllr Turner reminded all partners about not using jargon in reports, for example paragraph 4.4 of the report.

Conor explained paragraph 4.4. and agreed that there was indeed a need for a massive change in patients' behaviour and that initiatives, tried as a result of the junior doctors strike action, had proved successful and would be continued. It was essential to look at a whole health systems solution and to focus on the Primary Care and community solutions. Work was being undertaken with Partners in NELFT, the three CCGs, BHRUT and the Council in regards to service provision and in reducing re-admittance rates at A&E.

The Chair raised the issue of the different messages on doctors' answer phones, which could confuse patients when they were seeking urgent medical help. Cllr Carpenter also commented that good advice seems to reducing attendance at A&E.

Sean Wilson, Interim Borough Commander, Metropolitan Police, asked if there was any data behind what had driven the 16% increase in A&E attendance. Conor responded that there was anecdotal evidence that it was mothers with children attending, however, the 16% increase in A&E attendance in spring this year had not just been local but had been a national phenomenon.

Healthwatch, commented that from their activities it was clear that nobody knows what 'the hub' is: even if they were sitting in it. People are also confused as to where walk-in centres are because they move. When an appointment cannot be obtained from a patient's own GP, the hub appointment slots were full, the walk-in in centre was full with a five hour wait or was shut, it was not surprising that people reverted to using A&E: because they know where the A&E is and it would always be there with medical assurance or assistance 24 hours a day.

The Board:

(i) Discussed and noted the progress of the Urgent and Emergency Care transformation programme.

(ii) Commented on the improvements needed across a number of areas including marketing / communications, advice and availability of alternative medical assistance to remove pressure on A&E Departments.

9. Substance Misuse Strategy 2016-2020

Matthew Cole, presented the report and Strategy, which set out a broad range of actions that were designed to improve public health, encourage social responsibility and reduce demands on public services. Through enhanced community services and improved access to health care, the vulnerable would be protected, family connections and relationships improved, and individuals could be helped back into employment. The Strategy would also strengthen and build upon existing partnerships with criminal justice colleagues to help identify those individuals that use substances problematically and ensure they are offered appropriate interventions and therapies.

Matthew advised that the Strategy would be updated to reflect areas of change that had occurred since the Strategy had originally been drafted for consultation.

These included governance changes, which included the monitoring of the Strategy Action Plan becoming the responsibility of the Community Safety Partnership, the recent change in legislation in regards to 'legal highs' and that the Metropolitan Police had been revising its own strategy.

The Board discussed a number of aspects of the Strategy and its Action Plan.

Sean Wilson advised that the Metropolitan Police was looking at it Drugs Strategy as a whole, which included greater activity on enforcement. The police regularly encounter people intoxicated by alcohol, illegal drugs or other substances. Substance abuse was often the driver of criminal acts, disturbances and violence as well being a major concern in vehicle crashes.

It was noted that many of those under the influence of illegal drugs and other substances operate machine, drive or look after children but they are not seen as being obviously drunk, although their responses and rationing skills are often greatly impaired. Therefore, substance abuse increased the risk for the wider community and life chances for those involved.

The Board:

(i) Noted the amendments and governance changes to the draft Substance Misuse Strategy 2016-2020, as reported by Matthew Cole;

(ii) Discussed a number of aspects of the Strategy and noted that the Action Plan would be monitored by the Community Safety Partnership;

(iii) Recommended to the Cabinet that it adopts the Strategy, subject to the amendments; and

(iv) Recommended that Partner organisations also take the steps necessary to formally adopt the Strategy through their own organisational arrangements.

10. Health and Wellbeing Outcomes Framework Report - Outturn 2015/16

Matthew Cole, LBBD, Director of Public Health, presented the report which provided the overarching dashboard and performance on specific indicators for Quarter 4. Matthew drew the Board's attention to a number of issues that had improved or required improvement, the details of which were set out in the report.

The Board discussed a number of issues, including:

- Mental Health –
  - The good performance in regard to Improving Access to Psychological Therapies (IAPTP).
  - The increase in the number of children and young people accessing CAMHS.
  - Action Plans that were in place against poor performance in delayed transfers of care.

- The improvement in achievement in the indicator for health checks for looked after children (LAC)

- Health checks indicator rates generally, which included adults with disabilities checks.

- BHRUT failing to meet national standards in Urgent Care A&E, referral to treatment, cancer and diagnostic rates.

- Decreases in the number of positive Chlamydia screening results.

- Permanent admissions to residential and nursing care had exceeded the target considerably and this indicator was now RAG rated red.

- Falls in people over 65 had improved and the indicator was RAG rated green.

- The trend in non-elective admissions was going down.

- CQC Inspections and the monitoring and action plans that were now in place.

- Immunisation rates for children indicator was RAG rated as amber.

Cllr Carpenter asked for an explanation in regard to leadership capabilities where GP surgeries were shown as also requiring improvement. Dr Mohi explained that whilst CCG oversees some issues, such as immunisation and infection control, the CCG does not set performance or have a management function over individual practices as the GPs are directly contracted by the NHS.

Cllr Turner and Cllr Carpenter both commented on the usefulness of the data provided and the need to have a sense of what was happening in regards to action plans and the improvement journey. Conor Burke and Matthew Cole were asked to bring the information forward in a more useful manner, so that the Board was looking at the right points, rather than a mass of statistics.

The Board:

(i) Reviewed the overarching dashboard, noted the detail provided on specific indicators, the new data was available, areas where performance had improved and discussed remedial actions or actions being taken to sustain good performance; and

(ii) Requested that in future the information is provided in a more useful manner which would allow the Board to see more easily what the issues were, rather than pure statistical information.

11. Director of Public Health Annual Report 2015/16

Matthew Cole presented his Public Health Annual Report, and explained that the Annual Report provided an opportunity to focus on issues of concern and opportunities to improve the health of residents and was both informed by and supported by the recommendation in the LBBD Independent Growth Commission and the Council's and NHS transformation planning. As a result the Annual Report

had been published a little later that normal to take into consideration the emerging Ambition 2020 Programme and strategic changes in the Council. Historically austerity has been significant in regards to health and social systems. It was important to acknowledged the links to income and health and to realise the opportunities to improve the health of residents and future generations through cost-effective preventions and interventions.

Matthew drew the Board's attention to the need to have a 20 year plus manifesto of health improvement but this was set against outcomes over five year commissioning periods. Matthew stressed that health only provision was not going to be sufficient in the long-term and there was a growing need to look at other issues, such as the New Zealand example, where improved health has occurred through better housing and employment opportunities.

Matthew also drew the Board's attention to reoccurring but easily preventable conditions, like measles, as well as the new emerging global infection threats, like the Zika virus.

The Chair commended the Annual Report to the Partners as being easy to read and full of useful facts and how it could be a tool in the challenge process.

The Board:

(i) Received the Public Heath Annual Report 2015/16;

(ii) Noted the comments and observations of the Director of Public Health in his Annual Report.

12. Systems Resilience Group - Update

The Board:

(i) The Board received and noted the report on the work of the System Resilience Group (SRG), which included the issues discussed at the SRG meeting held on 4 May 2016.

13. Sub-Group Reports

The Board noted the reports on the work of the:

- Children and Maternity Sub-Group
- Mental Health Sub-Group
- Learning Disability Partnership Board Sub-Group

14. Chair's Report

The Board noted the Chair's report, which included information on:

- Health and Wellbeing Board Development Session held on 19 May.

- Healthwatch Success.

- News from NHS England
  – Joint Working with fire and rescue services

15. Forward Plan

The Board noted the draft July edition of the Forward Plan.

HEALTH AND WELLBEING BOARD

26 July 2016

Title: Health and Wellbeing Board Membership	
Report of the Strategic Director for Service Development and Integration, London Borough of Barking and Dagenham	
Open Report	**For Decision**
Wards Affected: None	**Key Decision:** No
Report Author: Andrew Hagger Health and Social Care Integration Manager	**Contact Details:** 020 8227 5071 andrew.hagger@lbbd.gov.uk

Sponsor:

Anne Bristow, Strategic Director for Service Development and Integration, London Borough of Barking and Dagenham

Summary:

This report advises on proposed changes to the membership of the Health and Wellbeing Board.

The report sets out the current membership arrangements for the Board as well as responsibilities around membership as prescribed in the Health and Social Care Act 2012 and under the current provisions of the Constitution.

The report deals with the implications of the retirement of the Corporate Director of Children's Services and the transfer of those statutory functions to an existing Board member. This creates a vacancy in one of the Council's places on the Board.

Therefore London Borough of Barking and Dagenham is proposing to enhance the democratic representation on the Board through the addition of another Cabinet Member post to the membership, with the Cabinet Member to be appointed by the Leader.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Agree to appoint a further London Borough of Barking and Dagenham Cabinet Member to the Board, in place of the position occupied by the statutory Director of Children's Services.

(ii) Note the Leader's nomination of Cllr Bill Turner, Cabinet Member for Corporate Performance and Delivery, for this position and additionally note his nomination of Cllr Sade Bright, Cabinet Member for Equalities for the existing complement of Cabinet Members on the Board; and

(iii) Note the report to Assembly that informs them of the amendments, to be reflected in the Council Constitution.

Reason(s)

This report sets out proposed amendments to the membership of the Health and Wellbeing Board.

1 Membership of the Health and Wellbeing Board

1.1 Certain membership of the Board is prescribed in the Health and Social Care Act 2012 and these Board members are appointed by virtue of the position they hold:

- Cabinet Member for Health, Chair
- The Strategic Director of Service Development and Integration (the Director of Adult Social Services)
- The Corporate Director of Children's Services
- The Director of Public Health
- A member appointed by local Healthwatch
- Chair of the Clinical Commissioning Group

1.2 Under the current provisions of the Constitution additional members were appointed by Assembly at the establishment of the Board:

- Three other Cabinet Members (to be appointed by the Leader)
- Further Board-level GP appointment from the Clinical Commissioning Group
- Accountable Officer for the Clinical Commissioning Group
- Executive Director level appointment from Barking, Havering & Redbridge University Hospitals NHS Trust
- Executive Director level appointment from North East London Foundation NHS Trust
- Borough Commander, Metropolitan Police Service

1.3 The Health and Social Care Act 2012 provides the power to the Health and Wellbeing Board to amend its membership, allowing it to "appoint such additional persons to be members of the Board as it thinks appropriate". This is reflected in the Council's Constitution, which states that "Upon establishment, the Act provides the power to the Health and Wellbeing Board to amend its membership. Such amendments will be reported to the next meeting of the Assembly."

1.4 The constitution also sets out that "where the Council, through resolution of Assembly, seeks to amend the membership of the Health and Wellbeing Board, a discussion of the proposal will be scheduled at the Health and Wellbeing Board, with the views of the Board recorded in its minutes and reported to Assembly".

2 Changes to Health and Wellbeing Board Membership

2.1 The current Corporate Director of Children's Services, Helen Jenner, is due to retire in July and the statutory responsibilities attached to her post will transfer to the Strategic Director for Service Development and Integration, Anne Bristow. In terms of the Council's current seven places on the Board, therefore, this creates a vacancy.

2.2 The proposal is therefore being made that an additional Cabinet Member be appointed to the Board and, in line with current provisions for the appointment of Cabinet Members to the Board, this would be appointed by the Leader. This would maintain current partner representation balance as well as enhancing the democratic representation on the Board. The Leader has indicated that if the Board were to agree to the change he would nominate the Cabinet Member for Corporate Performance & Delivery (Cllr Bill Turner) as the additional Cabinet Member.

2.3 If the Board agrees to the change in membership, a report will be sent to Assembly on 5 October setting out the changes to the membership of the Health and Wellbeing Board from three other Cabinet Members to four other Cabinet Members (to be appointed by the Leader), which would then be reflected in the Council's Constitution.

2.4 In addition, following a decision by the Leader, the Cabinet Member for Equalities and Cohesion (Cllr Sade Bright) has been nominated to replace Cllr Bill Turner on the Health and Wellbeing Board. The current Cabinet Member membership of the Board is now:

- Cabinet Member for Social Care & Health Integration and Chair of the Board (Cllr Maureen Worby)
- Cabinet Member for Equalities and Cohesion (Cllr Sade Bright, appointed by the Leader)
- Cabinet Member for Enforcement & Community Safety (Cllr Laila Butt, appointed by the Leader)
- Cabinet Member for Educational Attainment & School Improvement (Cllr Evelyn Carpenter, appointed by the Leader)

2.5 If the agreed changes are made, the Cabinet Member membership of the Board will be:

- Cabinet Member for Social Care & Health Integration and Chair of the Board (Cllr Maureen Worby)
- Cabinet Member for Equalities and Cohesion (Cllr Sade Bright, appointed by the Leader)
- Cabinet Member for Enforcement & Community Safety (Cllr Laila Butt, appointed by the Leader)
- Cabinet Member for Educational Attainment & School Improvement (Cllr Evelyn Carpenter, appointed by the Leader)
- Cabinet Member for Corporate Performance & Delivery (Cllr Bill Turner, appointed by the Leader)

3 Financial Implications

3.1 None identified

4 Legal Implications

Implications completed by: Dr Paul Field, Senior Governance Lawyer

4.1 As set out in the main body of this report, the core membership of the Health and Wellbeing Board is prescribed in the Health and Social Care Act 2012 (the'Act') and under the current provisions of the Council's Constitution. As the post of Director of Children's Services will transfer to the current holder of the Director of Adult Social Services to create a multi-role of responsibility for children and adults, the proposal to widen membership in terms of an additional elected Member of the Council is a reasonable response compliant with the legislation.

4.2 Section 194(4) of the Act enables the Leader of the Council to make the nomination.

Background Papers Used in the Preparation of the Report:

- Council's Constitution (http://moderngov.barking-dagenham.gov.uk/ieListMeetings.aspx?CId=626&Year=0&Info=1).

HEALTH AND WELLBEING BOARD

26 July 2016

Title: Child and adolescent mental health needs assessment	
Report of the Public Health Team	
Open Report	**For Decision**
Wards Affected: All wards in the borough	**Key Decision: Yes**
Report Author: Susan Lloyd, Consultant in Public Health	**Contact Details:** Tel: 020 8227 2799 sue.lloyd@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	

Summary:

The mental health of our children and adolescents is of critical importance to Barking and Dagenham. The borough's future is dependant on having a mentally healthy population. It is crucial that our children and young people have access to universal wellbeing services and CAMH services when they need them.

Children's mental health is a national issue and is being addressed at a national and local level. Nationally this view is being directed through government strategy and policy The Five Year Forward View for Mental Health (2016) and Future in Mind (FiM) (2015). In Barking and Dagenham we have undertaken a children and adolescent services (CAMHS) needs assessment and have put in place a Children and Young People's Mental Health Transformation Plan (CYP MH TP). This paper presents the needs assessment and focuses on current services provided to CAMHS and gaps in those services.

A requirement of NHS England was the development of a CYP MH TP to underpin the delivery of FiM. To support this process additional money was allocated to Barking and Dagenham CCG as part of Barking, Havering and Redbridge CCG.

The CYP MH TP details the five key themes that identified nationally for specific development and investment in 2015/16, in addition to specific investment in eating disorders services and perinatal mental health.

From the needs assessment the Director of Public Health recognises that there are 14 areas where, through the CYP MH TP and other commissioning processes, services can be redesigned locally in Barking and Dagenham to better meet the needs of our children and young people. Some of the redesign is addressed in the CYP MH TP, see accompanying paper. However, while we do have money to invest in children and adolescent mental health we have done the analysis and recognise that there are still gaps in service delivery. The needs assessment provides robust information on need so that partners can prioritise how resources are allocated. The needs assessment will inform the CYP MH TP and how investment is prioritised in a time of austerity.

The gaps identified in CAMHS by the need assessment are:

- While there is good Tier 1 and Tier 2 intervention there is a lack of co-ordinated universal effective prevention and early intervention available for children and young people with emerging emotional difficulties.
- Inconsistent responses to early parenting problems are increasing the number of children presenting with emotional and behavioural difficulties later in childhood.
- Many practitioners in universal and primary care services feel they lack both the skills and confidence to intervene effectively with those families who have children and young people who are experiencing escalating mental health problems.
- Services provided to children and adolescents are sometimes missing the signals of risk. Missing signals of risk results in missed opportunities for families.
- Families and staff are not always aware of what support and services are available to support mental wellbeing and deal with mental health problems.
- Improvements in pathways will reduce demand; however, within specialist services there are some capacity issues.
- Data collection to inform outcomes and service performance needs to be enhanced.

The needs assessment is available at http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=669&MId=8815&Ver=4. From the needs assessment the Board can:

- Understand the mental health needs of children and young person's living in Barking and Dagenham.
- Understand the services that respond to these needs currently.
- Understand the gaps in current provision.
- Build a model of response to the identified needs based on robust evidence.

Recommendation(s)

It is recommended that the Health and Wellbeing Board:

1. Endorses the findings of the Child and Adolescent Mental Health Needs Assessment.
2. Endorses that the findings be used to support the commissioning of Children and Adolescent Mental Health Services for the residents of Barking and Dagenham.

Reason(s)

Mental wellbeing and good mental health of children and adolescents is critically important nationally and locally. This has been recognised in national and local policy and strategy. It is essential that good evidence based practice is in place in Barking and Dagenham to ensure that we can support good mental health in our future generation, particularly as we move into a time of transformation in the way in which services are delivered.

The CAMHS needs assessment supports the evidence-based transformation of services and prioritisation of investment for Barking and Dagenham.

1.0 Introduction

Children's mental health is an important issue and is being addressed at a national level and locally in Barking and Dagenham. Nationally a transformation is being directed through government strategy and policy the Five Year Forward View for Mental Health (2016) and Future in Mind (2015).

In order to better understand the emotional wellbeing and mental health needs of our children and adolescents, the London Borough of Barking and Dagenham (LBBD) commissioned a CAMHS needs assessment. The scope of the needs assessment was to deliver the following four things:

1) To understand the mental health needs of the children and adolescents living in the borough.
2) To understand the services that respond to these needs currently.
3) To understand the gaps in current provision.
4) To build a model of response to the identified needs based on robust evidence.

1.1 **Keeping mentally healthy is as important as keeping physically healthy**

Barking and Dagenham recognises the importance of this as a borough. Also this view has been promoted through government strategy and policy, particularly in The Five Year Forward View for Mental Health (2016) and FiM (2015).

1.2 **A requirement of NHS England for the delivery of Future in Mind was the development of a CYP MH TP for CAMHS.** To support commissioning to improve CAMHS based on the CYP MH TP additional money was allocated to Barking and Dagenham CCG as part of Barking, Havering and Redbridge CCG. While is welcomed the resource does not completely meet the identified need in the needs assessment.

1.3 **The CAMHS needs assessment provides local information** that we will use to give clear, evidence-based guidance on the gaps in current CAMHS and priorities for investment.

1.4 **In presenting this evidence-based prioritisation we also take into account the national recommended model as set out in Future in Mind.**

Theme 1: Building resilience and promoting prevention.

Theme 2: Developing a Wellbeing Hub.

Theme 3: Maximising use of digital resources and guided self support.

Theme 4: Better support for children, young people and families with mild/emerging behaviour difficulties.

Theme 5: Better support for looked after children and those leaving care.

1.5 **The local strategic direction for emotional wellbeing and mental health in Barking and Dagenham reflects national policies. There is an emphasis on resilience-building, early help, better support for the most vulnerable children, and service transformation**, these are being addressed through the CYP MH TP. The transformation plan is a five year plan to close the gap on children and adolescent mental health and wellbeing in Barking and Dagenham. The plan addresses building resilience and promoting prevention. This will be delivered through the development of a wellbeing hub; maximising the use of digital resources and guided self-support; better support for children, young people and families with

mild/emerging behaviour difficulties; better support for looked after children and those leaving care; and a new service model for eating disorders.

2.0 Overview

Good mental health is more than the absence of mental illness; it is a positive sense of well-being. This includes the ability to play, learn, enjoy friendships and relationships, as well as deal with the difficulties experienced during childhood, adolescence and early adulthood.[1]

2.1 It is important to have support in place to develop mental health resilience in universal services such as children's centres, schools, youth clubs etc. This also means that all parts of the system that work around the child, adolescent and family have a part to play in promoting their mental health and supporting them when they are experiencing difficulties.

2.2 In addition to services that build resilience it is essential that when children and adolescents need mental health intervention that children, adolescents and their families have access to good quality Tier 2, Tier 3 and specialist Tier 4 services.

3.0 What did the CAMHS needs assessment find?

The numbers of children and adolescents having mental health problems in Barking and Dagenham are high compared to other London boroughs and other England boroughs:

3.1 The number of children with diagnosable mental health problems will increase by 2020 to 8,044.

3.2 The Barking and Dagenham population scores very highly on the key risk factors for child mental illness. These include those living in poverty, Looked After Children, those in contact with the criminal justice system, those with a learning disability, children whose parents have their own mental health problems, and children living in situations of domestic violence. Barking and Dagenham also has a disproportionately high number of first time offenders.

3.3 Taking all the above factors into consideration, at least 8,044 children and young people may need support for their mental health in Barking and Dagenham in 2020. The number of children may increase to more than 8,044. This is a significant increase from the current figure of up to 7,188.

3.4 The report particularly found that the borough is already providing a significant amount of activity around mental health resilience and prevention. The report details the excellent work that is already being delivered in building reliance Tier 1, Tier 2, Tier 3 and Tier 4 services.

4.0 How do the cost and outcomes of CAMH services for Barking and Dagenham children benchmark with other areas?

Using ChiMat and NHS England benchmarking data we were able to compare the cost of CAMH services across North East London (NEL). The services include services provided to Barking and Dagenham residents.

4.1 In 2012-13 Tier 1-3 and Tier 4 CAMH services in North East London were in the highest 25% of costs across the UK by 2014-15 the cost of services had decreased

[1] NPC (2008) Heads up. Mental Health of Children and Young People.

in comparison to other providers and were close to the average cost of CAMH services in England.

4.2 When compared with other areas of England the cost outcomes provided for Barking and Dagenham children benchmark well with other areas. The exceptions are we have poorer comparative cost outcomes for first time entrants to the youth justice system and numbers of hospital admissions for alcohol specific conditions.

4.3 It should be noted that cost and outcome data is based on individuals who are accepted by CAMH services for treatment. This will be in Tiers 2 and 3. Cost and outcome data is not currently available for Tier 1, prevention.

5.0 What local CAMH services are provided?

The services available to children and young people in Barking and Dagenham were mapped across four tiers[2]:

- **Tier 1** prevention and resilience building activities, which are typically picked up by schools and colleges, paediatricians, health professionals and 3rd sector services.
- **Tier 2** services available within school, children's centres (via mental health workers up to the 31 March 2016), drop in centres and 3rd sector services.
- **An integrated Tier 2/3 CAMH service** provided by North East London NHS Foundation Trust (NELFT), including a Crisis Response Team (sitting between Tier 3 and Tier 4).
- **A Tier 4** inpatient service (Brookside CAMHS Tier 4 and Willow High Dependency Unit) commissioned by NHS England. Due to unavailability of local beds, some young people from Barking and Dagenham go to in-patient units in different parts of the country. This service is currently unavailable due to building work, the service is being commissioned for our residents in other areas of the UK while the building work is completed.

5.1 **Children's centres, schools, youth clubs etc., universally accessed services in Barking and Dagenham report that they are involved in building mental health resilience in some way**. This is not a universal service, and is provided formally through BAD and also via PHSE in some, but not all, schools. Services provide opportunities to discuss mental health concerns, or by ensuring that children and young people have someone to talk to 'in general'[3].

5.2 **There is a plethora of promotion, prevention and interventions occurring in schools, including counselling, PHSE, anti-bullying approaches, amongst many more**. Although there is a plethora of service, the service provision is again not universal. Professionals working at Tier 1 also indicated a range of emotional and practical support provided to support low level mental health needs including one-to-one work, home visits, reminders to attend appointments, consultation with CAMHS, counselling and referrals to other agencies. In schools it included pastoral support, mentoring support, groups, signposting, and support for parents.

5.3 **Tier 2, or targeted services, are most likely to be involved in the provision of early intervention, or working with those children and young people who have specific risk factors for higher rates of mental health problems**. Barking and

[2] Mental health services are currently structured in tiers, a key recommendation of the CYP MH TP is to remove the traditional tiers and have a single point of access to services
[3] Facilitated staff workshops held in October 2015

Dagenham has a well-embedded weekly Multi Agency Panel (MAP) which manages referrals to early intervention services which anyone can refer to. It also provides advice and consultation, including whether a child should be referred for CAMHS intervention.

5.4 **Tier 3, or specialist CAMHS - referrals to community CAMHS average 103 per month and 94 are accepted**. 59 new first appointments on average are conducted per month. About 340 children and young people are seen per quarter. Children and young people are seen on average, for 7.85 appointments, 76% of those discharged from the service did so on clinical advice. There is an all-age eating disorder service.

5.5 **Barking and Dagenham has Tier 4 services, that is, a crisis response team (not 24 hours) and in-patient care within the borough. However, beds are commissioned nationally and sometimes children and young people have to go out of the borough to access in-patient care as local beds are full.** This is standard procedure; however, out of borough placements only used when absolutely necessary.

6. Gaps in service provision

Analysis suggests there are gaps in services provided and these gaps should have priority in future development:

6.1 **While there is good Tier 1 and Tier 2 intervention there is a lack of co-ordinated universal effective prevention and early intervention available for children and young people with emerging emotional difficulties**. This appears to be contributing to the escalation of need with growing numbers of referrals to high cost services such as specialist CAMHS or social care services. Disinvestment in this service has contributed to this outcome.

6.2 **Inconsistent responses to early parenting problems are increasing the number of children presenting with emotional and behavioural difficulties later in childhood.** This has a significant impact on a range of outcomes including relationships and education. Underlying issues such as domestic violence, the quality of attachment in infancy are potential root causes which need to be better addressed to ensure the risks to children are managed.

6.3 **Many practitioners in universal and primary care services feel they lack both the skills and confidence to intervene effectively with those families who have children and young people who are experiencing escalating mental health problems**. This is reported as a particular issue for teenagers.

6.4 **Services provided to children and adolescents are sometimes missing the signals of risk**. This because staff in these services have not always been developed to recognise signs and symptoms of mental health problems.

6.5 **Missing signals of risk results in missed opportunities for families**. When this happens needs are escalated and families are ‘funnelled’ up tariff receiving more intrusive levels of intervention that are less likely to be successful.

6.6 **Families and staff are not always aware of what support and services are available to support mental wellbeing and deal with mental health problems**. A gap in professionals' knowledge of mental health support available to children and young people is identified by practitioners, parents and young people themselves.

6.7 **Improvements in pathways will reduce demand; however, within specialist services there are some capacity issues.** These capacity issues are impacting on waiting times and that there is a need for some demand and capacity planning.

6.8 **Data collection to inform outcomes and service performance needs to be enhanced.** This is recognised by Department of Health's Task Force Report, *Future in Mind: Promoting and improving our children and young people's mental health and wellbeing.*

6.9 Some of the gaps identified above have been addressed through the CYP MH TP.

7.0 Recommendations based on the CAMHS needs assessment

From the needs assessment, 14 areas have been indentified. These are areas where services transformed in the future can be redesigned to improve outcomes. The 14 areas are:

1) Introduction of the adapted Thrive model into Barking and Dagenham services.
2) Alignment of governance and information to support the delivery of the Local Transformation Plan.
3) Resilience Building in all service tiers of service.
4) Emotional wellbeing and mental health in early years.
5) Emotional wellbeing and mental health age 5-12.
6) Emotional wellbeing and mental health in schools.
7) Emotional wellbeing and mental health in adolescents.
8) Primary care services.
9) Specialist services – Tier 3 and 4.
10) During transition.
11) Partnership working.
12) Participation and active involvement.
13) Workforce development and resilience building.
14) Targeted services.

7.1 Recommendations for redesign in each area are included in Attachment 1. The full CAMHS needs assessment is available at http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=669&MId=8815&Ver=4

7.2 The CYP MH TP was written in parallel with the CAMHS needs assessment. The findings and recommendations of the 2015 Mental Health needs assessment and the 2015 JSNA were used to inform the CYP MH TP. The findings of the CAMHS needs assessment will inform forward plans and how investment is prioritised.

8.0 Financial Implications

Implications completed by: Katherine Heffernan, Group Manager, Finance.

In respect of resource, there isn't enough to cover the full range of recommendations from the needs assessment. However, prioritisation of resource would need to be undertaken by the partners based on the needs assessment. Additional resource from central government has been identified for implementation of the CAMHS transformation plan.

8.1 Legal Implications

Implications completed by: Lindsey Marks Principal Solicitor Children's Safeguarding.

There are no direct legal implications arising from this report.

8.2 Risk Management

None.

Background Papers Used in Preparation of the Report:

Barking and Dagenham: CAMHS needs assessment http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=669&MId=8815&Ver=4

List of Attachments:

Attachment 1: Prioritised areas for action: Barking and Dagenham Child and Adolescent Needs Assessment

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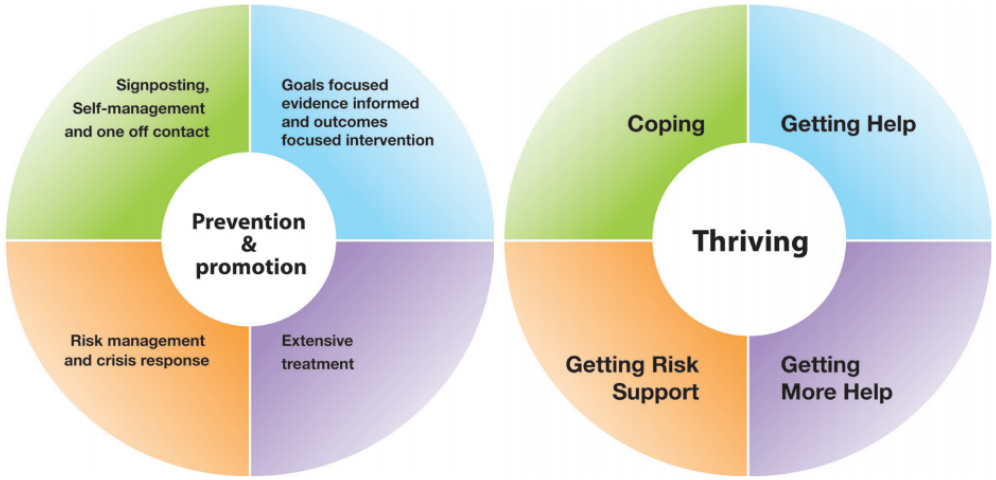
Areas for transformation in priority order

	AREAS FOR TRANSFORMATION
1	**Introduction of the adapted Thrive model**
1.1	The findings of the needs assessment identify the need for an increased emphasis on 'prevention and promotion'. The Thrive model is suggested by Future in Mind, and has already been identified in the local CYP MH TP as the basis for design of future services. This blended model is illustrated in the diagram below. In implementing this model, the evidence-base for interventions outlined in Section 20 of the needs assessment should be used: **Blended Thrive Model**  **Source**: Future in Mind (2015)

AREAS FOR TRANSFORMATION

2	**Alignment of governance and information to support the delivery of the Local Transformation Plan**
2.1	In order to transform to the Thrive model and taking into account the 5 CYP MH TP themes in Barking and Dagenham the following recommendations are made:
2.2	Commissioners and operational service managers should identify and agree the key data sets that are required as a minimum to ensure efficient and effective services.
2.3	Commissioners and providers should ensure that performance and business information is consistently aligned to outcomes (rather than outputs or process such as waiting times) for children and families.
2.4	Partners should consider the development of school health profiles or similar which provide information on local needs.
2.5	To develop improved transparency in relation to commissioning and decommissioning decisions consideration should be given to how best to strengthen governance and better involve parents and young people in local decision making fora.
2.6	Services should be informed by a clear evidence base and the involvement of users in design delivery and evaluation.
2.7	Adoption of a ‘no wrong door’ or a ‘single point of access’ service approach so that young people may access or be referred to the service they need regardless of which organisation/service they initially contact.
2.8	Investment should be put into prevention, promotion and early intervention evidence-based services as outlined in the CYP MH TP. Expected outcomes should be evident in the commissioning plan, as should monitoring arrangements that ensure collection of data around how many children and young people from different ages, geographical areas and vulnerable groups are actually accessing these services.
3	**Resilience Building in all tiers of service**
3.1	Models of peer support are examined by providers and commissioners, alongside children and young people, with an intention to implement these in Barking and Dagenham.

AREAS FOR TRANSFORMATION

4	**Emotional wellbeing and mental health in early years**
4.1	The transfer of commissioning of 0-5 public health services to local government provides an opportunity to create a stronger focus on mental health in the early years.
4.2	Ensure the children centre programme has a strong focus on pre-birth to age 2 years as the most significant stage of a child's early development.
4.3	Strengthen provision for children with developmental delay/additional needs.
4.4	Promote the value of the early education entitlement across the borough (given the significance of early years learning on building resilience)
4.5	Develop and adopt a 'healthy tots[1]' programme across the borough aimed at local early year's settings in parallel with the Healthy Schools programme.
4.6	Services should actively build community capacity (including the use of volunteers and mentors) to ensure sustainability of provision, in facilitating parental support groups, or parent led provision linked to Children Centres.
4.7	Services should prioritise areas of deprivation, and ensure a strong focus on: • Parent child relationships – to encourage attachment and parental responsiveness to ensure infant mental health and wellbeing • Promotion of the home environment and learning through play to promote children's intellectual, physical social, emotional and behavioural development and skills • Promotion of language and communications skill development
4.8	Consider if any specialists (either in-house or procured) could be embedded within community based arrangements to promote good attachment and early identification of emerging difficulties for this age group.
4.9	Barking and Dagenham needs to ensure that all Health Visitors are given access to the Institute for Health Visiting (IfHV) training.
4.10	The work on encouraging and supporting breast-feeding in Barking and Dagenham should continue with the aim of increasing the percentage of breast-feed babies at initiation and particularly the continuation of breast-feeding to 6 weeks after birth.

[1] Leicestershire Healthy Tots programme http://leicestershirehealthytots.org.uk/ [accessed 16/4/16]

AREAS FOR TRANSFORMATION

5	**Emotional wellbeing and mental health age 5-12**
5.1	Develop an approach with schools that further builds their capacity and their knowledge and understanding of what works (evidence – base) to inform their approach to emotional wellbeing and mental health.
5.2	Evidenced informed interventions from providers able to ensure good parenting models supported.
5.3	Advice and support from mental health workers is routinely available to support and enhance early intervention services locally i.e. in schools.
5.4	Development of parent to parent peer support to help sustain change, build capacity and prevent relapse
5.5	Develop a pathway of care for those with emerging behavioural difficulties
6	**Emotional wellbeing and mental health in schools**
6.1	Supports for whole school programmes for tackling bullying are implemented in all schools which become part of the local integrated system.
6.2	Schools should be encouraged to continue to develop whole school approaches to promoting mental health and wellbeing, and build on the current work within PSHE.
6.3	A named individual to take a lead on mental health is identified in every school. This is planned to happen from September 2016.
6.4	A named mental health worker from CAMHS is named as a contact for each school
6.5	A joint training programme is established between school staff and mental health staff for the individuals named above. The programme could be agreed through the MDT meetings which incorporate health and education staff.

AREAS FOR TRANSFORMATION

7	**Emotional wellbeing and mental health in adolescents**
7.1	Develop an outcomes framework for adolescents to ensure an evidence-informed approach is adopted across all providers.
7.2	Secure sufficient and appropriate mental health outreach (and knowledge) to engage young people from particularly vulnerable groups including those with special educational needs, those on the fringes of youth crime or those who are in care or are leaving care to ensure they get the help they need to address their needs and make a good transition to adulthood.
7.3	Extend the existing opportunities for peer support approaches to build skills knowledge and confidence in young people to support each other.
7.4	Consideration should be given to the commissioning of primary mental health workers seconded from the NHS who can be embedded within Local Authority services to share expertise and ensure mental health needs are addressed effectively.
7.5	Consider opportunities to further develop multi-disciplinary teams in working with children in care and those leaving care
7.6	No further commissioning for improvement of emotional wellbeing should proceed without the full and active involvement of young people.
7.7	There should be robust evaluation of the current counselling provision to inform any future decisions.
8	**Primary care services**
8.1	There is a named mental health worker for each GP practice, providing ease of access to advice and consultation.
8.2	Investigate why the referral practice (identified by parents) differs between GPs and how a consistent level of completion of the referral form could be secured.
8.3	The idea of GP social prescribing is explored with local providers of sports amenities, libraries and youth groups, with agreement reached to facilitate this.
8.4	The use of You're Welcome, or similar, standards should be encouraged amongst GP practices in order to make their practices young-people friendly for young people.

AREAS FOR TRANSFORMATION

9	**Specialist services – Tier 3 & 4**
9.1	Parenting programmes for families of a child with behavioural problems, conduct disorder and Attention Deficit Disorder should be on offer, and delivered by appropriately trained and skilled staff.
9.2	Waiting lists for specialist CAMHS need to be monitored, and any impact of earlier intervention on waiting lists noted.
9.3	Local CCG commissioners should work with NHSE commissioners to ensure that better decisions can be made about in-patient care for children and young people and to improve outcomes for whom in-patient care cannot be avoided.
9.4	Use of the NHSE 'Passport' https://www.england.nhs.uk/mentalhealth/cyp/iapt/ might be one way to achieve communication between services, and is focused on what the service user wants to share.
9.5	A feasibility study into the need for and possible implementation of a 24 hour crisis service should be undertaken, and outcomes of this discussed with NHSE. An examination of the need of crisis services outside of its current operating hours should be undertaken to ensure the needs of children and young people are being met as they arise.
9.6	Children's commissioners should work with their adult colleagues to ensure that the needs of children and young people are considered when new crisis services are planned and implemented. Clear monitoring should be in place to identify the demand by children and young people and the response they receive.
9.7	Examine the downward trend of activity in the all age eating disorders service to identify if this is for children and young people, in order to inform the eating disorders service transformation outlined in the LTP.
10	**During transition**
10.1	Local strategic planning on transition should ensure that the needs of more vulnerable young people are taken into account:
10.2	Consideration is given to the impact of having flexibility in the age of transfer to adult mental health services, which would be based on need rather than age through work with colleagues in adult commissioning and provision.
10.3	Children's commissioners should continue to work with colleagues in adult mental health commissioning to ensure that children and young people are taken fully into account for the all–age Early Intervention Psychosis standards.

AREAS FOR TRANSFORMATION

11	**Partnership working**
11.1	CCG and LBBD commissioners and providers across health, education, social care and youth justice need to work together to develop appropriate and bespoke evidence-based care pathways for vulnerable children.
11.2	Access to good quality self-help and other information in the management of lower level mental health problems would be a cost-effective way of providing earlier support for families. There is an intention in the CYP MH TP to develop digital resources and guided self-support.
12	**Participation and active involvement**
12.1	Development of a shared strategy with action plan which ensures: • The active participation and involvement of children, young people and their parents and carers in the development. • Evaluation of services including the commissioning and decommissioning of services. • A clear governance structure (preferably partnership).
13	**Workforce development and resilience building**
13.1	An annual graduated programme to address the training needs of the universal and targeted workforce should be developed. This should include issues identified through this assessment such as: • understanding common mental health problems • child development • using evidence-based approaches to promotion and prevention • the needs of children with special educational needs • managing risk • understand resilience and protective factors in families and the significance of relationships and positive self-esteem for children/young people • peer mentoring for young people • appropriate therapeutic interventions which promote good mental health and build resilience in young people.
13.2	Proactive consultation and support provided by specialists which is easy to access would further build capacity across the workforce.
13.3	Commissioners are recommended to ensure that the people delivering parenting groups are trained through contractual arrangements with providers – particularly taking advantage of the courses set up via the Children and Young People's Talking Therapies (IAPT) project.

AREAS FOR TRANSFORMATION

13.4	An audit of the current targeted and specialist workforce, their numbers and their skills and confidence in the following evidence-based practice interventions for mental health issues in children and young people to enable a workforce strategy relating to mental health to be developed: • Assessment of clinical need • Assessment of risk • Evidence-based group parenting programmes • One to one parenting programmes to meet the needs of those with more complex needs • Family therapy • Aggression replacement therapy • Multi-systemic therapy • Social skills training • Cognitive Behavioural Therapy (CBT), group and individual • Interpersonal Psychotherapy • Medication prescribing and monitoring • CBT for psychosis (CBTp) • Problem solving
14	**Targeted services**
14.1	Given the demographic make-up identified of Barking and Dagenham, it important that all providers are delivering culturally appropriate services and that staff are competent. Consideration should be given to the use of an assessment tool to help assure commissioners.

HEALTH AND WELLBEING BOARD

26 July 2016

Title:	**Children and Young People Mental Health Transformation Plan Update**
Report of the Children and Maternity Group	
Open Report	**For Decision**
Wards Affected: All wards	**Key Decision: No**
Report Author: Ronan Fox Joint Commissioner Children's Services Barking and Dagenham Clinical Commissioning Group / London Borough of Barking and Dagenham	**Contact Details:** Tel: 0203 644 2373
Sponsor: Conor Burke, Chief Officer Barking and Dagenham Clinical Commissioning Group	
Summary: This report provides an update on the Children and Young People's Mental Health Transformation Plan and its implementation, and some commentary on the connections with the child and adolescent mental health services (CAMHS) needs assessment.	
Recommendation(s) The Health and Wellbeing Board is recommended to note the content of this report and agree to receive a further update in October 2016.	
Reason(s) The HWB meetings have touched on a number of Joint Health and Wellbeing Strategy priorities including parity of esteem between mental health and physical health improving integrated care and improving life expectancy. Mental wellbeing is a key part of the Joint Strategy and recent policy directives have demanded parity of esteem with physical health. The Children and Maternity Sub-Group and the Health and Wellbeing Board agreed the Children and Young People's Mental Health Transformation Plan (CYP MH TP) which was submitted to NHS England in December 2015. This paper provides an update on the implementation of this plan and some commentary on the connections between the plan and the newly published child and adolescent mental health services (CAMHS) needs assessment.	

1. Purpose

1.1 The purpose of this report is to update the Board on the delivery of the Children and Young People's Mental Health Transformation Plan and to provide some commentary on the alignment of this plan with the newly published CAMHS needs assessment.

2. Introduction

2.1 75% of mental health problems in adult life (excluding dementia) start by the age of 18 and if left untreated can develop into conditions which need regular care. It is recognised nationally that children and young people's emotional wellbeing and mental health is not given the attention it needs and that there are barriers in the system that prevent change.

2.2 Since April 2013, commissioning for children's mental health services has been fragmented across Local Authorities, CCGs and NHS England specialist commissioning which has resulted in a lack of joined up planning.

2.3 NHS England has developed a phased approach to delivering an ambitious programme of system wide transformation to improve children and young people's mental health and wellbeing over the next 5 years. Some of this will be delivered by improving existing pathways and some will be facilitated by additional investment. The development of evidence based community Eating Disorder services for children and young people was a national priority for 2015/16.

2.4 The aim is to build capacity and capability across the system so that by 2020 measurable progress will have been made to close the health and wellbeing gap and secure sustainable improvements in children and young people's mental health outcomes.

2.4 This report describes the progress that has been made in developing the Local Transformation Plan for Barking and Dagenham.

3.0 Background

3.1 *Future in Mind* is a national report, produced by the Children and Young People's (CYP) Mental Health and Wellbeing Taskforce, which was published in March 2015 focusing on promoting, protecting and improving children and young people's mental health and wellbeing. Simon Stevens, Chief Executive of the NHS, responded to the report by giving it NHS England's full support:

"There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven't kept up. The treatment gap and the funding gap are of course linked."

3.2 The report established a clear direction and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it.

3.3 Guidance for local areas was produced by NHS England in August 2015 on the development of Local Transformation Plans to support improvements in children and young people's mental health and wellbeing. The guidance:

- set out the strategic vision for delivering improvements in children and young people's mental health and wellbeing over the next 5 years

- outlined a phased approach to securing locally driven sustainable service transformation and includes details of how extra Government funding will be used to support this work

- provided guidance to support local areas in developing their Local Children and Young People's Mental Transformation Plans through a planning process that can be tailored to meet the individual needs and priorities of different local areas

3.4 Following the publication of *Future in Mind,* CCGs were charged by NHS England with creating a Children and Young People's Mental Health Transformation Plan (CYP MH TP) which would set out how CCGs, working with Health and Wellbeing Boards and other partners, would bring about local improvements in children and young people's mental health and wellbeing. This was part of the process to access additional funding that has been made available for CYP MH by NHS England.

4.0 Barking and Dagenham Children and Young People's Mental Health Transformation Plan

4.1 The Barking and Dagenham CYP MH TP was developed by the joint commissioner for children's services and reviewed by the Children and Maternity Sub-Group of the Health and Wellbeing Board and the Children's Trust, before approval by the Chair of the Health and Wellbeing Board and the CCG Chief Officer.

4.2 The development of the plan was informed by information taken from the JSNA, information on local services and stakeholder engagement. Engagement events were held with CYP who fed back on their experience of local services and suggested where improvements could be made. The plan was approved in advance of the CAMHS needs assessment being completed and reflected the following key issues:

- The growing number of young people in the borough who are at risk of developing a mental health condition means that services need to develop more responsive and preventative approaches to build resilience and provide early intervention
- Current service provision cannot keep pace with demand which is impacting on waiting times for assessment and treatment for lower levels of need
- Current demand levels and service capacity indicate that there are unmet emotional wellbeing and mental health needs in the borough

4.3 Five key themes were identified for specific development and investment in 2015/16, in addition to the specific investment in Eating Disorders services:

- Theme 1: Building Resilience and Promoting Prevention
- Theme 2: Developing a Wellbeing Hub
- Theme 3: Maximising use of Digital Resources & Guided Self Support
- Theme 4: Better support for children, young people and families with mild/emerging behaviour difficulties
- Theme 5: Better supporting looked after children and those leaving care.

4.4 These themes comprise improvements in early intervention to include building support for emotional needs (distinct from mental health), targeting investment in lower level and earlier help (including counselling and cognitive behavioural therapy) and collaborative commissioning with schools to support whole school resilience building; redesigning services to remove the traditional tiers of child and adolescent mental health services (CAMHS) and have a single point of access for referrals, while exploring options for a dedicated service for looked after children (LAC) and outreach. This will see improved monitoring of CAMHS outcomes and access joint working between agencies and co-location of workers, with a single point of access into services and integrated electronic records.

4.5 Further developments for perinatal mental health care will be planned in 2016/17 when there is further guidance available on additional allocation for perinatal services from NHSE.

4.6 The plan is available at http://www.barkingdagenhamccg.nhs.uk/Downloads/Our-work/CAMHS/Barking-and-Dagenham-CAMHS-report-v2-December-2015.pdf

4.7 The plan was submitted and assured by NHS England in December 2015. Approval of the plan released £390K new funding for CYP MH TP in Barking and Dagenham, £111, 358 of which was ring fenced for investment in CYP community eating disorders services.

5.0 Strategic direction and five year roadmap

5.1 The transformation plan aims to shift the focus from **crisis support** to **early intervention** to keep children and young people well, providing additional support when needed to stop them and their families from going into crisis. This will lead to shifting resources further upstream from the point where they might currently access CAMHS. This will lead to more work in schools, Looked after Care, Transition support, in homes and families, so children, young people, their families and the other people they come into contact with have more skills and resources to help themselves and each other. This will require the development of a new commissioning framework that reflects this principle of more resources available “upstream” and to remove unnecessary barriers to integrated approaches to care.

5.2 There are two kinds of transformational changes required, firstly there is the development of a new philosophy around providing a whole system early intervention approach which directs resources “upstream”, and secondly there is significant transformation required within services to facilitate greater access and to break away from the tiered approach previously used to manage limited resources. There is also the requirement to undertake some transactional change, to operationalise new staff and to ensure that the additional allocation of funds from NHSE are made available to support delivery of the plan. A high level road map of the transformation required has been developed which explains this process in Figure 1.

Figure 1

6.0 Progress to date

A significant amount of work has been done to implement the Barking and Dagenham CYP MH TP since December 2015, described below.

6.1 Eating Disorders service

Barking and Dagenham CCG has worked with Havering, Redbridge and Waltham Forest CCGs to agree additional investment in the child and adolescent community eating disorders service. This 4-borough service, provided by North East London NHS Foundation Trust (NELFT) and based in Barking and

Dagenham, has started to recruit additional staff to greatly increase its capacity to provide evidence-based interventions to more young people that it can currently. This will enable the service to make progress towards the new access and waiting times standards that are being developed for community eating disorders services (as found in https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf)

6.2 Building Resilience and Promoting Prevention

The CCG has jointly commissioned with local authority partners the following resilience programmes:

- The Thrive - an early intervention person centred approach to children and young people with mental health issues is being developed in schools as a priority (the Thrive model is applicable across all settings). The first school's session for staff took place on 28 April 2016.
- Positive Parenting Programme (Triple P) - This will be run as a pilot with Redbridge and aims to support Extra and Early Help (linked to the Wellbeing Hubs), and build resilience and support children and young people with emotional and mental health challenges. The Positive Parenting Programme, is expected to result in the following benefits in 2016/17 and beyond:
  - Fewer behavioural and emotional problems in children, and support for children with special educational needs and disability (SEND)
  - Introduction of new services, which we know are responsive to need and will enable greater and quicker access to support, and including the use of digital technology to achieve greater reach, access and value for money.
  - Increased parental confidence, skill and knowledge to support child and family emotional resilience.
  - Early help for lower level emerging emotional difficulties in children and young people, reducing need for medical/specialist support

6.3 Developing a Wellbeing Hub

A stakeholder workshop was held in March to develop a vision for the wellbeing hub, and detailed discussions are underway about how best to implement this approach as part of the single point of access offered by NELFT.

6.4 Maximising use of Digital Resources & Guided Self Support

An agreement has been reached to develop an online counselling service (Kooth) as a pilot with Redbridge. The pathways and links to the service will be developed over the next few months in discussion with GPs; Local Youth Forum; Local Authority and other partners.

6.5 Better support for looked after children and those leaving care

The job description for a worker to support this (based on that of a Mental Health Social Worker) has been developed with the targeted Children's Service to support the existing Single Point of Access (SPA) and triage arrangements.

A meeting with Youth Forum 18 April 2016 was attended by the Lead Member for Mental Health and the Public Health lead and led to the Youth Forum agreeing to participate in the shaping of the online service and the future engagement with schools and GPs.

6.6 Inpatient services

The temporary closure of the child and adolescent inpatient unit, Brookside, run by NELFT in May 2016 has brought forward a review of the service model for tier 4 CAMHS. Clinical evidence supports a different model of care for those young people with emerging personality disorders that often manifest as admissions to CAMHS inpatient units through serious self-harm and risk. A series of meetings have taken place with NHS England (the commissioner) NELFT (the provider) and the CCGs to develop a new model of care which would be an extension of the home treatment team model that has been put in place following the closure of the unit at the end of April 2016.

6.7 Urgent and emergency care vanguard proposal

Since the development of the CYP MH TP, NHSE invited all 8 Vanguard sites (part of a national programme to test out new models of care) to bid for a £5m pot of funding to test to out the best way of providing urgent and emergency support for young people in crisis, in particular to provide better support to young people attending A&E after self-harming. BHR has a Vanguard programme focused on urgent and emergency care. The Vanguard sites were asked to put in expressions of interest, showing how they would be testing out new models of care in line with their local transformation plans. BHR CCGs, working with NELFT, rapidly developed a BHR wide bid to the value of £846,627 and have had confirmation that this bid has been approved. It is expected that the funding will be received in August to enable mobilisation.

7.0 Future plans for 2016/17

7.1 Children and Young People's Mental Health Needs Assessment

The CYP MH TP was created before the completion of the Children and Young People's Mental Health and Wellbeing Needs Assessment, led by Public Health. Now the needs assessment has been completed, the plan can be refined to respond to the recommendations emerging from the needs assessment. A gap analysis of the current plan and the needs assessment recommendations has been completed to inform future refinements to the plan. This is set out in CAMHS needs assessment paper part of the Board agenda.

The findings of the CAMHS needs assessment broadly validate the CYP MH TP and in particular reinforce the need for action and investment in improving the system wide approach to improving outcomes for CYP. The implementation of the CYP MH TP has had to adapt to changes in the local context, in particular focusing on the review of tier 3 services. However what the needs assessment highlights is the importance of co-ordinated universal effective prevention and early intervention for children and young people with emerging emotional difficulties. A lack of this can contribute to the escalation of need and growing numbers of referrals to high cost services like specialist CAMHS and social care services. This means that urgent pressures on specialist services need to be addressed as well as developing longer term strategies for universal and primary care services, and in particular support (peer support) for parents. It will be challenging to balance these transformational priorities, particularly given the indication from the needs assessment that even the additional investment planned to develop resilience will not meet all of the current unmet need.

The needs assessment also highlights the importance of engaging with children and young people and families, reminding us to make use of, and extend, the range of methods to engage with CYP that have been developed by LB Barking and Dagenham.

We will be testing the current plan further against the recommendations of the CAMHS needs assessment and providing a further update to the Health and Wellbeing Board with any proposed changes that might be needed to the CYP MH TP in October.

7.2 Tier 3 CAMHS service review

A fundamental service review of tier 3 CAMHS is planned for Quarter 3 2016/17. This will provide a more detailed understanding of current demand and capacity to inform the commissioning of the new model of care.

8.0 Implementation Support

Implementation support has been galvanised, through the joint children's commissioner who has created Task & Finish groups specifically to support the implementation of work on the LAC pathway and supporting Social Emotional Mental Health (SEMH). This work is reported by the joint children's commissioners to the Children and Maternity Sub-Group. The BHR CCGs have also recruited some additional interim support for the transformation plans across the 3 CCGs, particularly in relation to the development of common contractual changes required to support the implementation of the TPs.

9.0 Governance

To support the implementation of the CYP MH TP and to facilitate collaboration across Barking and Dagenham, Havering and Redbridge, a CYP MH Transformation Board is being established by the BHR CCGs Mental Health Transformation Programme. This Board will need to make the appropriate connections with the Health and Wellbeing Board and relevant sub-groups in order that the HWB can take an oversight of the transformation process.

10.0 Development of a Mental Health Outcomes Approach

In order to measure the success of the CYP MH TP and to support the changes in thinking that are required to deliver the transformation we are proposing to develop an emotional and mental well-being outcomes framework that covers all aspects of the CAMHS service covering universal, targeted and specialist services. This will support our aspiration to ensure all services provided under the emotional and mental well-being hub are outcomes focused, holistic, and accessible and built around the needs of children, young people and their families and informed by their views. The intention is that these outcomes will cover strategic, service and operational outcomes, to see to what extent the plans have been able to: for example, build resilience, provide Extra and Early Help, and improve wellbeing and crisis care. The intention is to support the shift in thinking needed from understanding how a service operates (what it does) to the good that it accomplishes (what it achieves). Ideally this will lead to the development of a shared set of principles, with data, outcome measures and service standards that

align across the whole system (NHS, public health, social care, youth service, education, voluntary and community sector) to deliver improvements in child mental health outcomes. A project between the BHR CCGs and NELFT with CORC (Commissioned Outcomes Research Consortium) is currently being scoped as part of the TP.

11.0 Mandatory Implications

11.1 Joint Strategic Needs Assessment

This programme will further the findings of the JSNA with regards to reducing emotional ill health.

11.2 Health and Wellbeing Strategy

This programme will further and support the following priorities in the H&WB Strategy. We will in this Strategy improve health and wellbeing through all stages of life to:

- Reduce health inequalities
- Promote choice, control and independence
- Improve the quality and delivery of services provided by all partner agencies

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

11.3 Financial Implications

CYP MH TP will bring new funding of £390k per annum to the CCG over the next five years subject to NHSE assurance and implementation of the plan.

11.4 Legal Implications

None identified at this point

11.5 Risk Management

Non-delivery of the CYP MH TP will lead to failure to deliver the required improvements in outcomes for children and young people. Non-delivery can also affect NHSE assurance rating for the CCG which could impact on future allocation of funds for the plan.

A risk log has been developed showing identified risks and the mitigation that has been put in place to ensure that the programme meets all NHSE assurance. There is a risk that a comprehensive Child and Adolescent Mental Health Service (CAMHS) service that contributes to the emotional wellbeing and mental health care of all children and young people, which could be provided by health, education, social care or other agencies would not be implemented and that the clear identified need would be unmet as a direct result.

11.6 Patient/Service User Impact

The plan and needs assessment actions have been developed with input from children and parents and will continue to do so with the aim of improving experience and outcomes.

Public Background Papers Used in the Preparation of the Report:

Future in Mind
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Barking and Dagenham Children and Young People Mental Health Transformation Plan
http://www.barkingdagenhamccg.nhs.uk/Downloads/Our-work/CAMHS/Barking-and-Dagenham-CAMHS-report-v2-December-2015.pdf

Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guide
https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-accesswaiting-time-standard-comm-guid.pdf

HEALTH AND WELLBEING BOARD

26 July 2016

Title:	18 Week Referral To Treatment Update
Report of Accountable Officer for BHR Clinical Commissioning Groups	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:**
Report Author: Sarah Tedford Chief Operating Officer, BHRUT Louise Mitchell Chief Operating Officer, BHR CCGs	**Contact Details:** sarah.tedford@bhrhospitals.nhs.uk Louise.Mitchell@redbridgeccg.nhs.uk
Sponsor: Conor Burke, Accountable Officer, BHR Clinical Commissioning Groups	

Summary:

The NHS Constitution gives patients the right to access services within 18 weeks following a GP referral. Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) which runs King George and Queen's Hospitals, suspended formal reporting of its Referral To Treatment (RTT) performance in February 2014 due to a lack of confidence in the ability of the Trust to reliably report both the numbers of patients waiting.

BHR CCGs and BHRUT were tasked to develop and deliver by NHS England (NHSE) and the NHS Trust Development Agency (NTDA), an RTT recovery plan and report regularly to NHSE/ NTDA to provide the necessary assurance.

Despite BHRUT data quality not being assured its March 2016 Board papers stated that it had 1,015 patients waiting more than 52 weeks on the elective RTT pathway. This led to considerable national publicity.

An RTT Recovery and Improvement Plan for BHRUT has been developed which covers a number of work-streams including:

- Theatres productivity
- Outsourcing
- Validation
- RTT Admin
- Demand and Capacity
- Demand management

The plan aims to deliver key constitutional standards, the alignment of elective demand

and capacity and improved data quality on a sustainable basis.

The presentation attached at Appendix A provides an update on progress in delivering the RTT Recovery and Improvement Plan.

Recommendation(s)

Members of the Health and Wellbeing Board are recommended to note the information in the attached presentation.

Reason(s):

The timely treatment of patients referred to secondary care by their GPs is a right under the NHS constitution and a marker for a safe, high quality, local NHS.

18 week Referral To Treatment (RTT)

Sarah Tedford
Chief Operating Officer
BHRUT

Louise Mitchell
Chief Operating Officer
CCG

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

TAKING PRIDE IN YOUR CARE TOGETHER

Barking, Havering and
Redbridge University Hospitals
NHS Trust

Executive summary

- Since the RTT issue was identified, good progress has been made to reduce the backlogs on both admitted and non-admitted waiting lists and we have completed a major validation exercise
- There is a very significant challenge to return to meeting the RTT standards in a sustainable manner that will involve undertaking around 5k operations and 93k outpatient appointments over an 18 month period.
- Even with material demand management, outsourcing and additional recruitment, the size of the programme means this work will take until 2017 to clear (detailed demand and capacity work to be carried out to confirm timeline).

1 Frame – strategic context

- NHS Constitution
  - Patients legal right to start non-emergency NHS consultant-led treatment within a maximum of 18 weeks from referral

- CQC Quality Report 2 July 2015
  - Improve the service planning and capacity of outpatients by continuing to reduce the 18 week non-admitted backlog of patients as well as ensure no patients waiting for an appointment are coming to harm whilst they are delayed, reduce the did not attend, hospital cancellation and hospital changes rates and improve the 31 day cancer wait target.

Governance – management and assurance

Management

- Weekly programme board - reporting to Trust Executive Committee
- Access board – reporting to programme board - chaired by Deputy Chief Operating Officer

Assurance

- Weekly RTT Programme Board
- Monthly review by Trust Board
- Weekly NHSE/NHSI Assurance Group – chaired by NHSE
- Monthly meeting with NHSI- chaired by NHSI
- System Resilience Group – multi-stakeholder membership – chaired by CCG

RTT Update

- **Long Waiter Trajectory:** The Trust has developed a trajectory for clearing the longest waiting patients by 30/09/16. The RTT Recovery Programme continues to be well ahead of the planned trajectory
- The backlog has demonstrated a 34.81% reduction since 03/04/16. Work continues to focus on expediting treatment for this patient cohort
- **Clinical Harm Review:** A key element of the RTT Recovery Plan is the Clinical Harm Programme. The programme is designed to ensure risk to patients waiting longer than NHS Constitutional standards for their treatment are appropriately and effectively managed.
  - Phase 1 focused on patients on the Admitted pathway. A clinical review process was initiated and completed where the Trust assessed >900 patients. No moderate or severe harm was identified.
  - Phase 2 of the clinical harm review process focused on long waiting patients on the Non Admitted pathway and reviewed >800 patients

The recovery and improvement plan

- The RTT Recovery and Improvement Plan is a large and complex programme, which contains a number of work-streams including:

1. Theatres productivity
2. Outsourcing
3. Validation
4. RTT Admin
5. Demand and Capacity
6. Demand management

- The plan aims to deliver key constitutional standards, the alignment of elective demand and capacity and improved data quality on a sustainable basis.

RTT Update

- **Recruitment:** The Trust have a recruitment plan in place to support the increase in overall capacity in the system and to support the reduction of long waits
  - 19 consultant posts have been approved and are in the process of recruitment with phased start dates from April 16
  - 5 additional leadership roles have been appointed, to support the management of the RTT Recovery Programme and drive the internal changes that will support the reduction in waiting times
  - 16 additional administrative staff have been sourced to support patient pathway management
- **Theatre Productivity:** The Trust have initiated a Theatre Productivity Programme to increase the number of operations for patients on the Admitted pathway.
- The programme has dedicated programme support and the Trust profiles an increase in Admitted treatments (operations performed) up to a maximum of 780 operations to 30/09/16.

RTT Update

- **Outsourcing:** The Trust has developed relationships with independent providers who can assist in referral to treatment for suitable cohorts of patients on the Admitted and Non Admitted pathway (including diagnostic services)
- The focus will be on long waiting patients (and any other clinically suitable patients)
- **Validation:** Validation of the Non Admitted PTL has seen the waiting list reduce from 112,414 to approximately 54,000. Work continues on the validation of Non Admitted pathways and developing a long term strategy.
- **RTT Admin:** The Trust is reviewing the RTT admin roles for booking and managing patient pathways.
- This includes the development and management of clear processes and defining the roles and responsibilities of staff with delivering the RTT standard.

RTT Update

- **Demand and Capacity:** The Trust is developing detailed demand and capacity plans for the specialities.

- These models will allow services and staff to quantify weekly capacity gaps and for future planning purposes identify what are sustainable waiting lists capable of delivering the RTT standards.

CCGs' responsibilities

Contract management and assurance perspective

RTT prioritised by all three BHR CCGs – Havering lead CCG

Contractual responsibility – Delivery and performance by BHRUT

Delivery responsibility - Avert 30k GP outpatient referrals in year

Escalated position via NHSE and Directions

Havering CCG issued with Directions by NHS England in June – formal announcement by regulator of areas requiring more assurance from CCG

Issued against Havering as lead CCG for the BHRUT contract

Provides extra support to the system to continue our focus on resolving this issue

Requires robust overarching recovery plan from the Trust with CCG Demand management plan

Signed off recovery plan - Sep 2016.

Supporting BHRUT via demand management

Demand management work ongoing – weekly updates to all GPs

GPs have delivered our Q1 plan (c 3k re-directions)

Range of alternative independent sector and community service providers identified and contracted

New clinical pathways designed jointly with BHRUT clinicians

Reduces waits for patients but also supports Trust to tackle backlog.

HEALTH AND WELLBEING BOARD

26 July 2016

Title:	**Update on the commissioning of the eye care pathway**

Report of the Barking and Dagenham Clinical Commissioning Group

Open Report	**For Decision**
Wards Affected: None	**Key Decision:** No
Report Author: Sab Jenner Strategic Delivery Project Manager, BHR CCG's Richard Clements, Programme Lead service Transformation, B&D CCG	**Contact Details:** Tel: 020 3182 3308 E-mail: Richard.clements2@nhs.net

Sponsor: Conor Burke, Chief Officer, Barking and Dagenham CCG

Summary

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 presented to the Health and Wellbeing Board in October 2015. The reason for commissioning 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.

The Health and Wellbeing Board agreed to oversee a review of the eye care pathway and this this paper provides on how the recommendations have been taken forward and what changes have been put in place or are planned.

Recommendation(s)

Members of the Health and Wellbeing Board are asked to note this update report.

Reason(s)

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

1.0 Purpose of the Report

1.1 The purpose of the report is to provide an update to the Health and Wellbeing Board on the actions taken in response to the recommendations of the HASSC's review of local eye care services.

2.0 Background/Introduction

2.1 Eye care services are commissioned by the CCG (secondary and tertiary care ophthalmology services), NHS England (community optometry and diabetes retinopathy services) and Public Health (school nursing services).

2.2 The Health and Adult Services Select Committee undertook an in-depth scrutiny review into local eye care services in 2014/15. The final report was presented to the Health and Wellbeing Board on 20 October 2015.

2.3 The findings of the review led to a number of recommendations being made to the Health and Wellbeing Board. This report summarises the actions that have been taken to date.

3.0 Recommendation 1: Oversee a review by the Barking and Dagenham Clinical Commissioning Group (CCG) of the local eye care pathway

3.1 The scope of the review has included eye care services commissioned by the CCG and Public Health. Community ophthalmology services are commissioned by NHSE under a national contract and have not been considered as part of this review. Diabetic retinal screening services, which are also commissioned by NHSE, were reviewed in 2014/15 and re-specified to include a standardised screening model across London to improve the effectiveness and efficiency of the programme. New contracts were put in place in November 2015.

3.2 Following on from the scrutiny review a partnership Vision Strategy Group has been put in place by LBBD which has met three times.

CCG commissioned services

3.3 The CCG initiated a joint procurement for a community eye service in September 2015 with Redbridge CCG. The procurement sought to commission a community-based service for the management of minor eye conditions as well as suspected cataracts and the treatment and/or management of glaucoma.

3.4 Direct referral by optometrists to the community-hospital eye clinics was included in the service specification, which was designed to streamline the referral process. The potential opportunity for this change was confirmed at a pre-procurement meeting attended by the Local Optical Committee and other providers.

3.5 The procurement process was concluded in March 2016 and did not result in the CCG awarding a contract as a suitable provider could not be selected.

3.6 The ophthalmology pathway review is now being taken forward in the context of the referral to treatment time (RTT) programme across the BHR CCGs and BHRUT. This

programme has been established to ensure delivery of the NHS constitutional target for waiting time performance in response to long waiting times for some specialities provided by Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT). Ophthalmology has been identified as one of the top ten specialities where further work around RTT and sustainability is required.

3.7 Each CCG is leading on three pathway reviews. Havering is leading on the ophthalmology review on behalf of the Barking & Dagenham and Redbridge CCG's. Havering CCG and BHRUT Clinical Leads have started to work jointly on the glaucoma pathway redesign, with the support of designated clinical directors and clinical leads. Glaucoma has been agreed as the priority area as this provides a substantial amount of ophthalmology activity at BHRUT, and delays in treatment could have an impact on patient outcomes.

3.8 A clinical review of the review of the current glaucoma pathway has identified improvements to the glaucoma pathway; this includes provision of glaucoma referral refinement, and monitoring of stable glaucoma patients with community services. This will be implemented by December 2016, to increases the capacity of secondary care for patients with complex glaucoma.

3.9 A project group has been established to oversee the delivery of the new pathway. The Ophthalmology Glaucoma pathway has been based on the following evidence

- Eye Health Network for London: Achieving Better Outcomes (NHS England)
- Report of the Health & Adult Services Select Committee – Local Eye care services In depth Scrutiny Review 2014/15
- UK Vision Strategy case for change
- Commissioning Guide: Glaucoma (recommendation (June 2016), The royal College of Ophthalmologists

3.10 The pathway will also allow for direct referrals from optometrists, as is the case in other areas, and discussions have begun with the Local Optical Committee agree how to take this forward.

Bridge to Vision (B2V) Update

3.11 In 2014 there was a major increase in the uptake of the enhanced optometry contract. The increase slowed down over the period of November/ December 2015, possibly due to the closure of the Maples Day Centre.

3.12 In total 135 service users were seen last year and so far 107 service users have been seen this year.

4.0 Recommendation 2: Oversee a review by the CCG, which would consider 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

4.1 A response to this recommendation is included in the update on recommendation 1.

5.0 Recommendation 3: Ask the CCG to consider the benefits of commissioning an 'Eye Care Liaison Officer' for local residents, to ensure that people with newly acquired sight loss were provided with support at the point of diagnosis and were signposted to appropriate services

5.1 This service is provided through some secondary care providers (e.g. Barts Health) commissioned by the CCG and used by Barking and Dagenham patients. Further consideration is required to determine whether this is a service that BHRUT could provide within existing financial resources. Discussions with the Trust have been focused on waiting time performance over recent months and CCG resources have been prioritised to delivering the NHS constitutional standard for referral to treatment times.

6.0 Recommendation 4: Ask the CCG to consider whether cost-effective improvements could be made to local low vision services;

6.1 The CCG was asked to consider whether cost-effective improvements could be made to local low vision service which operates out of both King George's and Queens hospitals. 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.

6.2 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.

6.3 The Magnifier Lighting Workshop service was set up to make it easier for local people with sight loss to access low vision equipment and lighting. The project was launched on 12th May 2014 at the Barking Learning Centre and Dagenham Library.300 clients seen in total and between 50 – 60 referrals have been made. The sensory staff have been promoting the service in the local mosques. MK asked about the possibility of promoting the service via B&D Social Networking sites (I.E. Facebook/ Twitter).

7.0 Recommendation 5: Oversee a local communication campaign, to be undertaken by the Council's Public Health Team, which 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

7.1 A local communication campaign has been designed and developed in partnership between the Vision Strategy Group, LBBD communications team and public health. A campaign is due to be run in conjunction with eye health week – 19 -15 September 2016.

The campaign will emphasise the importance of having regular eye tests, whilst also delivering other important eye care messages.

8.0 Recommendation 6: Consider what options could be used to 'make every contact' count and introduced a scheme or schemes to encourage and possibly incentivise parents to arrange an eye test for their child prior to starting school

8.1 The national Healthy Child Programme stipulates that 'at or around the time of school entry every child should have a vision and hearing test performed to prescribed guidelines.' This is a universal requirement and our School Nursing contract stipulates that this is completed by the end of the school reception year.

8.2 Performance reporting around this requirement has recently been added to the regular monitoring schedule to track uptake. Uptake is currently around two in every three pupils (66%).

8.3 The reasons this figure is below the number of pupils eligible are:

- Parental permission is required to conduct the tests and in a significant number of instances these requests are being refused or not responded to.
- Children already tested and prescribed glasses are not included in the figures
- A few schools have not been able to make a suitable venue available for conducting the tests. (This last issue has now been resolved).

8.4 North East London NHS Foundation Trust are aware of the need to increase uptake through promotional activity and greater engagement with parents and an ambitious target around this has been included in the new 5-19 School Nursing contract to focus attention on raising the number of pupils receiving the test. The requirement from September 2016 is as follow:

Key performance indicator - **Health Review – Vision Test**

Activity **Indicators**	Target	Method of measurement	Reporting frequency	Consequence of breach
Routine health reviews: Year 1 vision test	95%	% children at Year 1 Health Review with Vision Test completed	Per term end	Improvement plan to be agreed with Commissioners

9.0 Mandatory Implications

9.1 Joint Strategic Needs Assessment

The priorities for consideration in this report align well with the strategic recommendations of the Joint Strategic Needs Assessment.

9.2 Health and Wellbeing Strategy

This report aligns and supports our Health and Wellbeing Strategy delivery plan on the need to promote eye health and prevent sight loss across the life course.

9.3 Integration

One of the outcomes we want to achieve for our Joint Health and Wellbeing Strategy is to improve health and wellbeing outcomes through integrated services. The HASSC report makes several recommendations related to the need for effective integration of services and partnership working.

9.4 Financial Implications

The allocation of CCG management resource is being prioritised to supporting delivery of a joint programme of work with BHRUT to deliver the NHS constitutional target for referral to treatment times (RTT). The review of the ophthalmology pathway is one of the of the RTT workstreams that is being taken forward across the BHR CCGs with a focus on the glaucoma pathway. CCG investment is subject to Governing Body approval which would take into consideration the available resources and potential benefits of investment alongside other priority areas.

HEALTH AND WELLBEING BOARD

26 July 2016

Title:	**Healthwatch Annual Report 2015-2016**
Report of the Healthwatch Board	
Open Report	**For Information only**
Wards Affected: ALL	**Key Decision:** No
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Sponsor: Frances Carroll Chair, Healthwatch, Barking and Dagenham.	

Summary:

This report is for members to review the work of Healthwatch Barking and Dagenham during 2015-2016.

This paper is a summary of the Annual Report of Healthwatch Barking and Dagenham. It outlines the work that has been undertaken by the Healthwatch team during the year and highlights our achievements and challenges. Above all it shows how we interact with the public, capture their opinions and reflect them back to commissioners of both Health and Social Care services.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Consider the report, noting the impact that Healthwatch has had in the last year.

Reason(s)

To bring to the attention of the Board trends in public opinion with regard to health and social care services in Barking and Dagenham. To advise the Board of the impact Healthwatch has had throughout the year.

1 Introduction and Background

1.1 This is the third annual report of Healthwatch Barking and Dagenham. The report sets out the work findings, and recommendations of the team. During the year we have looked at a number of areas including Phlebotomy, Intensive Rehabilitation Service, St Francis Hospice and Access in BHRUT Hospitals.

1.2 We are especially pleased with the outcomes from the Phlebotomy Project. This piece of work was shortlisted for the Healthwatch England National Awards. On the night of the awards Healthwatch Barking and Dagenham was highly commended in the category of "the value we bring to the community".

1.3 All the work undertaken by the Healthwatch team is driven by public opinion or where we have been asked specifically to look at a service as was the case with the Urgent Care Project.

2 Our work

Enter and Views and Project work

2.1 In total we made 26 recommendations in our project reports and 23 were accepted. We completed 9 Enter and View visits. We have looked at both health and social care services.

2.2 The outcome from the Morris Ward Enter & View is one to be proud of. Here we highlighted the difficulties for a patient who, as part of his therapy, had joined a local football team. Due to the ward's shift patterns he was always late for training as he had to wait for a member of staff to escort him. This made difficulties for him with the manager and his team mates. After we brought it to the attention of the ward manager, staff were made available to ensure he was always on time: allowing him the full benefit of the training session.

2.3 Our Enter and View at Park View (a dementia focused care home) also had positive outcomes. The service provider accepted Healthwatch's recommendations and involved residents in tidying the garden and planting flowers. Residents have also been made aware of food choices and the menu has now changed. Furthermore the cleanliness in the unit has been addressed and is regularly monitored by the manager.

2.4 Our Phlebotomy project highlighted the issue of uneven patient distribution which causes a bottle neck in certain locations where the service is provided. This was in part caused by referrers only telling patients about the larger sites and there not being sufficient advertising as to where all the blood testing sites were located. There were two service providers North East London Foundation and Barking Havering Redbridge Hospital Trust (BHRUT).

2.5 BHRUT responded to our recommendations by improvements in marketing and information sharing, a priority system for those fasting, the possibility of service provision in the evening and weekends. They have also improved the patient experience by making guest Wi-Fi available in the waiting area. Likewise the service commissioner has agreed to address public concerns with the service provider.

Networks and partnerships

2.6 This year we have worked with Havering and Redbridge Healthwatch on the Urgent Care Project. We worked jointly on some primary research to help Barking Havering Redbridge University Trust (BHRUT) and the 3 local Clinical Commissioning Groups (CCG) to better understand how local people use urgent and emergency care services. All three Healthwatchs spoke to over 1000 people about their views on urgent and emergency care. These views are now being taken into account in the development of the new care model.

2.7 Healthwatch Barking and Dagenham are regularly represented on;

- The Health and Wellbeing Board
- The Children and Maternity Sub Group
- The Learning Disability Partnership
- The Mental Health Sub Group
- The Safeguarding Adults Board
- The Health and Adult Services Select Committee
- The London Healthwatch Group and Healthwatch England

2.8 Healthwatch Barking and Dagenham assisted the local CCG with their public consultation on their commissioning priorities.

Signposting and information giving

2.9 We have assisted or sign posted individuals to a number of services. This year we helped 508 people with a variety of enquiries. The following breakdown describes some of the most common reasons why people contacted us:

- GP Services – 155 (32%)
- Local Hospital Services – 144 (28%)
- Advocacy Services – 57 (11%)
- Mental Health Services – 42 (8%)
- Integrated Health & Social Care Services – 30 (7%)
- Local Residential Care Homes – 26 (5%)
- General Enquiries – 54 (9%)

3 Mandatory Implications

Joint Strategic Needs Assessment

3.1 When developing our annual plan Healthwatch Barking and Dagenham have been mindful of the content and data of the Joint Strategic Needs Assessment (JSNA).

Health and Wellbeing Strategy

3.2 All the topics for the Healthwatch work plan fall within the four themes of the Health and Wellbeing Strategy.

Integration

3.3 Healthwatch Barking and Dagenham are particularly interested in helping to promote joint working between health and social care service. This is reflected in many of the topics chosen for the 2016-2017 workplan including Community Equipment

Financial Implications

3.4 Healthwatch Barking and Dagenham are commissioned by the Local Authority and is funded until March 2017.

(Implications completed by Marie Kearns, Contract Manager for Healthwatch Barking and Dagenham)

Legal implications

3.5 Under the Health and Social Care Act 2012 local Healthwatch organisations have the authority to, and do, undertake announced or unannounced "Enter and View" visits to both health and social care settings.

(Implications completed by: Marie Kearns, Contract Manager for Healthwatch Barking and Dagenham)

Risk Management

3.6 All those undertaking Enter and View visits who are authorised representatives have undertaken specific training and have a DSB clearance.

Patient/Service User Impact

3.7 The Healthwatch programme is designed to reflect the views of the users of health and social care services in Barking and Dagenham. The main annual report highlights the specific impact that the views of service users have had in each area.

4 Non-mandatory Implications

Safeguarding

4.1 All staff and volunteers of the Healthwatch team are given awareness training on Safeguarding issues. A Healthwatch representative sits on the Safeguarding Adults Board.

Customer Impact

4.2 The Healthwatch programme is designed to reflect the views of the users of health and social care services in Barking and Dagenham. The main annual report highlights the specific impact that the views of service users have had in each area.

Contractual Issues

4.3 Healthwatch Barking and Dagenham is commissioned by the Local Authority and is funded until March 2017.

Staffing issues

4.4 Healthwatch Barking and Dagenham have a team of 2 full time equivalent members of staff and 8 volunteers.

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices:

Appendix A Healthwatch Barking and Dagenham Annual Report 2015/2016

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healthwatch
Barking and
Dagenham

Healthwatch Barking and Dagenham Annual Report 2015-2016

Contents

Chairs Message

Welcome to the third annual report of Healthwatch Barking and Dagenham.

This year has been a busy and successful year. I would like to take this opportunity to thank all our volunteers, staff and board members as this would not have been possible without them.

Frances Carroll

Throughout the year we have worked on a number of projects and undertaken 9 Enter and Views across health and social care: The majority of which have had a positive outcomes for service users.

We are especially pleased with the outcomes from the phlebotomy project. This piece of work was shortlisted for the Healthwatch awards. On the night of the awards Healthwatch Barking and Dagenham was highly commended in the category of "the value we bring to the community".

We are equally proud with the Enter & View undertaken at Morris ward, where patients from Barking and Dagenham were staying longer due to an embargo on housing, since the visit this was uplifted and patients were discharged.

There have been areas where we have had a real impact and areas where more work needs to be undertaken.

This year we have worked with Havering and Redbridge Healthwatch on the Urgent Care Project. We worked jointly on some primary research to help Barking Havering Redbridge University Trust (BHRUT) and the 3 local Clinical Commissioning Groups (CCG) to better understand how local people use urgent and emergency care services.

All three Healthwatchs spoke to over 1000 people about their views on urgent and emergency care. These views are now being taken into account in the development of the new care model.

The CCG asked Healthwatch to host the annual event on their commissioning priorities. The feedback from this event has contributed to the CCGs decisions on commissioning for the coming year.

Last year our internal review found we needed to engage more with young people. To do this we have attended the Bad Youth Forum and involved the young people in re designing our leaflet. We have also signed up to take on work experience students.

The introduction of the Accountable Care Organisation (ACO), a new way of structuring health and social care services, poses many questions about how this will work best for the local people. We have taken part in the voluntary sector workshops, which looked at the role the sector, will play in the ACO.

Throughout the year, we have set up opportunities to listen and take note of experiences from local people who have used services within the health and social care system. Through these events we have signposted those who needed support in accessing services. The local intelligence has also helped us challenge commissioners and service providers. Furthermore trends captured throughout the year have then used as evidence for our work plan and priorities set for the coming year.

I would like to take this opportunity to thank all the partners and local people who have worked with us in making our local Healthwatch successful and look forward to working with everyone in the coming years.

The year at a glance

We were highly commended for the “value we bring to the community” in the national Healthwatch awards.

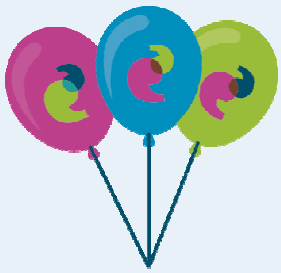
We’ve met hundreds of local people at our community events.

We have Enter & Viewed 9 local services.

We made 34 recommendations from our Enter & Views and 26 were accepted.

In total we made 26 recommendations in our reports, 23 were accepted.

We registered and taken on work experience students this year.



Who we are

We exist to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Our vision

We will continue to:

- Help you to shape and improve the services you use.
- Engage with people in your community & if you haven't met us yet, please get in touch!
- Be inclusive & we want people from every part of your community to join us.
- Tell you what's happening
- Use your feedback as evidence to build a true picture of your local services.

Our strategic priorities

- Champion the voice of the local community ensuring that we are inclusive and visible to all.
- Use evidence based feedback and make recommendations to service providers and commissioners.
- Continue engaging with vulnerable and disadvantaged groups
- Enable people to monitor and review the commissioning and provision of local care services relating to: the standard of provision; whether they could be improved and how they ought to be improved.
- Promote and support the involvement of people in the commissioning, provision and scrutiny of local care services (Health Care and Social Care).

Under the Health and Social Care Act 2012 Healthwatch Barking and Dagenham have the rights to:

- Have a seat on the Health and Wellbeing Board.
- “Enter & View” premises.
- Request information from providers and commissioners.
- Write reports containing the views of local people on health or social care services.
- Make recommendations and request a response.

Listening to people who use health and care services

Gathering experiences and understanding people's need

In order to gather the views of the community and identify local needs, we have taken the proactive role of making it easy for people to share their experiences of health and social care services.

Public events

Throughout the year we have held four public events.

These events are an opportunity for us to speak to a range of people from the community and understand their needs.

We are able to use this evidence to challenge service providers and commissioners and use the information to identify local priorities.

Associates and interested individuals

Healthwatch Associates are organisations or groups which are formed around their service users' needs on a particular area of health or social care. We currently have 25 Healthwatch Associates.

The relationship with the organisations enables Healthwatch to share and seek views of those accessing particular services. It also gives those community members who are not confident sharing their concerns, the opportunity to do so, through the Associates.

Enter and Views

Enter & View visits are carried out by trained Enter & View Representatives. The visits give a reflection of what the service looks like during the visit. Service users, family members and staff are spoken to.

These visits are crucial where individuals are unable to come out into the community to share their concerns.

We have undertaken 9 Enter & View visits this year.

Project work

There are certain projects we work on where we need to speak specifically to those who have used the service. Therefore we proactively go to where the service users are for example:

- For our urgent care project we attended the A&E department, GPs and Walk In Centres to find out what people know about urgent care in the local area.
- We worked with North East London Foundation Trust by sending out questionnaires on the Intensive Rehabilitation Service as our target audience was those using the service.
- Our volunteers and staff visited all venues where blood testing services are being provided to seek the views of those in the waiting area.

Other ways we have gathered experiences:

- Through our social media (see page 37).
- Hosting an event for the Clinical Comissoning Board (see page 39)
- We receive a number of phone calls throughout the year; this information is saved on our database. (see page 22 for a breakdown).

How we engaged with older people over the age of 65.

Public events give us the chance to speak to a wide range of people, recruit volunteers and help signpost people to the correct services. One event was specifically for older people. On the day people mainly spoke about general health and social services, no themes emerged from the day.

Most of the service users accessing the Intensive Rehabilitation Service were over 65. (Please see page 31 for more information on this project and the outcomes.

We also have an older person's representative on the Healthwatch Board, Barbara Sawyer.

How we engaged with Young people (under 21)

Last year a piece of work was undertaken to look at the areas we could improve on. According to the report our Healthwatch needed to involve young people more.

This year we have involved the BAD Youth Forum, (forum of young people) by seeking their views on how our leaflet could be made more attractive to a younger audience. We have designed a new leaflet incorporating the views of those young people.

A work experience student from year 10 has assisted with designing the new version.

To match with our branding a new bookmark has also been produced by the young work experience student!

Quote from our work experience student:

"Work experience at Healthwatch Barking and Dagenham was an excellent experience for me. The experience certainly opened my eyes and mind about health care in Barking and Dagenham and how it must be improved, to suit all types of disabled patients and able patients.

I have done a lot of projects at Healthwatch Barking and Dagenham, one of my favourite projects was the leaflet and bookmark project. I had to redesign the leaflet and bookmark for Healthwatch Barking and Dagenham, so it can be more eye-catching for people of all ages and abilities. I used publisher to make the leaflet and bookmark and I used a range of shapes, colours and fonts to express the point of Healthwatch Barking and Dagenham, and the work they do to improve health care."

How we engaged with people we believe to be disadvantaged, seldom heard or vulnerable.

There are a number of ways in which our Healthwatch have engaged with this group.

- We have spoken directly to parents who have children with Special Educational Needs by attending the Just Say Forum.
- We have undertaken an Enter & View on an Adult Mental Health Unit. (Please go to page 19 where there is a case study of this work).
- The residents of Park View Care Home have dementia, as this group of people are particularly vulnerable, it is important that their views are fully evaluated. Healthwatch representatives therefore spent some time observing resident and staff interaction and spoke to family members. (Please see page 14 for a summary and findings of the report).

How we engaged with people, who live outside our area, but use services within our area.

Take a look at the different ways we have incorporated the views of people who do not live in the borough but use the services.

- Barking Havering Redbridge Hospital Trust cover a number of areas, when we undertake Enter & View visits we speak to all the patients and the staff. Not all patients and staff live in Barking and Dagenham.
- We use Street life to consult with people who live in the neighbouring boroughs on local services we share
- During public events we encourage staff from other organisations to give their views. All staff do not live in the local area.
- Healthwatch have a database of interested individuals. These individuals receive up to date information relating to health and social care matters. A number of the individuals who have signed up do not live in the borough.
- We have 25 Associates registered. Associates are organisations representing a particular group of people. Individuals working in the organisations are not all from our borough.

What we've learnt from visiting services

What is Enter and View?

Enter & View is carried out under Section 221 of the Health and Social Care Act 2012. It allows Healthwatch to Enter & View certain health and social care services.

Authorised representatives observe and gather information through hearing the experiences of service users, their relatives /friends and staff to collect evidence of the quality and standard of the services being provided.

The information is then used to produce a report, which is shared with the service provider asking them for a response to any recommendations made.

We have completed 9 Enter and Views this year.

34 Recommendations made.

26 Recommendations accepted.

Enter & View Authorised Representatives

- Barbara Sawyer
- Val Shaw
- John Southall
- Frances Carroll
- Mary Parish
- Manisha Modhvadia
- Richard Vann
- Marie Kearns
- Roman Lakhera

Enter and View at Hanbury Court

We found service users were happy with the services being provided; there were no major issues that emerged at the time of the visit.

It did come to light that the lift/elevator in the home was not fully accessible for people with limited or no mobility. For this reason Healthwatch recommended that the service provider should consider looking at options where this could be made more accessible.

We did not receive a response from the service provider.

Park View

An unannounced Enter & View visit was undertaken after concerns were raised about the choice of food made available to residents.

Park View is a 24 hour nursing and dementia care home.

During the visit we found:

- The home was recommended by the residents and a family member.
- Oaks 2 garden area was not well-kept and the smell in the corridors was unpleasant.
- Some residents were unaware that there were food choices on offer.

Healthwatch made recommendations based on the findings.

The outcome from our visit has been positive; the service provider has involved residents in tidying the garden and planting flowers. Residents have also been made aware of food choices and the menu has now changed. Furthermore the cleanliness to the unit has been addressed and is regularly monitored by the manager.

3 recommendations were made and the service provider accepted all of these.

Gardiners Close

We received concerns about the lack of activities being provided to the residents. Due to the nature of the visit, Authorised Representatives decided to undertake an unannounced visit.

Gardiners Close is a supported living complex for those with learning disabilities.

We found:

- Some areas of the home were in need of renovating.
- Staff knew each resident very well including what they liked to eat.
- There was a need for activities to be more stimulating to the mind.

Our recommendations included renovating the home and more activities to be offered that would be intellectually stimulating for residents.

The area manager responded positively and informed Healthwatch that the team are looking at new activities for the residents.

The communal areas are due for redecoration in 2016/17.

2 recommendations were made and the service provider accepted both. As the redecoration is not due till 2016/2017 Healthwatch will ask for an update.

Fern Ward and Amber Wards Follow up Visits

Fern Ward

Medicine and Elderly Care Ward

On 8 October 2014 Barking and Dagenham Healthwatch carried out an Enter & View of Fern Ward, King George Hospital.

Some of the areas highlighted as needing improvements previously included:

- Information boards not being correctly updated.
- Catering staff not waiting for people who were in the toilet and not asking loudly enough if patients wanted a hot drink.
- People waiting too long when they used the call buzzer.

The trust responded positively, with an action plan to implement changes.

An unannounced follow-up visit was undertaken this year. Authorised representatives could clearly see that improvements were made in the areas previously highlighted. The changes seemed to be having a positive impact on patients on the ward. This was reflected in the feedback received from the patients.

6 recommendations had been made, and feedback from the follow up visit evidences that improvements have been made, having a positive impact on patients on the ward.

Amber A&B Wards

Trauma, Vascular Surgery and Orthopaedics Wards

Healthwatch undertook an Enter & View visit to Amber Wards A&B, Queens Hospital, on 20th March 2015. Taking into consideration the feedback from patients Healthwatch recommended;

- Better communication between ward staff and catering staff.
- Protocols to be in place to check finger nails of immobile patients in case of infection.
- More checks on patients who are bedridden to prevent pressure sores.

An unannounced follow up visit was undertaken on 22nd September 2015 to see if changes had been made to improve the patient experience.

Healthwatch found that improvements were made and actions implemented from the initial visit.

5 recommendations were made to the trust at the initial visit, during the follow up we found there to be significant changes put in place to ensure all recommendations were acted on.

Five Elms GP Practice

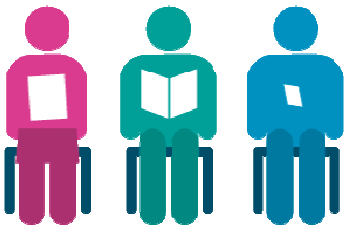
Healthwatch Barking and Dagenham identified a trend of consistent negative feedback from patients about this GP service. This included staff communication and waiting times for appointments.

An unannounced visit was carried out to better understand what was happening.

During the visit staff informed the Enter & View Representatives that the GP Practice had undergone significant changes since May 2015 and there were a number of changes to staff over a short of period time.

During the visit we found:

- Patients were happy with the way they were treated, although there was often a lack of empathy shown to them, during difficult times from receptionists.



- Information boards within the practice did not display information for patients.
- People also commented on the waiting area not being child friendly.
- We were also informed that there were issues with referrals being made to BHRUT outpatients. Patients had been referred back and the GP told there were no appointments available. This had a negative impact on the service being provided to patients.

Healthwatch recommended that:

- Consideration should be given to making the waiting area more children friendly.
- Patients should be treated in a professional manner when they attend the surgery.
- More information should be available to patients on the practice website and information boards.

7 recommendations were made to the practice. We received a response from the GP; however it was based on the services that they provide, rather than addressing the experiences of their patients and the recommendations made by Healthwatch.

Healthwatch visited the surgery on other business and observed that there was more information made available for patients on display boards.

Morris Ward

Healthwatch Barking and Dagenham carried out an announced Enter & View visit to Morris Ward; this was in response to relatives' concerns about a lack of activities being provided in the service and the length of time individuals were being detained on the ward.

Morris Ward is a forensic, low secure facility that is part of Sunflower Court – a Mental Health in-patient assessment complex. The service is provided by North East London Foundation Trust (NELFT).

We found that residents from Barking and Dagenham were being kept on the ward much longer than those from other boroughs, who were accessing the same service. The ward manager referred to a housing embargo in place in Barking and Dagenham. This emerged as a barrier to discharging patients back into the community, having been assessed as ready to take that step in their recovery.

We also found that some in-house procedures on the ward were barriers to progress for some patients taking part in activity related initiatives. It was identified that this was caused by a lack of staff being available at times when they were needed to support patients.

A patient that Healthwatch representatives spoke with said;

"I have been on Morris Ward for 2 years - the 'Coping through Football' programme run by the hospital has helped to transform the way I am and how I see things. I have been offered the chance to play for a semi-professional football club and this has helped me think about becoming a coach and getting my coaching badges. One area it could work better for me is that I am expected to be at training by a certain time and be ready to take part in sessions. This is a strict regime. The times coincide with the staff handover here on the ward and because I have to be escorted when I leave the unit, waiting for a member of staff to become available often makes me late by an hour."

In their response, the ward manager has said that since Health watch's visit, they have employed an additional member of staff to support individuals to participate fully in their activities. For this person, he was able to attend training sessions at the times he needed to.

Since the publication of our report, the housing embargo in Barking and Dagenham was lifted and the 4 individuals from the borough that we spoke with have been discharged back into the community. The issues raised from this has prompted local commissioners and providers of the service to look at new and innovative ways of making suitable housing accommodation available for patients from the borough who are ready to integrate back into the local community.

Both the recommendations were accepted by the trust. Our visit had a positive impact for the patients.

Enter and Views to the Children's Wards

Both visits were part of a wider programme of work which focused on the views of children and young people's experiences of using health services. These were announced visits.

Tropical Lagoon, Queens Hospital

Findings included:

- Clinical procedures were explained to children.
- Parents spoke of the temperature on certain areas of the ward being too cold.
- Food options were not suited to all children.
- Televisions were not in working order.
- Parents were unaware that they could ask for help, with bathing their children.

Recommendations and Outcomes

We recommended the trust to take a look at the temperature issue, ensure all TVs are in working order, make sure parents know if they can get help with bathing their children and consider more food options.

Since our visit:

The heating has been inspected and adjusted; the ward is now warm in all areas.

All televisions have been fixed and are in working order.

Actions have been put in place in order to implement other recommendations.

4 recommendations were made to the trust.

All the recommendations were accepted by Barking Havering Redbridge Hospital Trust.

Clover Ward, King George Hospital

Findings included:

- Whilst some children were happy with the choice and amount of food they received, others thought there were not enough food choices available for people from other cultures.
- The bathing facilities are adequate on the ward but parents were unsure what help was on offer if their child needed a bed bath.
- It was felt there should be more activities for older children.
- Parents commented on beds being uncomfortable.

Recommendations and Outcomes

- Recommendations included, more activities for older children, parents being aware of facilities available for their children, patients being made aware of the food choices and consideration for better sleeping facilities for parents.

Since our visit

The ward manager has collated a list of appropriate items to purchase for older children.

All staff informed at daily handover to ensure parents know they are aware of the bathing facilities. The information leaflet given to patients will also be updated to include this.

The ward manager has requested 13 beds to be purchased for Clover Ward for parents.

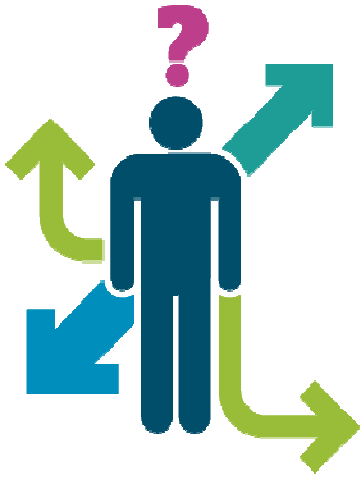
Actions have been put in place in order to implement other recommendations.

Healthwatch made 4 recommendations. All which BHRUT have accepted and have an action plan in place to implement.

Giving people advice and information

Helping people get what they need from local health and care service

It is the statutory duty of every Healthwatch to offer an information and signposting service to local people.



There are a number of ways in which people can make contact with us:

- Facebook
- Twitter
- By Post
- Through our website
- Telephone
- Face to face when we have stands across the borough.
- Streetlife
- Email

Website

Our website has a dedicated signposting section, where people can find details of organisations that are able to offer them advocacy support and details on how to make a complaint. We also promote new services that are related to health and well being under the news section.

Working with others

Healthwatch have a list of organisations that provide services within the borough. This list is used to signpost individuals when they make contact. It's a useful tool and is kept updated as and when there are new organisations that work with Barking and Dagenham residents.

Outreach sessions and public events

Whilst undertaking public events, we ensure staff and volunteers are aware of the different services available in the borough. A number of individuals approach Healthwatch to seek information about where to go for help.

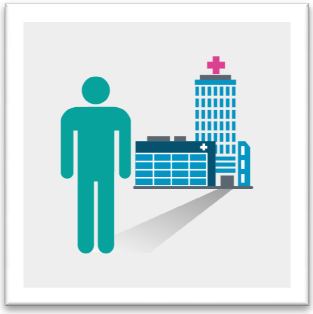
If our staff and volunteers do not have the correct details of an organisation that is able to assist the individual, then we see it as our duty to find out.

We have assisted or sign posted individuals to a number of services. This year we helped 508 people with a variety of enquiries. The following breakdown describes some of the most common reasons why people contacted us:

GP Services - 155 (32%)

The majority of issues raised by people were about not being able to get an appointment soon enough. A number of people said they went to A & E with the notion that they might be seen sooner. Other reasons included not being able to talk about more than 1 health issue at an appointment even though health issues might be linked in some way.

> **"The service me and my family get from the doctors has generally been good, but I have recently had to go back for separate outpatient appointments about the same thing when it could have all been dealt with at the same appointment - not good use of mine or the doctor's time"**



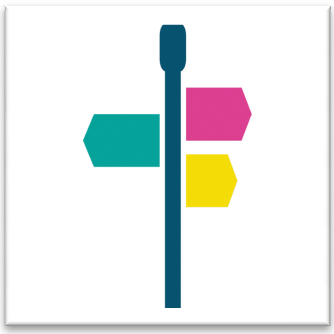
Local Hospital Services - 144 (28%)

The biggest factor that prompted local people to raise issues about the service was the delayed and extended waiting times for outpatient appointments. A number of people raised this as the source of most concern and frustration. Other common issues were the waiting time in A& E and the time it takes to have to sit and wait to have a blood test, especially at the Queens Hospital site.

> **'Waiting at the A & E department is still too long - they introduced a triage system to move you from one crowded waiting area to an even more crowded area and you still wait hours to be properly seen. The service was good when I eventually received it'**

Other Issues and Services -

Throughout the year Healthwatch was contacted about a variety of services and sources for advice;



Advocacy Services - 57 (11%)

Individuals looking for someone who can support and advise about rights and navigating complaints processes.

Mental Health Services - 42 (8%)

People asking for assistance with completing forms, changes to the way services were being provided and concerns about how to access other services for physical health needs.

Integrated Health & Social Care Services - 30 (7%)

Individuals got in touch to ask about The Community Treatment Team and Intensive Rehabilitation Services.

Local Residential Care Homes - 26 (5%)

People telephoned or emailed - mostly relatives and community volunteers - raising concerns about local care homes and the standards of care they were providing.

General Enquiries - 54 (9%)

Most people who contact for general reasons are often looking for information connected with other services and providers where there are out of date details. Also a number of people contact this Healthwatch first as the name can appear at the top of online search engines.

There were 40 people who contacted us and made complaints about services. The figures below show the percentage of complaints we received for each service.

- *GPs - 23 (58%)*
- *Local Hospitals - 5 (13%)*
- *Mental Health Services -4 (10%)*
- *Appointment Waiting Times -4 (10%)*
- *Social Care Services - 2 (5%)*
- *Dental Service - 1 (2%)*

Examples of how Advice & Signposting from Healthwatch Barking and Dagenham has assisted local people:

Miss M has contacted Healthwatch for advice previously - she has had ongoing concerns about how she and family members had been messed around by delays and changes to their out-patient appointments, without any way to resolve issues quickly with the local BHR Hospital Trust. Healthwatch was hosting an upcoming event - an opportunity for senior managers from the hospital trust to engage with local people about their services - and invited her along to take part and speak about her experiences. As a consequence of the contact made, she has been able to navigate to the most appropriate person to assist with appointment related issues.

Mr K came to Healthwatch after being referred by another local organisation. He had recently returned from holiday abroad with his family and on arrival home, his young son was taken ill. Rather than take him to hospital first, he sought immediate help from his GP practice and contacted them by phone to arrange an urgent appointment. He was told that if he wanted an appointment, there wasn't one available for a week or alternatively, he would have to go to A&E if he wanted to be seen straight away. Unaware that there was an out of hours urgent GP hub service, Healthwatch advised him to contact his GP practice again, explain in more detail about his son's symptoms and to ask for an urgent appointment slot at the hub.

Mr W contacted Healthwatch and came across as agitated and confused during the initial part of the telephone conversation. It quickly emerged that he had been waiting for a particular appointment at the Maudsley Hospital that had not yet occurred and as a consequence of which, he alluded to doing harm to himself. Although from another Healthwatch local authority area, concerned for the person's wellbeing, Healthwatch B&D contacted the local mental health access team; provided them with details and conveyed the conversation that had transpired. The practitioner confirmed they were aware of this gentleman and they would take the necessary action to contact him. They contacted Healthwatch B&D later to confirm they had been to see he was well.

How we have made a difference

Our reports and recommendations

26 recommendations, 23 accepted

Shortlisted for Healthwatch National Award for the work undertaken for the Phlebotomy Project.

On the night of the awards. Healthwatch Barking and Dagenham were highly commended for this piece of work.

St Francis Hospice Project: More promotion on culture and services is being provided.

Intensive Rehabilitation: management highlighted concerns to staff to ensure involvement of service users.

Complaints Project: Health & Well Being Board accepted recommendations made by Healthwatch.

Saint Francis Hospice

We were approached by St Francis Hospice to seek honest feedback about the services they offer. However, at the start of the project, we found that the majority of Barking and Dagenham residents spoken to had not heard of the hospice before. Therefore we looked at the reasons behind this too.

What we found:

- Those who had used the service were very happy with it.
- There was a need for the hospice to showcase the work they do with patients from different cultures.
- Healthwatch found that there is the need for more training for GPs on the palliative care pathways.

Recommendations and outcome

Healthwatch recommended examples are showcased more through social media networks and religious organisations to help eliminate some of the myth that the hospice is Christian based only. We also recommended that consideration should be given for CCGs to have training on palliative care pathways.

The Hospice welcomed Healthwatch's report and found it was very much in accordance with many of the issues they have identified when planning their five year strategy.

Medical Dressings Project

Concerns were raised to our advice and information service about the medical dressing's service. Healthwatch investigated the issue and our report found:

- 94% of patients said that their nurses spent enough time with them on each visit.
- Over 90% of patients said that communications with the services is good to excellent.
- 15% indicated they were not given a written care plan.
- Out of hours; the level of satisfaction was low, as some patients said they didn't get any response either to their call or any answer phone messages they left.
- Some people – 7 (21%) – said that when nurses have visited them, equipment and dressings were not available for when it was needed

Recommendations and outcome

Within our recommendations, we highlighted the need for out of hour's services to be responsive in a timely way and for adequate supplies of dressing items to be made available to prevent wasted visits with unnecessary risks to patients.

We received a response back from North East London Foundation Trust; however Healthwatch felt the response was based on the services that are provided rather than the actions that needed to be put in place in response to the experiences shared within the report.

Access to Out patients area for disabled people

Reason for the Healthwatch Inquiry

Healthwatch Barking and Dagenham, initially at the request of the Matron for Out-Patient Services at BHRUT, were asked to look into the experiences of some out-patients using the services at the local hospital trust sites. The focus of inquiry was access for disabled people with visual, hearing or mobility impairments.

This report highlights the experiences of service users and others who helped us to test areas of accessibility at the Queen's and King George's hospital sites.

Key findings

- Access through the front doors and other doors of each hospital was easy to navigate and was facilitated by a push button or sensor functioning automatic opener.
- In some areas at Queens Hospital, fixed seating didn't allow enough space for wheelchair users to occupy without blocking up the gangways.
- A hand held device for patients was introduced to enable staff to alert patients when it is their appointment time. The device vibrates and also emits a visual signal.
- The communication needs of a deaf patient were overlooked in a waiting area - their name for an appointment was called out from behind a wall.
- At both hospitals, despite indication by signage at reception areas, hearing loop systems were not in use or working.

Outcomes

The final report for this project is currently being worked on and will be published once the Trust has seen and commented on the findings.

Intensive Rehabilitation Service

Healthwatch undertook this project after concerns were raised from service users and families about the unmet needs of the service. For example if people wanted the service at home, will there be enough physiotherapists.

North East London Foundation Trust accepted the first recommendation and all staff were reminded to ensure the joint goals are signed off by the patient.

In regards to the second recommendation the service provider felt patients may be confusing the IRS nurses with the district nurses. However they addressed the issue with their nurses.

WE FOUND

- 91% would be happy to be treated at home again. This percentage indicates that the service is working well for those who receive it.
- 85% were happy with having treatment at home.
- 76% of the 33 who needed equipment to help with their recovery felt it was brought in a timely way.
- Individuals commented that on some occasions nursing staff either do not turn up or do not tell patients whether they will be coming in the morning or afternoon.

We made two recommendations to North East London Foundation Trust; one was to ensure that the patients are involved with their treatment and are able to talk about their goals to recovery. The second recommendation was for nurses to give either a morning or afternoon slot to service users, so they are not waiting all day.

Phlebotomy Services

This work was taken forward after receiving a large volume of concerns from the general public about accessing phlebotomy services within the borough.

The large amount of interest was a reflection of the concerns and frustrations the public had experienced when trying to access the phlebotomy service. The community felt strongly and were determined to have their say.

Our research showed that whilst the amount of access to blood testing sites might be sufficient, the way in which it was accessed was not evenly spread. The two local hospitals are bearing the brunt with patients waiting anything from two to four hours to have their tests. At the same time less well know sites are operating below their optimum capacity.

The issue of uneven patient distribution, causing a bottle neck in the service, was in part caused by referrers only telling patients about the larger sites and there not being sufficient advertising as to where all the blood testing sites were located.

We made recommendations to service providers, North East London NHS Foundation (NELFT) and Barking Havering and Redbridge University Hospital Trust (BHRUT).

Only BHRUT responded.

Their response included improvements in marketing and information sharing, a priority system for those fasting, the possibility of service provision in the evening and weekends and improving the patient experience whilst waiting by making guest Wi-Fi available in the waiting area.

Likewise the service commissioner has agreed to address public concerns with the service provider.

Healthwatch believe the research project will make a difference in developing better access for the community through the actions being implemented by commissioners and the service provider. The public will be better informed as to what options they have available and where they can go for their blood test.

5 recommendations were made

The CCG acknowledged all the recommendations.

BHRUT have responded with an action plan addressing all the recommendations.

WORK OF HEALTHWATCH BARKING AND DAGENHAM RECOGNISED IN NATIONAL AWARD

Healthwatch Barking and Dagenham were shortlisted for a national award that celebrates the difference local Healthwatch have made to health and social care in the past year.

Shortlisted from over 120 entries, Healthwatch Barking and Dagenham were shortlisted for its work on Phlebotomy services, where it brought the experience of local residents to the attention of Barking and Dagenham CCG and Barking Havering Redbridge Hospital Trust.

The trust has now taken steps to improve the experience of service users in response to our findings.

On the night of the awards Healthwatch Barking and Dagenham were highly commended for the work undertaken.

Respite Project

Last year feedback showed that we needed to engage more with young people.

As part of this year's work, we have spoken to young people receiving respite care services.

We received information from the professionals working with children and young people about how these individuals feel when receiving respite care. The views of the parents can differ from the person in respite care. This is also a group that is hard to reach.

Healthwatch undertook some primary research speaking to both parents and young people about respite care and how their views differ.

The themes emerging from parents are:

- Parents said the demand is high for certain activities.
- Parents felt that accessing hydrotherapy sessions for their children in the Borough is an issue and felt that this should be provided locally.
- Most parents of younger children commented that they make the decisions on behalf of their child, as to what activities they will attend.
- Some parents of older children said they speak to their children about where they would like to go.

Themes from younger people are:

- Young people said they enjoyed the activities they were attending.
- Some young people said as they had attended the activities whilst they were young. They have now settled in and therefore decided to continue accessing the activity.
- A few young people said their parents spoke to them about what respite care they would like.

A full report is currently been produced for this project.

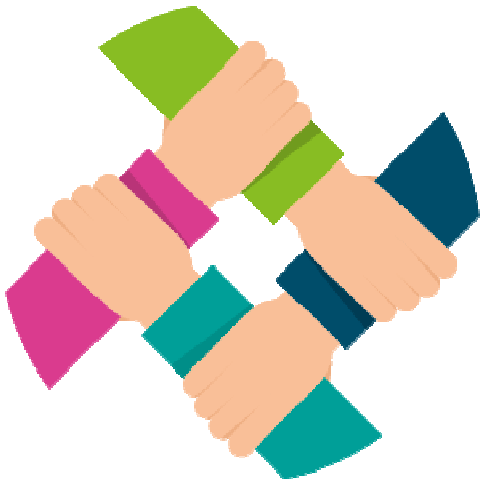
Other projects

There are a number of other projects we worked on this year including:

- Outpatients Appointments
- Access Project
- The Hub

We are currently finalising these reports and they will be published soon.

Working with other organisations



Healthwatch England

We have continued to attend the Healthwatch Network London meetings.

We also attended the National Awards Conference and were shortlisted for the work in improving access to Phlebotomy Services.

Clinical Commissioning Group

There are a number of ways in which we work with the CCG.

Patient Engagement Forum (PEF)

A Healthwatch Representative attends the Patient Engagement Forum on a regularly basis, to inform, update and seek views from patients.

Contract manager and CCG meetings

The Healthwatch Contracts manager and Chair meet with the CCGs lay representative and the Chief Operating Officer on a regular basis.

Responses to reports

We also asked the CCG for an official response to our Phlebotomy project.

Care Quality Commission (CQC)

Our working relationship has grown with the CQC this year. Our local representative attended the Healthwatch Board to give a briefing about how we can work together and the role of the CQC.

There has been no need to escalate reports for action.

We have not made recommendations to the Care Quality Commission and they did not undertake special reviews or investigations following our recommendations.

The CQC receive up to date reports that we publish for both our projects and Enter and Views.

CQC made contact with our Healthwatch to see if there was any evidence we could provide for their inspection on the North East London Foundation Trust (NELFT). NELFT covers both mental health and community health services in our borough. We submitted our reports which covered these two areas.

Health and Wellbeing Board

The Healthwatch Chair has a seat on the Health and Wellbeing Board. The Health and Wellbeing Board have four sub groups:

- Children and Maternity Sub-Group
- Learning Disabilities Partnership Board
- Integrated Care Sub-Group
- Mental Health Sub-Group

For each of the sub-groups a Healthwatch representative attends and contributes to discussions, ensuring the voice of the service users are heard and taken into account when decisions are made.

Complaints project

This piece of work was undertaken by Healthwatch Barking and Dagenham at the request of the Public Health Department of Barking and Dagenham. We were asked to compare and contrast the outcomes for complainants in a variety of organisations.

Healthwatch Barking and Dagenham have also conducted primary research amongst complainants from a variety of services.

Looking at the evidence our recommendations included

- That service providers make it a priority to engage with complainants at least once a year and the views and experiences of complainants contribute to any re-design of complaints procedures.
- Complainants should be advised of agencies or advocates who can help them with their complaint.
- Organisational annual complaints reports should be clearer about what their analysis is saying and what changes will be brought about as a result. This should be fed back to complainants who have contributed through highlighting the situation

The report was presented and accepted by the Health and Wellbeing Board. Organisations were requested to take action on the recommendations made.

London Borough of Barking and Dagenham (LBBD)

We have a seat on the Safeguarding Adults Board, which we attend on a regular basis.

Health and Adult Services Select Committee (HASSC)

Healthwatch attend the HASSC on a regular basis. The time is used to update members of outcomes from the projects completed and any raise areas of concern. The work is well received. Healthwatch also have an interest in the work the HASSC take forward and the topics being discussed at the meetings.

Accountable Care Organisations

Accountable Care Organisations will be a new way of structuring health and social care services. They were referenced by NHS England chief executive Simon Stevens in his Five Year Forward View (5YFV).

Health and social care partners across Barking and Dagenham, Havering and Redbridge will put forward a business case to the Government to allow the three boroughs, the three CCG, BHRUT and NELFT to work collaboratively to meet local needs.

A workshop took place in May 2016 to explore ways of working and discuss how the Voluntary Sector can support some of the key areas of focus that are emerging from the Accountable Care Organisation, in particular in the restrictions of primary care.

Healthwatch took part in the workshops to understand more about the ACO and also contribute to discussions of how Healthwatch can be involved and what we have to offer. It was an opportunity for the wider Voluntary Sector meet with the 3 CCGS and the local authorities and to better understand how an ACO would work and the role of the voluntary sector.

In summary the workshop identified:

- That there is a number of examples best practices across the Voluntary Sector but these need to better understand.
- There needs to be a single approach to commissioning of Voluntary Sector services, this should be streamlined, with a clear vision of the needs of the population to ensure that gaps are addressed and that there is no duplication. **Services need to be more consistent** so that confidence in them can be built.
- Everyone needs to work to a single vision and to address a commonly agreed and prioritised set of needs, being clear of our roles within the wider system. This will make best use of limited resources and support people in BHR to live longer, healthier, happier lives.

A follow up from the workshop for Healthwatchs was that Barking and Dagenham, Havering and Redbridge Healthwatch would meet with the ACO lead to discuss ways of working together and the role of Healthwatch during these initially stages. Two meetings have taken place.

Urgent Emergency Care

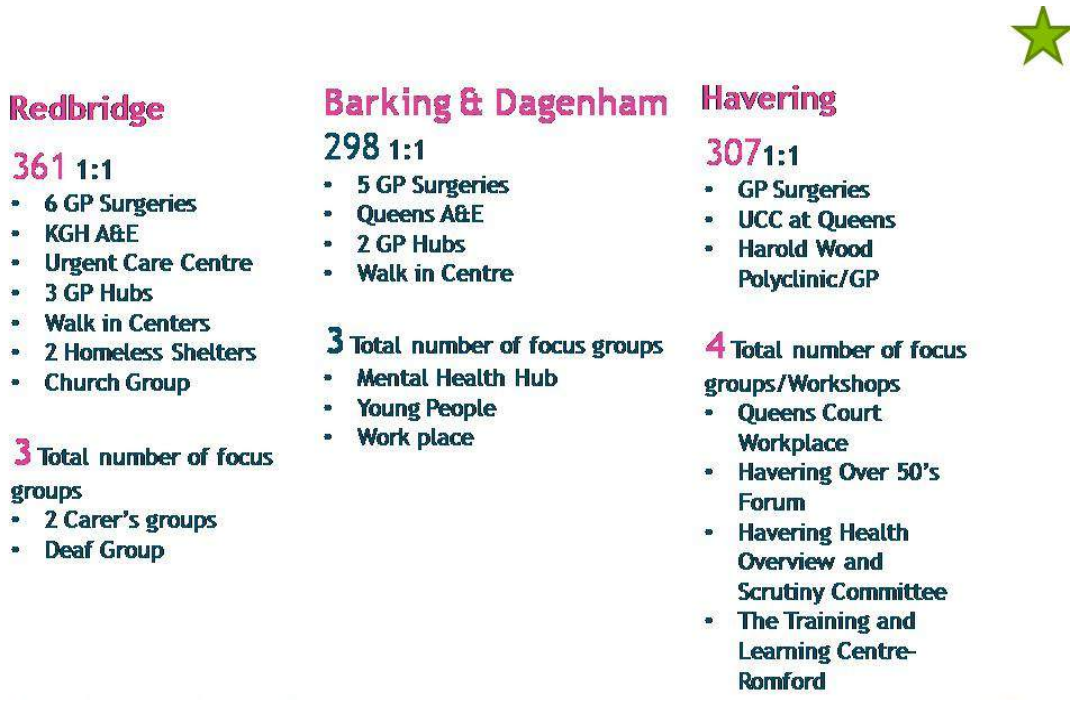
Barking Havering Redbridge System Resilience Group (SRG) drives improvement in urgent care across the BHR system. The SRG believes there is a need to do things differently as patients make increasing demands on already stretched services.

The research was being commissioned on behalf of the BHR Systems Resilience Group. The objective of the research was to gain a better insight into local people's understanding of what urgent and emergency care services are, what is available to them, and why they have chosen a specific service in the recent past.

The three Healthwatchs came together and successfully won the tender.

Each Healthwatch undertook engagement in their local boroughs and in total engaged with over 1000 people. This included one to one questionnaires and focus groups delivered to different groups.

At the same time the CCG contacted 3000 people and undertook telephone interviews.



Some of the key research findings from both pieces of work included:

Signposting and advice

- 39% of those who had visited A&E did not seek prior professional advice.
- Of those who sought advice from an NHS source, 87% said the advice was to go to A&E.
- A&E is seen as a reliable 24/7, same-day service for urgent care needs – long waits are not a deterrent.
- In comparison, people said they have to wait too long for a GP appointment.

How does this inform the co-designed model?

- To change behaviour, triage or streaming at the hospital/ED front door is needed to reinforce the signposting and advice given at first contact.
- Consistency is key. The same advice must be given regardless of the service or setting (NHS 111, GP practice reception, A&E)
- NHS 111 needs to be enhanced to provide patients with specialist clinical advice to help direct patients appropriately to other services and to provide people with greater assurance.
- Review capacity in primary care – to meet the demand from patients to see their GP (their first preference).

The three borough research has influenced the co design model of urgent care. It proved to be successful in making the voices of local people heard.

Involving local people in our work

Social Media and Communications

Healthwatch use social media via Facebook, Twitter, Streetlife and our website to share information and encourage participation about health and social care issues. This includes information on opportunities to get involved.

Twitter

784 Followers

139 Tweets

It's used to send out quick messages providing followers with links for more information.

We have used Twitter to seek and encourage involvement in a number of consultations and Twitter has proved to be successful once again.

Streetlife

Streetlife is a social network used to connect with local people and neighbouring boroughs. It's used to share news and views. Healthwatch have found this has been a great way to connect with people about local services.

60 Notices

2805 people accessing Streetlife

National and local health and social care news and events are uploaded on the website giving people the option of keeping up to date and get involved.

There is also a section on local services that individuals can access.

Communications

6 E-bulletins sent

50 Notices sent to Associate Groups

220 Subscribers

- Healthwatch Barking and Dagenham currently have 220 interested individuals and Associates.

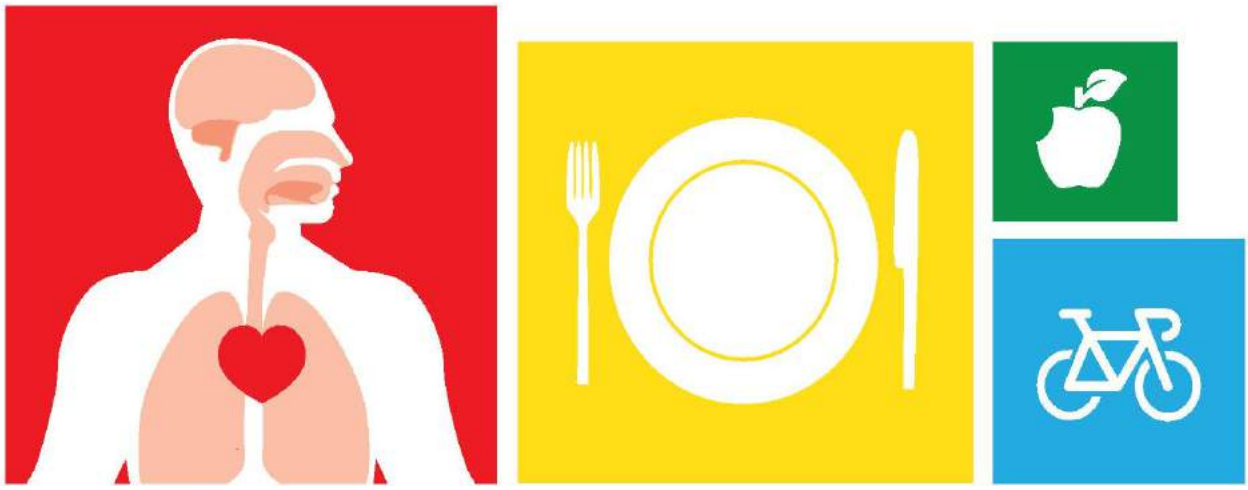
- Our E-Bulletin is published on a monthly basis; its main aim is to keep interested individuals and associates updated with local and national Healthwatch news and opportunities of involvement.

We also send out notices to inform and encourage people to get involved and have their say.
Examples of some notices sent:

- London Ambulance Service Consultation Report
- King George Hospital Elective Care Centre Briefing Document
- Barking Havering Redbridge Stroke Services Consultation
- Notice of Care Quality Commission Inspection of North East London Foundation Trust

Outreach and Engagement activities

Healthy Living Event



Healthwatch hosted an event to give local people a say on the Clinical Commissioning Group's plans for 2016/2017.

The event was informal, allowing people to learn about services that showcased the CCG's priorities for the coming year and tell the different services what they think. It was also an opportunity to seek views about CCG priorities and how the CCG can improve services offered in the borough.

The feedback contributed towards the commissioning priorities.

The main themes for the CCG to consider were:

- Services working together on linking mental and physical health needs.
- A better model of urgent care.
- Better advertisement of the GP Hub.
- More focus on young people's health for the duration of exams, for example what foods can give you energy and what can help you sleep better.
- The use of interactive methods and health education to improve lifestyles.

Response from the CCG

"The CCG were very pleased with the responses received to the event and the information given by local people to priorities and services. Many of the comments support our continued focus on improving our urgent and emergency care system, connecting physical and mental health together and focusing on preventing ill health. The event also helped us to understand where there is more to do - particularly in raising awareness of local services such as the GP hubs and IAPT"

Supporting our representative on the Health and Wellbeing Board to be effective.

The chair of Healthwatch Barking and Dagenham is our representative on the Health and Wellbeing Board (HWBB). The Chair attends the Board and the contract manager attends in a supporting role.

Staff support the Chair by providing local intelligence that has been collated through Healthwatchs statutory duties. This helps the chair to challenge the Health and Wellbeing Board when necessary.

The way we have involved volunteers in specific roles to help us carry out our statutory activities.

Enter & View

Many of our Enter & View Representatives are volunteers. Their role is to observe how local health and social care services are being provided at the time of the visit. Please refer to page 46 for more information about their role.

Board Members

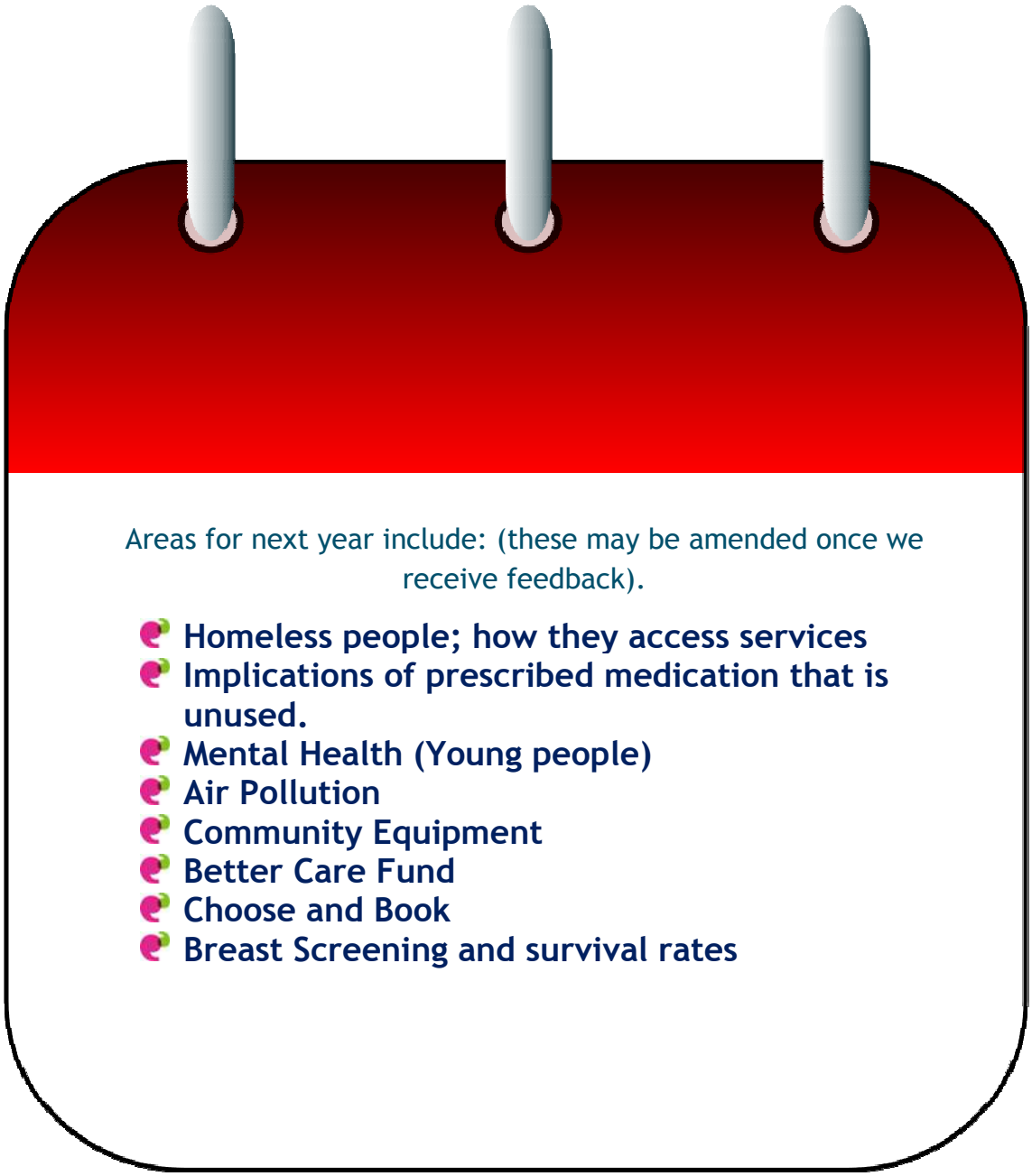
All our Executive Directors on the Board are volunteers. Please see page 44 for more information.

Our plans for next year

Future priorities

Every year Healthwatch Barking and Dagenham look into the feedback we have received from the local community in order to plan projects for the following year. We also invite the public, professionals and organisations to comment on the project areas that have been identified.

Once we have received feedback the final work plan is approved by the Board.



Areas for next year include: (these may be amended once we receive feedback).

- **Homeless people; how they access services**
- **Implications of prescribed medication that is unused.**
- **Mental Health (Young people)**
- **Air Pollution**
- **Community Equipment**
- **Better Care Fund**
- **Choose and Book**
- **Breast Screening and survival rates**

Our people

Decision making

Board and Team

Our Healthwatch is governed by our Executive Board. The Board are responsible for the strategic decisions of Healthwatch.

We have 8 seats on the Board which includes the Chair, 4 Executive Directors who are members of the public and 3 Associate members who represent local groups.

Each Director represents one of the areas:

- Health
- Social Care
- Children and Young People
- Older people

To ensure the Healthwatch activities are delivered in an open and transparent way, board meetings are open to the public; dates are published on the website, through the e-bulletin and the social networking sites. Furthermore all minutes are published on the website.

Staff undertake the role of ensuring the statutory functions of Healthwatch are carried out. Volunteers and Board members support the delivery of this.

Our Board Members

Frances Carroll
Chair

Barbara Sawyer
Executive Director

Harjinder Jutle
Executive Director

Lorraine Goldberg
Associate

Grace Kihu
Associate

We would like to take this opportunity to welcome some new board members: Val Shaw, John Southall and Ita O'Connor

Meet the staff

Marie Kearns

Contract Manager

Manisha Modhvadia

Healthwatch Officer

Richard Vann

Healthwatch Officer

Claire Gooch

Healthwatch Officer

Roman Lakhera

Healthwatch Officer

How we involve the public and volunteers in our governance and Healthwatch decision making.

Involving the Public and Volunteers in Enter & View

An Enter & View visit is undertaken:

- If we have received concerns from a family, carer or resident/service user about a particular social care or health service.
- If a visit is part of our wider work-plan, for example if we have specific work priority on children's services, we may undertake a visit to a children's ward.

All our Enter & View Representatives are volunteers. All Representatives are trained according to guidelines provided by Healthwatch England.

They are involved in planning the visit, undertaking the visit and ensuring recommendations are based on the findings.

Involving the Public and Volunteers on our Board

All our board members are volunteers. Please see page 44 for more information about the set up of the board.

All meetings are in the public domain, we promote all board meeting dates through social media and our outreach stands. All minutes are also available on our website.

Our Work Plan

Healthwatch is all about local voices being able to influence the delivery and design of services. We are here to ensure that local people's views are heard. As we are here for the people of Barking and Dagenham the areas of work we look at must come from them, or gaps in services highlighted by local publications such as the JSNA.

Every year we look at the intelligence we have and communicate with local stakeholders and the public about the areas of work we should focus on for the following year. From the comments received, a final work plan is produced.

Associates and Interested Members

We also have lay members who have registered their interest with Healthwatch. They give their opinions on the work-plan, consultations, receive e-bulletins and feedback to Healthwatch on health and social care services they have accessed. They also share Healthwatch information to groups and family members.

Have you heard of Healthwatch?

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

Local people need to feel that their Healthwatch belongs to and reflects them and the local community.

We challenge services providers and commissioners to make improvements to better the experience of service users. However, how do we know if as a Healthwatch, we are doing our best and offering a good service to the people who use it or may use it in the future.

To find out how well we are doing as a Healthwatch in 2014-2015 we undertook a piece of work "Have you heard of Healthwatch"? We wanted to know:

- *If people have heard of us.*
- *How they heard of us.*
- *If they have used the service and what the outcome was for them.*
- *Any ideas on what Healthwatch could do to reach the local community.*

The findings highlighted some good areas of work and also identified where we needed to improve. The three areas were:

- *Work better and more often with young people.*
- *Make more people aware of Healthwatch*
- *Create an understanding amongst the community that Healthwatch do not deal with individual complaints but monitor trends.*

We used the findings from the report to help build on the areas that needed improvements:

To work more with young people:

- This year we have taken the step to engage more with young people.
- We signed up to take on young people from local schools, sixth forms and colleges for work experience.
- Our first student started in February 2016 for two weeks.

Make more people aware of Healthwatch

- We have continued to hold public events to promote and consult with the local community.

Create an understanding amongst the community that Healthwatch do not deal with individual complaints but monitor trends.

- Last year people were under the impression that Healthwatch are able to offer advocacy services. We have worked hard to inform people about what we can offer.

The involvement of young people has increased this year, to ensure this is consistent: Healthwatch will continue to:

- take on work experience students
- attend the BAD Youth Forum at least twice a year

Although all our reports are shared on our website, through our Associates and through various Boards, feedback shows that Healthwatch should showcase their work more broadly. To achieve this we will.

- advertise the service through the local paper
- have more stands at events taking place across the borough to engage, involve and share our findings with the local community and professionals. This will be a way of widening our audience.

Our finances

INCOME	£
Funding received from local authority to deliver local Healthwatch statutory activities	£125,000
Additional income	
Total income	£125,000
EXPENDITURE	
Operational costs	£12,800
Staffing costs	£81,150
Office costs	£31,050
Total expenditure	£125,0000
Balance brought forward	

Contact us

Get in touch

Address: Healthwatch Barking and Dagenham
Harmony House Dagenham
Dagenham
RM9 6XN

Phone number: 020 8526 8200

Email: Info@healthwatchbarkinganddagenham.co.uk

Website:www.healthwatchbarkinganddagenham.co.uk

Address of contractors

Harmony House Dagenham
Dagenham
RM9 6XN

We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

HEALTH AND WELLBEING BOARD

26 July 2016

Title:	**Systems Resilience Group Update**
Report of the Systems Resilience Group	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision: NO**
Report Author: Andrew Hagger, Health and Social Care Integration Manager, LBBD	**Contact Details:** Tel: 020 8227 5071 E-mail: Andrew.Hagger@lbbd.gov.uk
Sponsor: Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group	

Summary:

This purpose of this report is to update the Health and Wellbeing Board on the work of the Systems Resilience Group. This report provides an update on the Systems Resilience Group meetings held on 23 May 2016.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

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

Reason(s):

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

1 Mandatory Implications

1.1 Joint Strategic Needs Assessment

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

1.2 Health and Wellbeing Strategy

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

1.3 Integration

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

1.4 Financial Implications

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

1.5 Legal Implications

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

1.6 Risk Management

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

2 Non-mandatory Implications

2.1 Customer Impact

There are no equalities implications arising from this report.

2.2 Contractual Issues

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

2.3 Staffing issues

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

3 List of Appendices

System Resilience Group Briefings:

Appendix A: 23 May 2016

APPENDIX A

System Resilience Group (SRG) Briefing	Meeting dated – 23 May 2016
	Venue – Committee room2, Barking Town Hall
Summary of paper	This paper provides a summary of the key issues discussed at the System Resilience Group meeting. The meeting was chaired by Conor Burke (Chief Officer, BHR CCGs) and attended by members as per the Terms of Reference.

Agenda	Areas/issues discussed
National flu year-end report	Members received an update on the year-end position for flu uptake. Staff immunisation plan to come to the next meeting.
SRG Governance and Delivery arrangements	Members were updated on the latest outcome of the review. It was agreed to strengthen areas of the report ahead of being presented at the next meeting.
Urgent and Emergency Care Delivery Plan	Key areas from the dashboard were highlighted.
NEL UEC Network update	Members were advised the NEL UEC Netowork plan is being aligned with the Sustainability and Transformation Plan.
Planned Care delivery plan	Members were updated on the RTT and Cancer performance position.
Next meeting:	Monday 27th June 2016 3pm – 5pm Committee Room 2, Havering Town Hall, Main Rd, Romford RM1 3BB

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HEALTH AND WELLBEING BOARD

26 July 2016

Title:	**Sub-Group Reports**
Report of the Chair of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: NONE	**Key Decision: NO**
Report Authors: Andrew Hagger, Health and Social Care Integration Manager, LBBD	**Contact Details:** Telephone: 020 8227 5071 E-mail: Andrew.Hagger@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board	
Summary: At each meeting of the Health and Wellbeing Board each sub-group, excluding the Executive Planning Group, report on their progress and performance since the last meeting of the Board. Please note that no sub-groups have held meetings since the last Health and Wellbeing Board, so there are no updates.	
Recommendations: As no sub-groups have held meetings since the last Health and Wellbeing Board, there are no recommendations to the Board.	

List of Appendices

None

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HEALTH AND WELLBEING BOARD

26 July 2016

Title:	**Chair's Report**
Report of the Chair of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision: NO**
Report Author: Andrew Hagger, Health and Social Care Integration Manager	**Contact Details:** Tel: 020 8227 5071 Email: Andrew.Hagger@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board	
Summary: Please see the Chair's Report attached at Appendix 1.	
Recommendation(s) The Health and Wellbeing Board is recommended to: a) Note the contents of the Chair's Report and comment on any item covered should they wish to do so.	

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In this edition of my Chair's Report, I talk about Learning Disability Week and adoption. I would welcome Board Members to comment on any item covered should they wish to do so.

Best wishes,
Cllr Maureen Worby, Chair of the Health and Wellbeing Board

Chair's Report

Learning Disability Week

Learning Disability Week is a national event that was first started by Mencap in order to raise awareness of the issues affecting people with a learning disability. Barking and Dagenham have, for a number of years, celebrated learning disability weeks locally with support from senior officers, service users, care providers and a wide range of services representing health, social care, transport, leisure, community safety and arts and leisure.

This year Learning Disability Week will be held between Monday 18 July and Friday 22 July 2016. Following consultation with service users, it was agreed that this year's programme would reflect the Council's vision of 'One Borough, One Community, London's Growth Opportunity' with events focussing on the personal growth and development of residents with learning disabilities with a particular focus on employment and resilience.

A series of events that are open to residents of Barking and Dagenham with a learning disability as well as their families/carers take place during the week. The themes and activities over the five days will be:

- Volunteering/Creating employment opportunities, including a talk from Carol Hackett, the manager at Heathlands, who employs Michael who has a learning disability. You can hear about their experiences and talk about employment opportunities.
- Heritage and Arts, where Valence House opens its doors to a sensory experience of Touch, Feel and Wear in an interactive session with the past
- Getting Active, where people can come and try out a new sport such as wheelchair basketball, cycling, football and more. Arts and crafts sessions and soft play are also available.
- Health and Culture, with healthy cultural food options, the chance to take a health check and to learn about healthy lifestyle options.
- Keeping Active and Personal Budgets, with a sponsored walk around Barking and a chance to meet providers who you can provide services via personal budgets

For more information please contact Cathie Kelly; 0208 724 1609 or email Cathie.kelly@lbbd.gov.uk

Spotlight on Adoption

The policy of the council is to work with children and families to support them live happily together in a family unit such that the children in the family are protected and are not placed at risk of significant harm.

For some children it is considered unsafe for them to live at home and when this happens they are removed from the care of their parents and placed in care, that is, the state (Barking and Dagenham Council) becomes the child's corporate parent and has responsibilities for the child's care and well being.

Should all efforts to return the child safely to the family fail, then alternative long term care options such as adoption are considered for the child. Adoption is not considered lightly as it is the permanent removal of a child from its family and in some cases this means a child will not see its birth parents again. Adoption is a legal process and is the decision of the family courts.

Successive governments have been concerned about the low rate at which children in care become adopted. This is because children in care generally have poorer life outcomes than children not raised in the care system. This means that children in care, for example, are more likely to be unemployed, to experience mental health problems, to become homeless and to have their own children removed from them.

The Secretary of State for Children, Edward Timpson wrote to the Council in March 2016 asking questions about the adoption performance of the Council because it had reduced from the previous year. At Barking and Dagenham, in the three years between April 2013 and March 2016, there have been 77 children adopted. The majority (43) were aged below 3 years old.

The reasons for performance reducing are many and include

- a dedicated focus on working to ensure that children are adopted rather than placing them in less secure options such as long term fostering,
- a focus on working to find adoptive families for disabled children and children with complex needs and
- a desire to ensure that sibling groups are not separated but adopted together.

Working to achieve adoption for our children has taken longer but the council remains in support of adoption where possible and appropriate rather than leaving children in care even if this means it takes longer.

On behalf of the Minister, the Director of Children's Service, Helen Jenner and others met with staff from the Department of Education (DfE) who spoke in very positive terms about the work of the teams at Barking and Dagenham and understand that our approach is the better one for children despite the timescales. We will continue to keep the DfE informed of actions we are taking to improve the timeliness of adoption. Managers have also been invited by the DfE to take part in future workshops to discuss these issues.

News from NHS England

Increase in positive experiences of GP services

New data has shown that the majority of people are increasingly positive about their GP care. The GP Patient Survey 2016 compiled responses from more than 800,000 people across the country on their experience of healthcare services provided by GP surgeries. Key findings included:

- 85.2% described the overall experience of their GP surgery as good and increase of 0.4 % on 2014-15
- 73.4% of patients rated their overall experience of making an appointment as good, a slight increase of 0.1%
- 75.9% of patients are satisfied with the hours that their GP surgery is open, which is 1.0% higher than 2014-15
- Overall awareness of online services has increased in the last year. 31.3% of respondents are aware that their practice offers online booking, 4.3% higher than the previous year

Be Clear on Cancer campaign

The latest Be Clear on Cancer campaign is encouraging people who get out of breath doing things they used to be able to do, or have had a cough for three weeks or more, to see their GP and have their symptoms checked out. Earlier diagnosis of patients means a higher likelihood of successful treatment that can cure cancer or improve quality of life for patients.

Previous Be Clear on Cancer campaigns had an encouraging impact on early diagnosis and clinical outcomes for patients. In the period following the first national lung cancer campaign, around 700 more people were diagnosed, 400 more were diagnosed at an early stage compared with the same period in the previous year, and around 300 more had surgery as a first treatment.

Once people come forward to their GP with symptoms that need investigating, diagnostic services must be fit-for-purpose, and a recently-launched implementation plan lays out the first steps towards delivering improvements, including an additional £15million investment in earlier diagnosis this year.

NHS England have asked CCGs to plan for appropriate diagnostic services and NHS England is also moving forward with work to ensure that, by 2020, all patients referred by their GP with a suspicion of cancer, including those who come forward as a result of a Be Clear on Cancer campaign, receive a diagnosis or have cancer ruled out within 28 days. Five test sites drawn from across England will test the rules for the new standard and over the coming months work will be done to understand the challenges and opportunities presented by the new standard.

Health and Wellbeing Board Meeting Dates

Tuesday 27 September 2016, Tuesday 22 November 2016, Tuesday 31 January 2017, Tuesday 14 March 2017, Tuesday 9 May 2017

All meetings start at 6pm and are held in the conference room of the Barking Learning Centre.

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HEALTH AND WELLBEING BOARD

26 July 2016

Title:	**Forward Plan**
Report of the Chief Executive	
Open	**For Comment**
Wards Affected: NONE	**Key Decision: NO**
Report Authors: Tina Robinson, Democratic Services, Law and Governance	**Contact Details:** Telephone: 020 8227 3285 E-mail: tina.robinson@lbbd.gov.uk
Sponsor: Cllr Worby, Chair of the Health and Wellbeing Board	

Summary:

The Forward Plan lists all known business items for meetings scheduled for the coming year. The Forward Plan is an important document for not only planning the business of the Board, but also ensuring that information on future key decisions is published at least 28 days before the meeting. This enables local people and partners to know what discussions and decisions will be taken at future Health and Wellbeing Board meetings.

Attached at **Appendix A** is the next draft edition of the Forward Plan for the Health and Wellbeing Board. The draft contains details of future agenda items that have been advised to Democratic Services at the time of the agenda's publication.

Recommendation(s)

The Health and Wellbeing Board is asked to:

a) Note the draft Health and Wellbeing Board Forward Plan and that partners need to advice Democratic Services of any issues or decisions that may be required, in order that the details can be listed publicly in the Board's Forward Plan at least 28 days before the next meeting;

b) To consider whether the proposed report leads are appropriate;

c) To consider whether the Board requires some items (and if so which) to be considered in the first instance by a Sub-Group of the Board;

d) Note that an interim Forward Plan is attached and this will be published on 1 August 2016. The next full issue of the Forward Plan will be published on 26 August 2016. Any changes or additions to the next issue should be provided before 2.00 p.m. on 23 August 2016.

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

List of Appendices
Appendix A – Draft Forward Plan (August Interim)

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HEALTH and WELLBEING BOARD
FORWARD PLAN

August 2016 Edition

Publication Date: 1 August 2016

THE FORWARD PLAN

Explanatory note:

Key decisions in respect of health-related matters are made by the Health and Wellbeing Board. Key decisions in respect of other Council activities are made by the Council's Cabinet (the main executive decision-making body) or the Assembly (full Council) and can be viewed on the Council's website at http://moderngov.barking-dagenham.gov.uk/mgListPlans.aspx?RPId=180&RD=0. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the full membership of the Health and Wellbeing Board is listed in Appendix 1.

Key Decisions

By law, councils have to publish a document detailing "Key Decisions" that are to be taken by the Cabinet or other committees / persons / bodies that have executive functions. The document, known as the Forward Plan, is required to be published 28 days before the date that the decisions are to be made. Key decisions are defined as:

(i) Those that form the Council's budgetary and policy framework (this is explained in more detail in the Council's Constitution)
(ii) Those that involve 'significant' spending or savings
(iii) Those that have a significant effect on the community

In relation to (ii) above, Barking and Dagenham's definition of 'significant' is spending or savings of £200,000 or more that is not already provided for in the Council's Budget (the setting of the Budget is itself a Key Decision).

In relation to (iii) above, Barking and Dagenham has also extended this definition so that it relates to any decision that is likely to have a significant impact on one or more ward (the legislation refers to this aspect only being relevant where the impact is likely to be on two or more wards).

As part of the Council's commitment to open government it has extended the scope of this document so that it includes all known issues, not just "Key Decisions", that are due to be considered by the decision-making body as far ahead as possible.

Information included in the Forward Plan

In relation to each decision, the Forward Plan includes as much information as is available when it is published, including:

- the matter in respect of which the decision is to be made;
- the decision-making body (Barking and Dagenham does not delegate the taking of key decisions to individual Members or officers)

- the date when the decision is due to be made;

Publicity in connection with Key decisions

Subject to any prohibition or restriction on their disclosure, the documents referred to in relation to each Key Decision are available to the public. Each entry in the Plan gives details of the main officer to contact if you would like some further information on the item. If you would like to view any of the documents listed you should contact Tina Robinson, Democratic Services Officer, Civic Centre, Dagenham, Essex, RM10 7BN (telephone: 020 8227 3285, email: tina.robinson@lbbd.gov.uk.

The agendas and reports for the decision-making bodies and other Council meetings open to the public will normally be published at least five clear working days before the meeting. For details about Council meetings and to view the agenda papers go to http://moderngov.barking-dagenham.gov.uk/ieDocHome.asp?Categories and select the committee and meeting that you are interested in.

The Health and Wellbeing Board's Forward Plan will be published on or before the following dates during the Council municipal year, in accordance with the statutory 28-day publication period:

Edition	**Publication date**
July 2016 edition	27 June 2016
August 2016 edition	1 August 2016
Sept 2016 edition	26 August 2016
November 2016 edition	24 October 2016
January 2017 edition	23 December 2016*
March 2017 edition	13 February 2017
May 2017 edition	10 April 2017

Confidential or Exempt Information

Whilst the majority of the Health and Wellbeing Board's business will be open to the public and media organisations to attend, there will inevitably be some business to be considered that contains, for example, confidential, commercially sensitive or personal information.

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the meetings listed in this Forward Plan may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. Representations may be made to the Council about why a particular decision should be open to the public. Any such representations should be made to Alan Dawson, Democratic Services Manager, Civic Centre, Dagenham, Essex RM10 7BN (telephone: 020 8227 2348, email: committees@lbbd.gov.uk).

Key to the table

Column 1 shows the projected date when the decision will be taken and who will be taking it. However, an item shown on the Forward Plan may, for a variety of reasons, be deferred or delayed.

It is suggested, therefore, that anyone with an interest in a particular item, especially if he/she wishes to attend the meeting at which the item is scheduled to be considered, should check within 7 days of the meeting that the item is included on the agenda for that meeting, either by going to http://moderngov.barking-dagenham.gov.uk/ieListMeetings.aspx?CId=669&Year=0 or by contacting contact Tina Robinson, Democratic Services Officer, Civic Centre, Dagenham, Essex, RM10 7BN (telephone: 020 8227 3285, email: tina.robinson@lbbd.gov.uk .

Column 2 sets out the title of the report or subject matter and the nature of the decision being sought. For 'key decision' items the title is shown in **bold type** - for all other items the title is shown in normal type. Column 2 also lists the ward(s) in the Borough that the issue relates to.

Column 3 shows whether the issue is expected to be considered in the open part of the meeting or whether it may, in whole or in part, be considered in private and, if so, the reason(s) why.

Column 4 gives the details of the lead officer and / or Board Member who is the sponsor for that item.

Decision taker/ Projected Date	Subject Matter Nature of Decision	Open / Private (and reason if all / part is private)	Sponsor and Lead officer / report author
Health and Wellbeing Board: 27.9.16	**Obesity and Physical Activity Strategy *: Community*** The Board will be asked to approve the Obesity and Physical Activity Strategy. • Wards Directly Affected: All Wards	Open	Paul Hogan, Commissioning Director, Culture & Recreation (Tel: 020 8227 3576) (paul.hogan@lbbd.gov.uk)
Health and Wellbeing Board: 27.9.16	Joint Strategic Needs Assessment (JSNA) 2016 - Key recommendations The Joint Strategic Needs Assessment is the outline document written with Health and Wellbeing partners to provide information about the services that benefit the health and wellbeing of residents in Barking and Dagenham. The report will present the JSNA and the priorities for commissioning based on the JSNA. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

Health and Wellbeing Board: 27.9.16	Learning Disability Partnership Board Strategic Delivery Plan - Update The report will provide and update of the Learning Disability Partnership Board Strategic Delivery Plan, including the strategic frameworks that drive improvements for learning disability services. • Learning Disability Self Assessment Framework Improvement plan • Adults Autism Strategy • Challenging Behaviour Strategy • Carers Strategy The Board will be asked to note the report and discuss any comments within it. • Wards Directly Affected: All Wards	Open	Karel Stevens-lee, Integrated Commissioning Manager (Learning Disabilities), Joint Service (Tel: 0208 227 2476) (karel.stevens-lee@lbbd.gov.uk)
Health and Wellbeing Board: 27.9.16	Children and Maternity Sub-Group Assurance Update The report will provide an update on the work of the Children and Maternity Sub-Group, providing the Board assurance that the Sub-Group is delivering against its strategic objectives. The Board will be asked to note the report and discuss any comments within it. • Wards Directly Affected: All Wards	Open	Karel Stevens-lee, Integrated Commissioning Manager (Learning Disabilities), Joint Service (Tel: 0208 227 2476) (karel.stevens-lee@lbbd.gov.uk)

Health and Wellbeing Board: 27.9.16	Involvement of Barking and Dagenham Residents in Health and Social Care Provision The report will provide an overview of what work partner organisations do around the involvement of the public in services, including statutory responsibilities, as well as other approaches used. The Board will be asked to consider whether current approaches address the needs of local people and whether any changes should be made. • Wards Directly Affected: All Wards	Open	Andrew Hagger, Health & Social Care Integration Manager (Tel: 020 8227 5071) (andrew.hagger@lbbd.gov.uk)
Health and Wellbeing Board: 27.9.16	**Mental Health Strategy** The report will present the newly developed Mental Health Strategy for Barking and Dagenham. The Board will be asked to support and adopt the Mental Health Strategy. • Wards Directly Affected: All Wards	Open	Melody Williams, Integrated Care Director Barking & Dagenham (Tel: 0300 555 1201) (Melody.williams@nelft.nhs.uk)

Health and Wellbeing Board: 27.9.16	**Children's Therapies** The Board will be provided with a report from the Children and Maternity Sub-Group that will provide a broad system-wide view of children's therapies and will: – Set out the work done by the CCG on AHP, the role of other commissioners in developing pathways as well as the role of schools and early intervention. – Highlight the most pressing issues in this area, emphasising areas where linkages and interdependencies occur, as no one commissioner can address the complexity of the problem. – Present a clear ask to the Board on the strategic direction and leadership required to further this issue. • Wards Directly Affected: All Wards	Open	Melody Williams, Integrated Care Director Barking & Dagenham (Tel: 0300 555 1201) (Melody.williams@nelft.nhs.uk)
Health and Wellbeing Board: 27.9.16	**Improving Post - Acute Stroke Care (Stroke Rehabilitation)** The report will present the outcome from the stroke consultation and resulting proposed service changes and reconfiguration. The Board will be asked to support the proposed way forward. • Wards Directly Affected: All Wards	Open	Sharon Morrow, Chief Operating Officer (Tel: 020 3644 2378) (Sharon.morrow2@nhs.net)

Health and Wellbeing Board: 27.9.16	**Mental Health Sub Group Assurance Report** The report will provide an update on the work of the Mental Health Sub-Group, providing the Board assurance that the Sub-Group is delivering against its strategic objectives. The Board will be asked to note the report and discuss any comments within it. • Wards Directly Affected: All Wards	Open	Melody Williams, Integrated Care Director Barking & Dagenham (Tel: 0300 555 1201) (Melody.williams@nelft.nhs.uk)
Health and Wellbeing Board: 27.9.16	Health and Wellbeing Outcomes Framework Report - Quarter 1 2016/17 The report will present the Board with the Health and Wellbeing Outcomes Framework Report and the performance information for Quarter 1 2016/17. The Board will be asked to discuss and the data within the report. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 22.11.16	**Domestic and Sexual Abuse Strategy *: Framework*** The Board will be asked to discuss and approve the Domestic and Sexual Abuse Strategy. • Wards Directly Affected: All Wards	Open	Sonia Drozd, Drug Strategy Manager (sonia.drozd@lbbd.gov.uk)

Health and Wellbeing Board: 22.11.16	**Contract: Healthy Child Programme (0-19) - Procurement Strategy *: Financial*** The contracts for the 0-5 and 5-19 Healthy Child Programmes (HCP) respectively are due to expire on 30 September 2017. This Board will be asked to approve the procurement strategy for the competitive procurement of these services as an integrated 0-19 HCP and to delegate authority to award a contract to the successful provider. • Wards Directly Affected: All Wards	Open	Christopher Bush, Interim Commissioning Director, Children's Care and Support (Tel: 020 8227 3188) (christopher.bush@lbbd.gov.uk)
Health and Wellbeing Board: 22.11.16	Safeguarding Children Board Annual Report 2015/16 The Board will be presented with the Annual Report of the Safeguarding Children Board for 2015/16. • Wards Directly Affected: All Wards	Open	Sarah Baker, Independent Chair Safeguarding Board (Tel: 0208 227 3353) (Sarah.Baker@lbbd.gov.uk)
Health and Wellbeing Board: 22.11.16	Safeguarding Adults Board Annual Report 2015/16 The Board will be presented with the Annual Report of the Safeguarding Adults Board for 2015/16. • Wards Directly Affected: All Wards	Open	Sarah Baker, Independent Chair Safeguarding Board (Tel: 0208 227 3353) (Sarah.Baker@lbbd.gov.uk)
Health and Wellbeing Board: 22.11.16	Health and Wellbeing Outcomes Framework Report - Quarter 2 2016/17 The report will present the Board with the Health and Wellbeing Outcomes Framework Report and the performance information for Quarter 2 2016/17. The Board will be asked to discuss and the data within the report. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

Health and Wellbeing Board: 31.1.17	Health and Wellbeing Outcomes Framework Report - Quarter 3 2016/17 The report will present the Board with the Health and Wellbeing Outcomes Framework Report and the performance information for Quarter 3 2016/17. The Board will be asked to discuss and the data within the report. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

APPENDIX 1

Membership of Health and Wellbeing Board:

Councillor Maureen Worby, Cabinet Member for Social Care and Health Integration (Chair)
Councillor Laila Butt, Cabinet Member for Cabinet Member for Enforcement and Community Safety
Councillor Evelyn Carpenter, Cabinet Member for Educational Attainment and School Improvement Councillor Sade Bright, Cabinet Member for Equalities and Cohesion
Councillor Sade Bright, Cabinet Member for Equalities and Cohesion
Anne Bristow, Strategic Director for Service Development and Integration and Deputy Chief Executive
Helen Jenner, Corporate Director for Children's Services
Matthew Cole, Director of Public Health
Frances Carroll, Chair of Healthwatch Barking and Dagenham
Dr Waseem Mohi, Chair of Barking and Dagenham Clinical Commissioning Group (Deputy Chair of the H&WBB)
Dr Jagan John, Clinical Director (Barking and Dagenham Clinical Commissioning Group)
Conor Burke, Accountable Officer (Barking and Dagenham Clinical Commissioning Group)
Jacqui Van Rossum, Executive Director Integrated Care (London) and Transformation (North East London NHS Foundation Trust)
Dr Nadeem Moghal, Medical Director (Barking Havering and Redbridge University Hospitals NHS Trust)
Sean Wilson, Interim LBBD Borough Commander (Metropolitan Police)
Ceri Jacob, Director Commissioning Operations NCEL (NHS England - London Region) (non-voting Board Member)

HEALTH AND WELLBEING BOARD

26 July 2016

Title:	**Update on North East London Sustainability and Transformation Plan (NEL STP) for Barking and Dagenham Health and Wellbeing Board**

Report of the Accountable Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Helena Pugh Local Authority Engagement Lead, NEL STP, Tower Hamlets, CCG	**Contact Details:** NEL STP office: Tel: 020 3816 3813 E-mail: nel.stp@towerhamletsccg.nhs.uk

Sponsor:

Conor Burke, Accountable Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

Summary:

This report provides a further update to the Board on the development of the north east London Sustainability and Transformation Plan (known as the NEL STP). While the mandate for the STP development and sign off lies with health partners, we are working closely with local authorities to develop the approach to sustainability and transformation as we recognise that their involvement is central to the success of our ambitious plans to develop truly person-centred and integrated health and social care services.

A draft 'checkpoint' STP was submitted to NHS England on 30 June 2016; it formed the basis of a local conversation with NHS England on 14 July. A summary of the key points of the current STP submission is included in Appendix A. We expect to hold public events across north east London over the summer, so we can discuss it with local people. Further work is continuing to develop the plan in more detail; additional updates will be presented to the Board as they become available.

For Barking & Dagenham, Havering and Redbridge, it remains the case that the detail of the local contribution to the Sustainability and Transformation Plan for north east London has been developed through the established programme to draft a business case for an Accountable Care Organisation. A summary of that work is included in the Appendices.

Recommendation(s)

The Barking and Dagenham Health and Wellbeing Board is recommended to provide:

- feedback to the NEL STP Team on the draft priorities of the checkpoint submission to enable us to test ideas and strengthen the STP
- suggestions regarding the key principles that should underpin any NEL-wide governance for the STP

Reason(s)

The NEL STP Board is developing a plan as stipulated by the NHS England guidance. The plan will reflect the work that has been initiated as part of the local devolution bid approved in December 2015, and which is being taken forward through the local programme to develop a business case for an Accountable Care Organisation.

1 Introduction and Background

1.1 In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs). An STP is a new planning framework for NHS services which is intended to be a local blueprint for delivering the ambitions NHS bodies have for a transformed health service, which is set out in a document called Five Year Forward View (5YFV). England has been divided into 44 areas (known as footprints); Barking and Dagenham is part of the north east London footprint.

1.2 STPs are five year plans built around the needs of local populations and are:

- based on a 'place' footprint rather than single organisations, covering the whole population in this footprint, which is agreed locally
- multi-year, covering October 2016 to March 2021
- umbrella strategies, which span multiple delivery plans, ranging from specialised services at regional levels, to health and wellbeing boards' local commissioning arrangements, as well as transformational programmes, such as those redesigning services for people with learning disabilities, or urgent care
- required to cover the full range of health services in the footprint, from primary care to specialist services, with an expectation that they also cover local government provision
- to address a number of national challenges, such as around seven day services, investment in prevention, or improving cancer outcomes

1.3 These plans will become increasingly important in health service planning because they are the gateway to funding. In 2016/17 they are the basis for accessing a transformation pot of £2.1bn. This will encompass the funding streams for all transformational programmes from April 2017 onwards, and will rise to £3.4bn by 2021. It is envisaged that this approach will have significant benefits over the earlier approach to transformation funding. Where there had previously been fragmented approaches, both in terms of schemes and locality-based working as a result of emerging programmes and new funding arrangements (such as the Prime Ministers Challenge Fund, Urgent & Emergency Care Vanguard etc.), there will now be a single unified approach across the STP footprint. This will prove extremely valuable in assisting providers and commissioners to work in a more collaborative and co-ordinated way enabling transformation and efficiencies to be delivered that would not otherwise be achievable.

1.4 As well as implementing the Better Care Fund, many local areas are developing more ambitious integrated health and care provision. The Spending Review committed the government to build on these innovations – it will require all areas to fully integrate health and care by 2020, and to develop a plan to achieve this by 2017. The Spending Review offered a range of models to achieve this ambition, including integrated provider models or devolved accountabilities as well as joint commissioning arrangements. The STP guidance requires STPs to be aligned with these local integration programmes and ambitions.

1.5 The NEL STP describes how locally we will meet the 'triple challenge' set out in the NHS Five Year Forward View, to:

- meet the health and wellbeing needs of our population
- improve and maintain the consistency and quality of care for our population
- close the financial gap

1.6 It builds on existing local transformation programmes and supports their implementation. These are:

- Barking and Dagenham, Havering and Redbridge: devolution pilot (accountable care organisation)
- City and Hackney: Hackney devolution in part
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The improvement programmes of our local hospitals, which aim to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures

1.7 Further guidance was issued on 19 May which set out details of the requirements for 30 June. This guidance stated that the draft STP will be seen as a 'checkpoint' and did not have to be formally signed off prior to submission; it will form the basis of a local conversation with NHS England. For NEL this took place on 14 July.

1.8 For Barking & Dagenham, the work to develop the detail underpinning the STP is being taken forward jointly with Havering and Redbridge through the work to develop the business case for an Accountable Care Organisation[1]. The issues that any ACO would need to address in order to achieve improved outcomes from health and social care, in the context of a financially sustainable health economy, will be reflected in the contributions from Barking & Dagenham, Havering and Redbridge to the NEL STP.

1.9 In terms of shaping local work, and informing the development both of the NEL STP and the ACO business case, there has been significant activity to bring a range of perspectives and priorities into an emerging overall strategy. The ACO Strategic Outline Case has been drafted (see summary at Appendix D) and will be discussed at the Democratic and Clinical Oversight Group (DCOG) on 21 July, followed by a consultation period. The case will be presented to Scrutiny, HWB and Cabinet (along with all other participating organisations' governance) during the autumn.

1.10 The Board is reminded that the decisions on any formal organisational arrangements surrounding the Accountable Care Organisation will be taken through the appropriate statutory governance mechanisms in place for all constituent organisations, and none of the collaborative arrangements in place are designed to replace this requirement.

2 Proposal and issues

2.1 We have identified six priorities to ensure the long-term sustainability of the NEL health and social care system. Appendix A provides a summary of the submission including the priorities and actions we are going to take to address them.

2.2 NHS England is clear that the Sustainability and Transformation Plan submission remains as policy in development and should not be shared. Board members will

[1] For further details on the Accountable Care Organisation proposition and its background, refer to Board papers for 20 October 2015 (minute 33), 8 December 2015 (minute 51), 26 January 2016 (minute 68), 8 March 2016 (minute 81).

receive an update on the submitted document. A public facing summary of the draft NEL STP is being developed and will be shared widely when it is available.

Joint working/planning

2.3 In the initial NEL STP submission to NHS England in April we outlined the governance and leadership arrangements that we had put in place for the high level planning phase of our STP. As we move into the detailed planning and implementation phases we will update our governance arrangements so that they remain appropriate. The proposed principles for the development of these governance arrangements are outlined below, and we would welcome any feedback on these principles:

- The governance will be as collaborative and streamlined as possible to ensure timely decision making
- Patients and local communities will be represented to ensure their voices are heard
- There will be strong clinical leadership and involvement to ensure proposals have a robust clinical rationale
- Decisions will be taken at the most appropriate level
- Any decision that has a material impact on patient services will be approved by the statutory organisations legally responsible for those services
- All areas of the NEL health and care system will be represented in the governance process
- The system level governance will be aligned with local delivery plans and governance arrangements

2.4 The NEL STP, the NEL Sustainability and Transformation Board (STB) will continue to act as a central voice, representing the NEL system. (The STB includes representatives from all CCGs, providers, local authority STP leads, Health Education England, NHS England, NHS Improvement, patients and lay members. It draws on the expertise of the STP Executive, a smaller group of senior leaders who will continue to work through content and provide recommendations to aid the decision-making process.) The Local Authority lead for the eight boroughs' engagement with the STP process is currently the Chief Executive of London Borough of Waltham Forest, Martin Esom.

2.5 A **governance workshop** involving senior leaders from Local Authorities, CCGs, providers as well as lay representatives to develop the governance arrangements for the next phase of the NEL STP programme took place on 8 July. The useful workshop highlighted the need to identify and agree what we are aiming to achieve and set up the appropriate governance. The DCOG model was referred to as a good example of joint governance arrangements across the ACO. We welcome suggestions regarding the best way to set up NEL-wide governance for the STP.

2.6 We are keen to move forward in establishing how we will work together to carry out the more detailed **transformation planning** that will be required. This process began with a **workshop** on 14 July for BHR partners, replicated by a further event during July in each area of NEL (i.e. BHR, Waltham Forest & East London, and City & Hackney), to take stock of:

- What is already included in the STP (in transformation and productivity)
- What this means for each NEL area in terms of savings / delivery
- How this compares to the other areas, and what does it tell us about where the opportunities are for NEL wide work

2.7 The BHR Devo/ACO steering group members are invited together with GP primary care and three pilot localities leads.

2.8 In addition on 20 July we will have held a NEL wide discussion as part of the Clinical Senate to review the transformation and productivity work that is ongoing across the patch, with a view to agreeing how we will work together through the STP to maximise further opportunities. In this session we will aim to:

- Agree objectives and aims for STP transformation
- Review and agree all transformation opportunities in NEL
- Agree level at which each opportunity is best pursued
- Carry out prioritisation exercise to agree which NEL / STP level opportunities to pursue and in what order of priority
- Agree governance and ways of working for STP transformation
- Map out more detailed four month timeline
- Agree initial resourcing and structure of programme

Next steps

2.9 To help us with the process of **developing and implementing our STP** we have engaged the Local Government Association (LGA) to provide the following support:

- Stage one: individual HWB or cluster workshops to explore self-assessment for readiness for the journey of integration - with the use of a toolkit launched at the recent LGA conference and being piloted until early October
- Stage two: NEL strategic leadership workshop to consolidate outputs from individual HWB / cluster workshops and to explore potential strategies and ways to strengthen the role of local authorities.

2.10 We expect to hold **public events** across north east London over the summer, so we can discuss the STP with local people. **A summary document** is being developed and will be launched in July, which will be used to facilitate meaningful engagement over the coming months, enabling us to gather feedback, test our ideas and strengthen the NEL STP.

2.11 Further work will continue beyond this to develop the plan in more detail.

Issues for consideration

2.12 Whist we recognise that aspects of the STP process are challenging in particular where the NEL STP footprint cuts across existing local government and partnership planning arrangements, the importance of developing a shared purpose and vision for the NEL population and the need to build understanding and trust across the local health and care system is paramount. Much work within BHR and NEL more generally (including having a local authority Chief Executive on the STP board), has helped to address this. There is a need to consider how:

- **resources are allocated between different organisations** and the way that risks and rewards are shared (this will require detailed technical knowledge, and a less transactional and more relationship-centred approach).
- **local leaders use their authority to design structures and processes that support more collaborative working** – both within and across organisations.
- **lessons from Vanguards and the Better Care Fund can be shared**.

2.13 We know the key role local authorities can play in supporting the aim of seven day working by helping to prevent people seeking emergency admissions and assisting them to be supported in the community as soon as possible following admission to

hospital. This includes improving mental health and dementia services as well as care for those with learning disabilities.

2.14 In addition, the STP footprint does not align easily with other London Devolution Programmes, all of which are looking at the wider cross borough opportunities for devolution broader than health and social care. All three BHR local authorities are part of the Local London Partnership as three of eight London boroughs and we have joined together to develop and implement a coordinated programme to both seek meaningful devolution deals with regional and national government, and effectively deliver on any responsibilities transferred to the sub-region. (The other five boroughs are Bexley, Enfield, Greenwich, Newham and Waltham Forest.) Leaders and Mayors for the boroughs that form part of 'Local London' have received a report and presentation on 15 July about the health devolution work in Barking & Dagenham, Havering and Redbridge, and began to consider how the footprint of the STP can be reconciled with the differing Local London geography, as well as what the BHR ACO work can bring to devolution work in Local London.

2.15 The other NEL STP local authorities such as Hackney, City of London and Tower Hamlets are partners in other London Devolution Programmes. Therefore careful management will be required of any conflicts within the STP footprint where the objectives of the STP are in conflict with emerging priorities of devolution programmes with which NEL local authorities are also engaged.

3 Mandatory Implications

Joint Strategic Needs Assessment

3.1 A recent public health profile of north east London (March 2016) is being used to help us understand the health and wellbeing, care and quality and the financial challenges locally and identify priorities for inclusion in the NEL STP.

3.2 The profile shows that:

- There is significant deprivation (five of the eight STP boroughs are in the worst IMD quintile); estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
- There is a significant projected increase in population with projections of 6.1% (120,000) in five years and 17.7% (345,000) over 15 years. Estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
- There is an increased risk of mortality among people with diabetes in NEL and an increasing 'at risk' population. The percentage of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes is poor. Primary care prescribing costs are high for endocrine conditions (which includes diabetes).
- NEL has higher rates of obesity among children starting primary school than the averages for England and London. All areas have cited this as a priority requiring system wide change across the NHS as well as local government.
- NEL has generally higher rates of physically inactive adults, and slightly lower than average proportions of the population eating 5-a-day.
- Cancer survival rates at year one are poorer than the England average and screening uptake rates below England average.
- Acute mental health indicators identify good average performance however concerns identified with levels of new psychosis presentation.
- With a rising older population continuing work towards early diagnosis of dementia and social management will remain a priority. Right Care analysis

identified that for NEL rates of admission for people age 65+ with dementia are poor.

3.3 All of these challenges are linked to poverty, social exclusion, and vary by gender, age, ethnicity and sexuality. Equality impact assessment screenings will be conducted to identify where work needs to take place and where resources need to be targeted to ensure all protected groups gain maximum benefit from any changes proposed as part of the STP.

3.4 The public health profile for north east London identifies common themes that are also identified with the Barking and Dagenham JSNA, as outlined below:

- According to the updated Index of Multiple Deprivation (2010), Barking and Dagenham continues to be in the bottom 7% of most deprived boroughs. In a population weighted ranking the borough is 8th worst in England.
- In Barking and Dagenham there is predicted to be an increase in population from 203,060 to 223,185 between 2015 and 2020, an increase of 9.9%. The 2011 Census found that the population of children aged 0-4 years had grown by 49% in the previous ten years, the highest growth for this age group in England and Wales. In 2013 the numbers of children under 5 years made up 10% of the population and between the ages of 0-19 made up 32% of the population.
- By the end of March 2014, 10,797 people had been detected with diabetes in Barking and Dagenham, a 6.7% rise on the March 2013 figure (10,260) and a 28.6% rise on the March 2010 figure (8,349). The prevalence of diagnosed diabetes in the borough is 7.3%, higher than the England average of 6.2%. It is estimated that 16% of the total number of people predicted to have diabetes are currently undetected.
- Barking and Dagenham has a significantly higher prevalence of overweight and obese adults when compared with London and is similar to that of England. In 2013/14 Barking and Dagenham had the ninth highest proportion of overweight and obese children in Reception class (26.8%) and the third highest proportion in Year 6 (42.2%) in England. Provisional measurements for 2014/15 indicate that the prevalence of children in reception year that are obese or overweight increased by 1%, while the prevalence of overweight or obese children in year 6 fell by 1.9%,
- Cancer contributes significantly to the health inequalities gap. There are 352 cancer deaths per 100,000 people each year in LBBD, the second highest rate between all London CCGs after Tower Hamlet. This is over 21% higher than the England average of 290 death per 100,000 population. The one year survival rate for all cancers in 2012 was 64%, the lowest in London at 69.7% and 69.3% for England.

Health and Wellbeing Strategy

3.5 The NEL STP links well with the Barking and Dagenham Health and Wellbeing Strategy 2015-18 which identifies three important stages of life: starting well, living well and aging well. Many of the emerging themes of the STP are covered in B&D HWBB strategy including prevention; care and support; and improvement and integration.

Integration

3.6 The STP will act as an ‘umbrella’ plan for change: holding underneath it a number of different specific local plans to address certain challenges. It will build on existing

local transformation programmes and support their implementation. These include the Barking and Dagenham, Havering and Redbridge: devolution pilot (accountable care organisation).

Financial Implications
Completed by: Helena Pugh, Local Authority Engagement Lead, NEL STP

3.7 The NEL STP will include activities to address current financial challenges across the health and social care economy. The ambition is to ensure that all NHS organisations are able to achieve financial balance by the end of the five year period of the plan.

Legal Implications
Completed by: Helena Pugh, Local Authority Engagement Lead, NEL STP

3.8 The NEL STP Board is developing a plan as stipulated by the NHS England guidance.

Risk Management

3.9 Risk management arrangements are being put in place by the north east London STP Board as part of planning for the STP; the board will be considering any risks on an on-going basis, will nominate officers responsible for identifying and carrying out mitigating actions.

Patient / Service User Impact

3.10 The involvement of patients, staff and communities is crucial to the development of the STP. We want it to be based on the needs of local patients and communities and command the support of clinicians, staff and wider partners. Where possible, we will build on existing relationships, particularly through health and wellbeing boards and patient panels and forums. As described above we expect to hold public events across north east London over the summer, so we can discuss the STP with local people.

Public Background Papers Used in the Preparation of the Report
NHS Five Year Forward View https://www.england.nhs.uk/ourwork/futurenhs/

- Guidance on submission of Sustainability and Transformation Plans https://www.england.nhs.uk/wp-content/uploads/2016/05/stp-submission-guidance-june.pdf

List of Appendices

Appendix A: Summary of the actions proposed in response to each priority in the NEL STP submission to NHS England

Appendix B: **DRAFT** North east London: Sustainability and Transformation Plan Submission **(Confidential – shared in confidence)**

Appendix C: **DRAFT** North east London: Sustainability and Transformation Plan Further Appendices **(Confidential – shared in confidence)**

Appendix D: Summary of the BHR ACO Strategic Outline Business Case

Appendix A: Summary of the actions we are going to take in response to each priority

1. Channel demand with appropriate capacity

Issue	Actions
Our population is projected to grow at the fastest rate in London (18% over 15 years to reach 345,000 additional people) and this is putting pressure on all health and social care services. Adding to this, people in NEL are highly diverse. They also tend to be mobile, moving frequently between boroughs and are more dependent on A&E and acute services. If we do not make changes, we will need to meet this demand through building another hospital. We need to find a way to **channel the demand for services** through **maximising prevention**, supporting self-care and innovating in the way we deliver services. **It is important to note that even with successful prevention, NEL's high birth rate means that we may need to increase our physical infrastructure.**	To meet the fundamental challenge of our rapidly growing, changing and diverse population we are committed to: • Shifting the way people using health services with a step up in prevention and self-care, equipping and empowering everyone, working across health and social care; • Ensuring our urgent and emergency care system directs people to the right place first time, with integrated urgent care system, supported by proactive accessible primary care at its heart; • Establishing effective ambulatory care on each hospital site, to ensure our beds are only for those who really need admission, so we don't need to build another hospital; • Ensuring our hospitals are working together to be productive and efficient in delivering patient-centred care, with integrated flows across community and social care; and • Ensuring our estates and workforce are aligned to support our population from cradle to grave.

2. Transform delivery models to support self-care, deliver better care close to home and high quality secondary care

Issue

Transforming our delivery models is essential to empowering our residents to manage their own health and wellbeing and tackling the variations in quality, access and outcomes that exist in NEL. There are still **pockets of poor primary care quality and delivery.** We have a history of innovation with two of the five **devolution pilots (see appendix for detailed plans)** in London, an Urgent and Emergency Care (UEC) vanguard and a Multispecialty Community Provider (MCP) in development. However, we realise that these separate delivery models in each health economy will not deliver the benefits of transformative change. Crucially, we must **establish a system vision** that leverages community assets and ensures that residents are **proactive** in managing their own physical and mental health and receive coordinated, quality care in the right setting.

Actions

We have a unique opportunity to bring alive our system-wide vision for better care and wellbeing. We are already working together on a system-wide clinical strategy; this will build on our two devolution pilots in BHR and CH, and the TST programme (which is being implemented already in WEL). At its core we are committed to:

- Transforming primary care and addressing areas of poor quality/access, this will include offering accessible support from 8am to 8pm (seven days a week), with greater collaboration across practices to work to support localities, and address workforce challenges; and
- Addressing hospital services: streamlining outpatient pathways, delivering better urgent and emergency care, coordinating planned care/surgery, maternity choice and encouraging provider collaboration. This will allow us to meet all of our core standards including those relating to RTT and A&E, and enable the planned ED closure of King George Hospital.

3. Ensure our health and social care providers remain sustainable

Issue

Many of our health and social care providers face challenging financial circumstances; this is especially true with Bart's Health and BHRUT being in special measures. Both are currently being re-inspected to ensure that all necessary recommendations are embedded. Although our hospitals have made significant progress in creating productivity and improvement programmes, we recognise that medium term provider-led cost improvement plans cannot succeed in isolation: our providers need to collaborate on improving the costs of workforce, support services and diagnostics. Our challenge is to create a roadmap for viability that is supported at **a whole system level** with NEL coordinated support, transparency and accountability.

Actions

Our health and social care providers are committed to working together to achieve sustainability. Changes to our NEL service model will help to ensure fewer people either attend or are admitted to hospitals unnecessarily (and that those admitted can be treated and discharged more efficiently):

- We have significant cost improvement plans, which will be complimented by a strong collective focus on driving greater efficiency and productivity initiatives. This will happen both within and across our providers (e.g. procurement, clinical services, back office and bank/agency staff);
- The providers are now evaluating options for formal collaboration to help support their shared ambitions; and
- Devolution pilots in BHR and CH are actively exploring opportunities with local authorities, which will be set out in their forthcoming business cases.

4. Transform specialised services

Issue	Actions
NEL residents are served by a number of high quality and world class specialist services; many of these are based within NEL, others across London. We have made progress recently in reconfiguring our local cancer and cardiac provision. However, the quality and sustainability of specialist services varies and we need to ensure that we realise the benefits of the reviews that have been carried out so far. Our local financial gap of £134m and the need for **collaboration** both present challenges to the transformation of our specialised services. We need to move to a more collaborative working structure in order to ensure high quality, accessible specialist services for our residents, both within and outside our region, and to realise our vision of becoming a truly world class destination for specialist services.	We will continue to deliver and commission world class specialist services. Our fundamental challenge is demand and associated costs are growing beyond proposed funding allocations. We recognise that this must be addressed by: • Working collaboratively with NHS England and other STP footprints, as patients regularly move outside of NEL for specialised services; and • Working across the whole patient pathway for our priority areas from prevention, diagnosis, treatment and follow up care – aiming to improve outcomes whilst delivering improved value for money.

5. Create a system-wide decision making model that enables placed-based care and clearly involves key partner agencies

Issue

Our plans for proactive, integrated, and coordinated care require changes to the way we work in developing system leadership and transforming commissioning. We have plans to **transform commissioning** with capitated budgets in WEL, a pooled health and social care budget in BHR and in CH. Across NEL, we recognise that creating accountable care systems with integrated care across sectors will require joining previously separate services and close working between local authorities and other partners; our plans for **devolution** (see appendix) have made significant progress in meeting the challenge of integration. New models of system leadership and commissioning that are driven by real time data, have the ability to support delivery models that are truly **people-centred and sustainable** in the long term.

Actions

We are committed to establishing robust leadership arrangements, based on agreed principles that provide clarity and direction to the NEL health and wellbeing system, and can drive through our plans. For us, involving local authority leaders is the only way to create a system which responds to our population's health and wellbeing needs. Building on our history of collaboration, we have agreed a set of principles which our leaders will be accountable for, including a commitment to making NEL-wide decisions as opposed to local decisions whenever appropriate. This will help us to deliver the scale of change required at pace to deliver place-based care for our population.

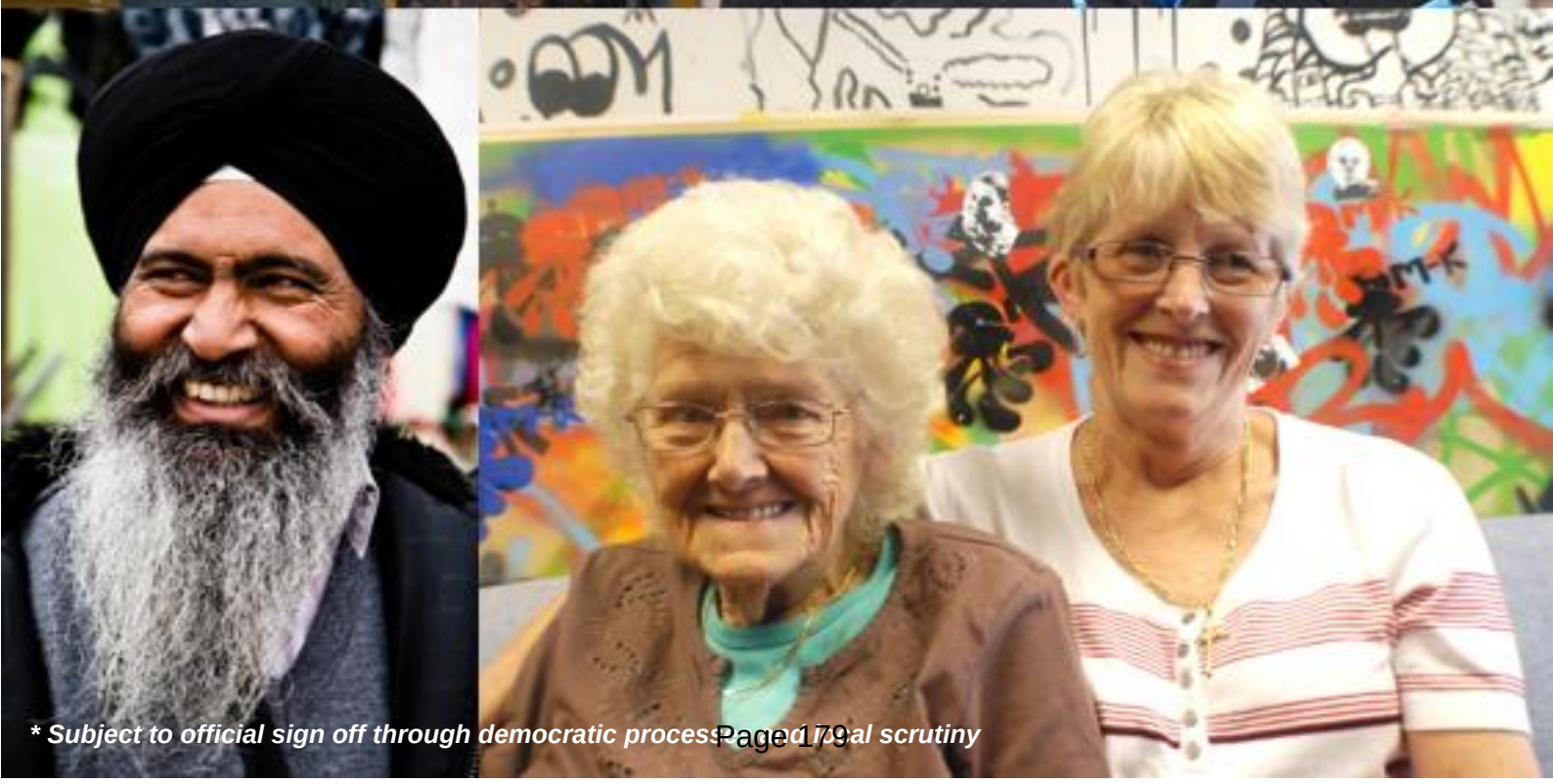
6. Maximise the use of our infrastructure so that it supports our vision

Issue	Actions
Delivering new models of primary and secondary care at scale will require modern, fit-for-purpose and cost-effective infrastructure. Currently, our workforce model is outdated as are many of our buildings; Whipps Cross, for example, requires £80 million of critical maintenance. This issue is compounded by the fact that some providers face significant financial pressures stemming from around **£53m remaining excess PFI cost**. Some assets will require significant investment; others will need to be sold. The benefits from sale of resources will be reinvested in the NEL health and social systems. **Devolution** will be helpful in supporting this vision. **Coordinating and owning a plan** for infrastructure and estates at a NEL level will be challenging; **we need to develop approaches to risk and gain share that support our vision.**	Infrastructure is a crucial enabler for our system-wide delivery model. We need to deliver care in modern, fit for purpose buildings and to meet the capacity challenges produced by a growing population. We are now working on a common estates strategy which will identify priorities for FY16/17 and beyond. This will contain a single NEL plan for investment and disposals, utilisation and productivity and managing PFI, with a key principle of investing any proceeds from disposals in delivering the STP vision.

Integrated Care Coalition
Better care, better lives, together

Barking and Dagenham, Havering and Redbridge Strategic Outline Case For an Accountable Care Organisation*

June 2016



** Subject to official sign off through democratic process and local scrutiny*

The Barking, Havering and Redbridge health and wellbeing economy faces an unprecedented set of challenges between now and 2021.

Without a new service model, demand for services will increase, we won't see sustained improvements in people's health and wellbeing, and service user experience will deteriorate. Outcomes will be poor, our providers will struggle to recruit and retain good staff and may fail to meet core standards. The situation may get worse if local authorities are forced to make substantial cuts to services as their government grant falls.

If we deliver services in the same way that we do today, without achieving any efficiencies, expenditure is forecast to exceed income by £614 million. One simple fact remains, even including all of our current efficiency plans, there is no sight of bridging either the historic or forecast future financial gap without very radical transformation. This transformation is essential to set in motion the sustainable health and wellbeing improvements that our communities badly need.

Doing nothing is simply not an option. Given the scale of these challenges, our only credible plan is to pursue full integration through an ACO.

This plan has been developed by the following organisations:

NHS Havering Clinical Commissioning Group

NELFT NHS Foundation Trust

Barking, Havering and Redbridge University Hospitals NHS Trust

London Borough of Barking & Dagenham lbbd.gov.uk

Havering London Borough

NHS Barking and Dagenham Clinical Commissioning Group

NHS Redbridge Clinical Commissioning Group

London Borough of Redbridge

Developing an Accountable Care Organisation across BHR: The story so far

Developing a high quality, sustainable system of care in Barking and Dagenham, Havering and Redbridge

Where we were

December 2011

Integrated Care Coalition
Better care, better lives, together

The Integrated Care Coalition was established in December 2011 to develop a joint approach to integrated care with the aim of building a sustainable health and social care system. Partners include: Barking & Dagenham CCG, London Borough of Barking & Dagenham, Havering CCG, London Borough of Havering, Redbridge CCG, London Borough of Redbridge, Together First, Havering Health, HealthBridge Direct, Barking, Havering and Redbridge University Hospitals Trust and North East London Foundation Trust.

December 2015

Successfully implemented a number of change initiatives which delivered improved system resilience

Where we are now

We have achieved a lot, but recognised that more needed to be done

Major challenges; 'DO NOTHING' IS NOT AN OPTION given the scale of the challenges

Development of ACO business case

Making the case for establishment of ACO to deliver improved outcomes, more quickly and ensure a sustainable system

Programme includes:

- **Engagement programme** identifying some clear areas of focus to address issues across the system and engaging stakeholders in development of the proposals including the voluntary sector
- Development of **new models of care** with stakeholders and clinicians

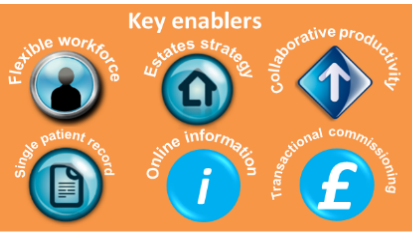
Key interventions:

- ✓ **Investment in prevention**
- ✓ **Integrated, high quality care pathways**
- ✓ **Better access to the right information, first time**
- ✓ **Improved access to services**

Delivered through

Pilot and deliver Locality delivery model of care where care will be delivered closer to people's homes within 'localities'

Key enablers



Review ACO business case and pilot Locality delivery model of care

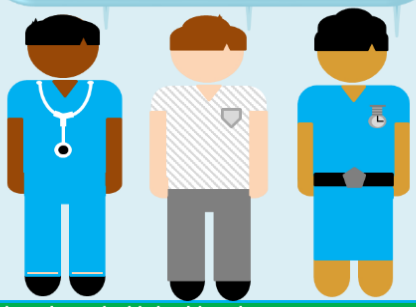
What we are moving towards

- Healthier people supported to make positive lifestyle changes and self care
- Stronger communities
- Financial sustainability
- Streamlined system making better use of community facilities
- System wide clinical and political leadership; combined accountability and objectives
- Devolved powers

How the system will feel different for those living and working in BHR

Health and Care Professionals

"The 'system' is simple and joined up meaning that I am easily able to get people the help and support that they need. The system is responsive and I do not have to spend a long time chasing up referrals etc. which means that I am able to spend more time with my patients.
I feel that Barking and Dagenham, Havering and Redbridge is an excellent place to work and I am supported to learn and develop. I want to continue working in the area and my experience and expertise contribute to the delivery of a high quality service for everyone.
I rarely have to take sick leave as my employers support me to live a happy, healthy life. Barking and Dagenham, Havering and Redbridge is an exciting place to work and offers me lots of opportunity to progress in my career."



Public, patients and service users

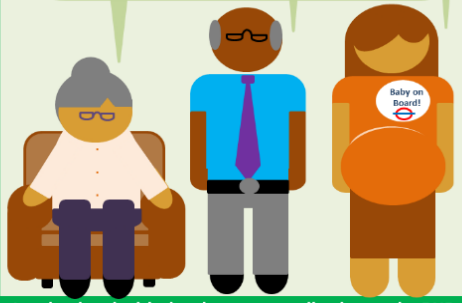
"My care and treatment feels seamless and most of my needs are met near to my home.

Accessing care is simple and I feel like the local health and care system is responsive to my needs as an individual.

When I need support or treatment, I am quickly able to find out which services are most appropriate for me and am able to access them quickly.

Information around leading a healthier lifestyle is easy to access and I feel confident and motivated to follow this advice.

I am consistently supported by those who I come into contact with to live a healthier, happier life."



✓ **This will contribute to a more stable and sustainable health and care system at a north east London level with the changes contributing to the BHR element of the NEL Sustainability and Transformation plan**

Over the past six months, nine organisations across Barking & Dagenham, Havering and Redbridge (BHR) have worked together to develop a strategic outline case for the development of an Accountable Care Organisation (ACO). Each organisation faces common challenges including a growing population, a rapid increase in demand for services and scarce resources. With this in mind, our system leaders have joined forces to create a single integrated response (through the Integrated Care Coalition). Every organisation is committed to doing its part to deliver sustainability for the whole of BHR's health and wellbeing economy. In our business case, we set out exactly what we have agreed to do together, what support we need from external parties and why this is a once in a lifetime opportunity to radically improve the life outcomes for every single person in BHR.

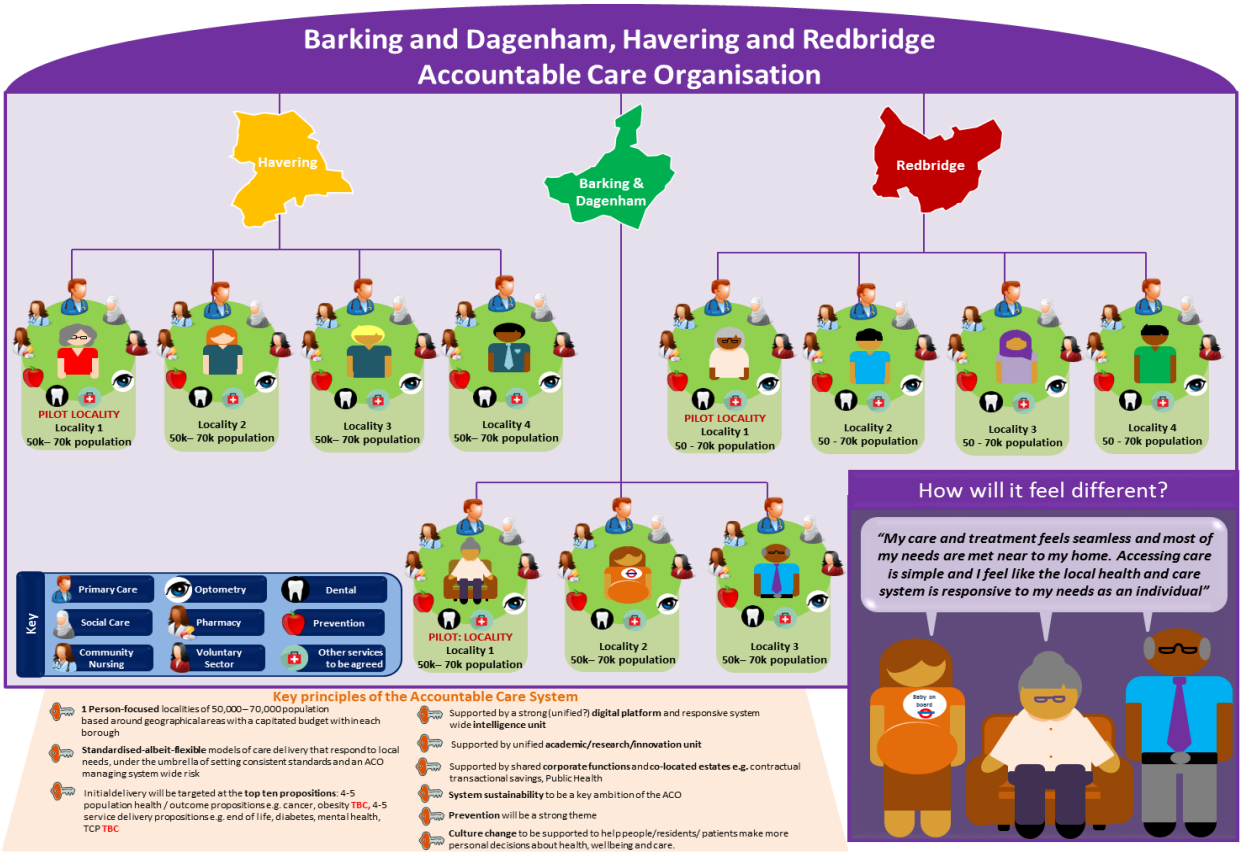
We have significant challenges to tackle including; health and wellbeing, care and quality and financial sustainability. We have a diverse, highly mobile and in some cases very deprived population – all with unique health and wellbeing needs. Healthy life expectancy in Redbridge (63.0 years for women, 62.7 years for men) and Barking & Dagenham (55.5 years for women, 61.1 years for men) is far below comparable figures in London (63.8 years for women, 63.4 years for men) and nationally. Patients have often found it challenging to access the right service, in the right place, at the right time. Our acute trust - Barking, Havering and Redbridge University Hospitals Trust (BHRUT) -was placed in special measures in 2014 and is two years into a transformational improvement programme. It has seen significant improvement in emergency flow, staff engagement and financial performance, however, broader system wide partnership is needed to address longstanding access issues including increasing A&E attendances, admissions and reducing waiting times for elective care. Primary care also faces significant challenges with a large proportion of GPs nearing retirement, difficulty in attracting new talent and a number of practices across BHR operating in siloes. All of this together has added to an already significant financial challenge - in order to continue providing services consistently and if the system were to deliver care in the same way that it does today without achieving any efficiencies, expenditure in 2020/21 is forecast to exceed income by £614 million.

We know our communities and our staff want to see health and wellbeing improve; In a survey of over 3000 residents it was clear that there is confusion in our communities about where to access services at present and the confusion rises the more people are actually in need of assistance. In a survey of 750 of our health and social care staff, 87% identified barriers to working that prevented them for assisting their people as they would want to.

Our first priority is to develop a new integrated health and wellbeing service model for our population; based on the principles of place-based care, we are going to implement a locality delivery model, complemented by a range of targeted best practice interventions (for example changes to the diabetes and gastroenterology pathways). This will ensure BHR is delivering the best health and care services available anywhere in the country; it builds on our local experiences with Health 1000, national experiences with the Vanguard programme and international experience with examples such as the Alzira model. Collectively, these changes will strengthen the primary, secondary and social care offer in BHR while simultaneously focusing on the importance of prevention and self-care. Multidisciplinary teams involving clinicians and professionals from every part of the system will deliver treatment in homes, care homes, GP surgeries and elsewhere. Carers and the people they care for will find this model easier to navigate, accessible and responsive to their needs. Above all, this model will promote personal autonomy, helping our population to access high quality services in the right setting every time.

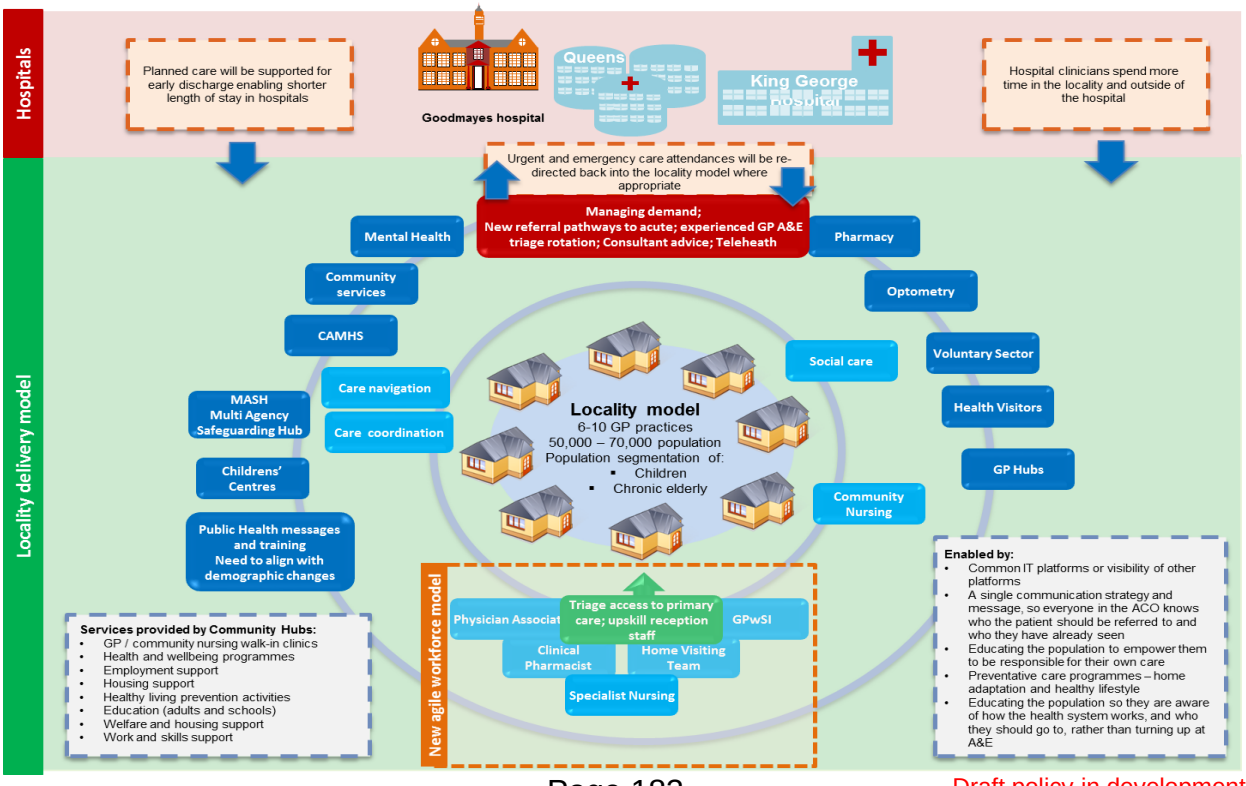
Our service model is designed to promote wellbeing services which will tackle the root causes of poor physical and mental health; we recognise that we need to promote healthy living and therefore prevention is critical to helping us manage demand over the next five years and beyond. Our three local authorities have worked hard to embed their services into the locality delivery model design. As part of the locality delivery model, community hubs will be set up to support people and families with their employment, education, housing and health needs. These hubs will make the best use of existing community facilities across BHR. The hubs will take integration to the next level, joining up the full spectrum of public services available, including primary care, whether you are a pregnant mother, a frail individual or an active teenager there will be services provided while help you to live a healthier and happier life.

Figure 1: Transforming the BHR service model



N.B. The locality delivery model will need to be able to flex to respond to our growing population, e.g. B&D will require an additional locality, in the future, to provide for the Barking Riverside development.'

Figure 2: The BHR locality delivery model



Changing our service model alone is not enough – to achieve the full potential we need to change our business model and organisational form; We can demonstrate how further integration will help us to achieve efficiencies beyond identified opportunities and anticipated Cost Improvement Programmes (CIPs) and Quality Innovation Productivity and Prevention (QIPPs) by individual organisations. Collaborative productivity, new transactional commissioning arrangements, and rationalisation of our estate footprint all represent opportunities to go beyond our current ambition.

As part of this journey, we have identified workforce, technology and estates as the key enablers which will require investment and development; without these, we will not succeed in implementing the scale of change required. We don't yet have all of the answers but we have made good progress – for example forming an initial single estates plan across BHR and the development of a digital roadmap. We are committed to working with organisations from across north east London (NEL) to identify next steps.

Wider engagement with academia and innovation are important elements that enable us to achieve our goals; Academic Medical Centres have traditionally built alignment of strategic focus, resources, and critical mass of expertise across NHS and university partners. Going forward, we will continue to work together with our research partners and create new opportunities for research in our communities to spur innovation. A good example of our commitment to research and innovation is the NHS Innovation Test Bed, led by Care City and supported by our academia partners, which provides a unique opportunity to access cost-effective new technologies.

The financial pressures facing BHR over the next 5 years are substantial:

- There is an existing challenge: At the end of 2015/16, the health and wellbeing organisations within Barking & Dagenham, Havering and Redbridge had a combined financial challenge of £44m;
- Demand for services is increasing: This is a result of a growing, aging population, meaning that health and care needs are becoming more complex;
- Costs of provision of health and care services are rising more rapidly than general inflation; and;
- While NHS allocations are expected to increase over the 5-year period, they will still be £6m short of NHS England's needs-based target by 2020/21. In addition, there are planned reductions in social care and public health allocations for the three local authorities in line with their overall reduced spending power, and these will impact NHS local demand if the reductions result in savings being made to preventative and integrated services.

Combining these together, Barking, Havering and Redbridge are left with an overall affordability challenge of £614 million by 2020/21. Current plans already assume £198m of efficiency savings. These efficiencies would therefore further reduce the challenge to £275m, as existing savings plans would also reduce the non-recurrent element of the original £614m gap. Therefore, if current savings plans are achieved, there is a reduced gap of £275m, of which £124m is non recurrent associated with the accounting impact of future projected Clinical Commissioning Group deficits, and £151m recurrent.

If all existing organisational efficiency plans within the system are achieved they will close the gap by £198 million. They are already very stretching plans, but they leave £151 million to be found through further transformation. £48m of this challenge is assumed to be delivered through stretching STP provider efficiency plans. A further £45m savings are attributable to the Accountable Care Organisation. This would leave a challenge of £57m still to be addressed.

Some of this will be closed through Sustainability and Transformation Funding, which is currently expected to be £134m across NEL. Taking an indicative proportion of this funding, would leave a residual challenge for Barking, Havering and Redbridge of £22m.

The size of the numbers and the sheer scale of change and transformation required is daunting, but we have committed as a system to deliver. From our work to date, we cannot as yet see a firm plan to bridge the residual £22m gap. However, we are clear that our best chance is through a radical redesign of the organisational arrangements that oversee health and social care services in BHR, and this is what we are working to deliver. Our plans involve taking BHR to best in class in terms of services, integration and prevention so we believe we will be absolutely maximising the funding we receive as a system. By the end of 2020/21, NHS funding will still not be at target and that may influence how much of the residual gap we can bridge.

The non-recurrent gap results from the application of our best estimate of how long it will take us to deliver out all of these substantial transformational savings. This needs to be seen in the context of the system remaining below target allocation during this period. If we can move forward some of our plans more rapidly we can eat into this non recurrent deficit. As we move into delivery phase we will attempt to do so, but the scale of change will make it very challenging. We are determined to work with NHS regional and national colleagues to find ways of resolving this as we move forward.

Our ACO programme will support the NEL Sustainability and Transformation Plan; the STP process has helped to bring together commissioners and providers to set realistic plans for their health challenges over the next five years. As part of our ACO programme, we have had greater involvement from local authorities above what the STP process requires. This has helped us to create a fully integrated solution to address our challenges. It is clear that some enabling imperatives are best resolved across NEL. In particular, the scale of the challenges facing the acute sector across NEL, including BHRUT and Barts Health, means that it will need to work collaboratively on productivity matters with other acute trusts. However, we ask that the enabling plans for NEL are moved forward in recognition of the need to foster powerful transformation delivery partnerships such as the BHR ACO partnership. Delivering large transformational projects only happens when real partnership and political leadership is in place and fully engaged locally.

To achieve our ambition, we have made a series of commitments as a system. To support this, we have also identified a series of "asks" for NHS England and others; all of these "asks" are designed to give BHR a foundation on which it has the opportunity to succeed. We have aligned them closely to our wider asks as a NEL footprint as part of the STP process. We have agreed to form a single system-wide leadership group, with a common set of objectives through the establishment of a Memorandum of Understanding. Our direction of travel is to build delivery functions over time that align to organisational form underpinned by a combined system budget. We want this group to work with national and regional bodies to agree what standards it should be held accountable to – doing all of this will help to drive the cultural change that is essential from day one. Greater freedom and flexibility to innovate is criticall; without it we will not be able to drive the pace of change required across the BHR system.

The ACO implementation journey in BHR has already started; we are working with primary care clinicians and others to implement the first wave of locality models in each of our three boroughs (building on the lessons learned from work already implemented in all our boroughs, particularly Redbridge with the Health and Adult Social Services integration). Simultaneously, we are formalising our leadership and governance structure, developing our preferred option for the ACO commissioning and provision model and exploring how to implement capitated budgets to commission for population health outcomes.

Democratic leadership sitting alongside NHS leaders and clinicians is a key strength of this partnership; we recognise the transformation journey ahead is very challenging and that it can only be delivered through democratic leadership working to support and champion what needs to be done. We don't want to play politics in BHR; we are serious about working together to develop a system wide solution which draws together a committed and accountable leadership team to drive this programme forward for the benefit of our population.

To achieve success, all of our transformation work will need to fuse into a single programme designed to tackle the system wide challenges; we have set out a clear roadmap for the BHR health economy over the forthcoming months. Importantly, this recognises that business as usual activities (such as tackling the RTT challenges) and the ACO development work can no longer be thought of as two separate programmes - they must be brought into one system wide programme with a universal set of objectives. Demonstrating that our work can make immediate impact on the system in years one and two will be crucial for maintaining the support of outside observers, system leaders and our whole population.

The ACO and the locality delivery model will transform lives and strengthen communities across BHR; this case demonstrates that an ACO has the potential to have a positive impact on all three of our challenges. This is a one off opportunity to make a lasting system wide change to our service and delivery model. Our local leaders have recognised this and reaffirmed their commitment at the end of June 2016 to pursuing the development of an ACO at pace. While this journey is just beginning, together we are clear that we are going to use this opportunity to improve the lives of local people and build strong resilient communities across BHR.

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