Notice of Meeting

HEALTH AND ADULT SERVICES SELECT COMMITTEE

Wednesday, 7 September 2016 - 7:00 pm
Committee Room 2, Town Hall, Barking

Members: Cllr Peter Chand (Lead Member), Cllr Linda Zanitchkhah (Deputy Lead Member), Cllr Sanchia Alasia, Cllr Abdul Aziz, Cllr Edna Fergus, Cllr Jane Jones, Cllr Eileen Keller, Cllr Hardial Singh Rai and Cllr Faraaz Shaukat

Date of publication: 26 August 2016

Contact Officer: Masuma Ahmed
Tel. 020 8227 2756
E-mail: masuma.ahmed@lbbd.gov.uk

AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

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

3. Minutes - To confirm as correct the minutes of the meeting held on 19 July 2016 (Pages 3 - 8)

4. Primary Care Update from Barking and Dagenham Clinical Commissioning Group (Pages 9 - 20)


6. Inspections by the Care Quality Commission of Local Adult Social Care Services (Pages 41 - 55)

7. Joint Health Overview & Scrutiny Committee Update (Pages 57 - 59)
8. Work Programme (Pages 61 - 62)

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

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

Private Business

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

11. Any other confidential or exempt items which the Chair decides are urgent
Our Vision for Barking and Dagenham

One borough; one community; London’s growth opportunity

Encouraging civic pride

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

Enabling social responsibility

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

Growing the borough

- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough's image to attract investment and business growth
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MINUTES OF
HEALTH AND ADULT SERVICES SELECT COMMITTEE
Tuesday, 19 July 2016
(7:00 - 8:35 pm)

Present: Cllr Sanchia Alasia, Cllr Jane Jones, Cllr Eileen Keller and Cllr Hardial Singh Rai

Apologies: Cllr Peter Chand, Cllr Linda Zanitchkhah, Cllr Abdul Aziz, Cllr Edna Fergus and Cllr Faraaz Shaukat

5. Appointing a Chair for the meeting

Members noted that the Committee’s Chair, Councillor Chand, and the Deputy Chair, Councillor Zanitchkhah, had both given their apologies and agreed to appoint Councillor Keller as Chair for this meeting.

6. Declaration of Members' Interests

There were no declarations of interest.

7. Minutes - To confirm as correct the minutes of the meeting held on 9 June 2016

The minutes of the meeting held on 9 June 2016 were confirmed as correct.

8. Update on the Recommendations of the Eye Care Scrutiny Review

The Programme Lead for Service Transformation (PLST) for the Barking and Dagenham (BD) Clinical Commissioning Group (CCG) outlined a report which provided an update to members on the progress of recommendations made as a result of a scrutiny review into local eye care services by the Health and Adult Services Select Committee (HASSC) in 2014/15.

One of the recommendations of the HASSC’s Scrutiny Review asked the BD CCG to review the eye care pathway and consider the clinical benefits of community optometrists being able to refer patients directly to hospital eye clinics, rather than via GPs. The BD CCG’s update report stated that the BD CCG initiated a joint procurement for a community eye service in September 2015 with the Redbridge CCG. The procurement process was concluded in March 2016 but did not result in the CCGs awarding a contract. The ophthalmology pathway review was now being taken forward in the context of the referral to treatment time (RTT) programme across the Barking and Dagenham, Havering and Redbridge (BHR) CCGs and the BHR Hospitals Trust (BHRUT). This programme had 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 BHRUT for residents living in these boroughs. Ophthalmology had been identified as one of the top ten specialities where further work around RTT and sustainability was required.

The report detailed the three pathway reviews each CCG was currently leading on.
Another recommendation of the Scrutiny Review asked the BD CCG to consider the benefits of commissioning an ‘Eye Care Liaison Officer’ for local residents. The BD CCG’s update report stated that this service was currently provided through some secondary care providers it commissioned which was used by Barking and Dagenham patients. The report stated that further consideration would be required to determine whether this was a service that BHRUT could provide within existing financial resources. It was expected that this would be taken forward in wider discussions regarding the redesign and sustainability of local ophthalmology services.

The Scrutiny Review also led to a recommendation that the BD CCG considers whether cost-effective improvements could be made to the local low vision service which operated out of both King George and Queen’s hospitals. The report stated that the opportunity to review and potentially extend this service could be included as part of the CCGs’ pathway review of ophthalmology.

The Council’s Group Manager for Intensive Support (GMIS) stated that whilst the BD CCG’s report stated that an opportunity to review the local low vision service may arise during the CCG’s pathway review of ophthalmology, the intention behind the Committee’s recommendation was that the BD CCG create a specific plan to do this, as the Scrutiny Review had found evidence that local low vision services were not as holistic as they were in other parts of London. The low vision service that used to operate from premises at Porter’s Avenue had closed, with these services now being provided in local hospitals instead. He had personally used hospital low vision services and found them adequate; however, he expressed significant concern that a hospital setting would not be entirely suitable for elderly or more vulnerable people, particularly those who had been newly diagnosed with a sight condition.

Councillor Jones urged the BD CCG, as part of their ophthalmology pathway review, to consider very carefully the choice of location when commissioning services to ensure they were accessible to all members of the community. She also emphasised the need to consider the provision of transport to access health services, particular for vulnerable people such as those with vision difficulties.

9. **Report on the Brookside Young People’s Mental Health Unit**

Melody Williams, the Integrated Care Director (ICD) for North East London Foundation Trust (NELFT) presented a report on Brookside Young People’s Mental Health Unit, which had been temporarily closed due risks presented by staffing and estates issues.

The ICD stated that all current patients had been moved to other inpatient units within the London or Essex areas, or where possible, they were being supported at home through a revised model of care. One young person from Barking and Dagenham in the high dependency Unit had been transferred to another London based inpatient unit and two day-attendance patients were now accessing support, care and education services at home. Each child had an individual care plan and the parents or carers in each case had been fully involved in transfer process. The young people had also had a definitive say in the best place for their care and for many the option to be supported at home, as opposed moving to a new unit, had been positively received.
In terms of the future of the Unit, current discussions with NHS England, the commissioners, were focused around an extension of the home treatment team model that had been put in place following the closure of the Unit at the end of April 2016, with a reduced number of inpatient beds at the Unit. This model was supported by clinical evidence. NELFT had also discussed the model with the Council’s Children’s Social Care staff who indicated support for the model.

Members asked whether all the beds in the Unit were occupied when it was open. The ICD stated that they were, and referred to the extensive media coverage around shortage of beds and support for young people with mental health conditions, which had led to some young people being placed in facilities very far from home. She acknowledged that there were some sensitivity around reducing the number of beds at the Unit but reiterated that the model NELFT was considering, whereby more treatment would be provided at home for young people, was supported by evidence. The proposed model may pose a dilemma for commissioners as it would be the first of its kind, in a context where there were not enough beds nationally. However, this model was now being considered nationally too.

Members asked how far the young person from Barking and Dagenham who had been transferred, had been placed and what impact the transfer had had on them and their family. The ICD stated that the young person had been transferred to the South London and Maudsley NHS Foundation Trust (in the London Borough of Bromley) and that their transfer had been agreed with them, their family and the professionals who had been involved in their care. The young person would only be repatriated back to Barking and Dagenham if this move would not be disruptive to their treatment.

Members asked how NELFT could be sure that families of the young people, who expressed agreement to care being provided at home, would be able to cope with this change. The ICD stated that the process was needs-led so that if a young person required a bed, one would be sourced as close as possible to the young person’s home. If the young person, having received treatment at an inpatient unit, showed progress and it was considered that 24/7 home treatment would be appropriate, this would then be arranged. The Local Authority and the BD CCG were currently reviewing the Child and Adolescent Mental Health Services (CAMHS) pathway which would focus on a range of services from early intervention to crisis support and would have implications for the wider system.

Members asked whether NELFT could be certain that the staffing and estates problems that led to the Unit being closed would not recur once the Unit was opened. The ICD stated that the decision to close the Unit was not taken lightly and as a result of the closure a serious incident investigation was being completed. The outcomes of the investigation would need to be reported in 60 days (starting with the day the investigation started). An analysis of the serious incident had been undertaken and the findings would be completed soon, as the Trust was towards the end of the 60 day period. The completion of the investigation would make clear how the incident occurred and what could be done differently going forward.

Members asked when the Unit would re-open. The ICD stated that the estates
works were almost complete but the re-opening of the Unit was entirely dependent on the direction of discussions with commissioners and how satisfied they were.

Members asked whether there would be ongoing consultation with families whose young family member was being treated at home, as the longer the young person was at home, the more potential there was for the pressure to impact on families. The ICD stated that NELFT had a duty to undertake consultation with service users and families on a continuous basis and this was a contractual requirement, which was monitored by commissioners.

The ICD concluded by stating that commissioning was moving to a much more outcome based approach, which was likely to lead to changes in the commissioning framework nationally. The key to ensuring good quality services for young people going forward would be in managing their care plans effectively. The CAMHS transformation project was very important also, as early intervention would mean more young people with mental health conditions could be managed without resorting to intensive health and social care services and leading to better outcomes for the young person and their families.

10. Update Report on the Sustainability and Transformation Plan and the Accountable Care Organisation Devolution Pilot

This report provided an update on:

- The Sustainability and Transformation Plan (NEL STP), a document all CCGs were required to develop to implement the NHS’s five year forward view, and
- The Accountable Care Organisation (ACO) Devolution Pilot, a large scale initiative to transform local primary and secondary health services to make them more closely integrated and to redesign patient pathways to focus on early intervention and managing the chronically ill.

The report explained that both issues were closely linked as the detail of the local contribution to the STP for north east London (NEL) would be the propositions developed through the programme to develop a business case for an Accountable Care Organisation. A strategic outline case was currently being developed which would set out the way forward for the development of an ACO.

The Council’s Commissioning Director for Adults’ Care and Support (CDACS) delivered a presentation on the NEL STP and ACO, which covered the following areas:

- Then key challenges in BHR
- The Integrated Care Coalition
- Background and timeline
- ACOs – what are they and what do we want them to be?
- Potential benefits of an ACO
- Progress
- ACO model – localities across BHR
- ACO Model – individual localities
- Devolution asks in development
- What is an STP?
- Where does the ACO fit / alignment with the NEL STP?
• Next steps –
  ▪ Summer 2016: Consultation and public engagement on the STP and the ACO business case begins
  ▪ Decision to proceed to next stages (provisional):
    ○ Pre-decision scrutiny: 7 September 2016
      A fuller discussion and more detail for the HASSC’s consideration
    ○ Health & Wellbeing Board: 27 September 2016
    ○ Cabinet: 18 October 2016.

Members thanked the CDACS for his report and presentation and stated that they looked forward to receiving a further item on the business case at their meeting on 7 September 2016.

11. Work Programme 2016-17 Report

The Council’s Democratic Services Officer (DSO) introduced a report which had appended to it a proposed Work Programme for the Committee for 2016/17 and an options paper which put forward three potential topics the HASSC could undertake an in-depth scrutiny review on in 2016/17, both of which had been drafted in consultation with Councillor Chand, the usual Chair of the HASSC. Members were asked to agree the Work Programme and choose one topic of the three put forward, to undertake a scrutiny review on.

The three topic options put forward for a potential scrutiny review were:
  • Cancer survival rates in Barking & Dagenham;
  • Oral Health in People with Learning Difficulties in Barking & Dagenham; and
  • Teenage Conception Rate in Barking and Dagenham.

The Council’s Director of Public Health (DPH) summarised the issues relating to the Cancer Survival Rates option as follows:
  • Barking and Dagenham has the lowest net survival rate amongst London and West Essex CCGs, ranking lowest out of 33 CCGs;
  • More than 40% of all cancers are linked to behaviour and environmental exposures which could be avoided or reduced. Factors that also contribute to poor outcomes in Barking and Dagenham include poor awareness of the signs and symptoms, and late detection and diagnosis.
  • B&D has a higher rate of cancers diagnosed in A&E than the England average (B&D – 29.2%; England – 20.6%).

The GMIS summarised the issues relating to the Oral Health in People with Learning Disabilities option as follows:
  • People with learning difficulties generally face many health inequalities, which include poor oral health, due to the barriers they face in receiving good health care.
  • There was little publicly available data about dental health problems amongst local residents with learning difficulties and the quality of services available to them.
  • The borough had learned from feedback from family and carers about their difficulties in finding local opticians with the skills and confidence to provide sight tests for people with learning difficulties. This learning led to the development of the Bridge to Vision Project and the Enhanced Optometry
services for people with learning difficulties. Similar barriers exist when it comes to dental care but we do not yet fully understand the details and the magnitude of the problem.

The DPH then summarised the issues relating to the Teenage Conception Rates option as follows:

- The rate of under 16 and under 18 pregnancies have been high in Barking and Dagenham in comparison with London and the UK. Recently we have seen an encouraging decrease in rates in under 18 conception rates. However, these rates are still high.
- In addition, conception rates in the under 16s, the proportion of teenage pregnancies that end in legal abortions, and the number of repeat abortions is of concern.

In response to a question the DPH explained that the recent decrease in the under 18 conception rate was likely to be due to a number of initiatives in schools aimed at providing information to young people to make informed choices and raising aspirations amongst young people.

Members agreed that all three topics put forward for consideration were extremely important areas; however, as time and resources would only permit one in-depth scrutiny review in 2016/17, they agreed, reflecting on the criteria for selecting a topic stated in the report, that Cancer Survival Rates would be the right topic to undertake a scrutiny review on this year. Due to the scale of the issue locally, and the serious implications on people’s health, it was felt that an in-depth review into this topic would potentially, add most value.

Members stated that they would like the option to consider the issue of oral health in people with learning difficulties, at a future meeting, on a one-off basis, if there was room in the Work Programme to do so, as it appeared to be the case that some of the learning from the feedback on sight care for people with learning difficulties, could potentially be applied to oral care services. Officers stated members would need to keep some of the Work Programme free to progress the in-depth scrutiny review on Cancer Survival Rates; however, they would consider this option and feedback to members. Subject to this, the Work Programme was agreed.

Members commented that some of the followings issues could be explored as part of the Cancer Survival Rates Scrutiny Review, in addition to, or alongside the issues referred to in the option paper:

- Whether Black and Minority Ethnic groups were more likely to get cancer and at what average age;
- Whether the borough’s residents were more likely to get cancer and what the average age was, in comparison to similar areas; and
- Whether residents from the EU who were living in the borough had a higher smoking prevalence rate and therefore, a higher prevalence rate for smoking related cancers.

The HASSC asked officers to provide a draft scope for the Cancer Survival Rates Scrutiny Review and circulate this to members.
HEALTH AND ADULT SERVICES SELECT COMMITTEE

7 September 2016

Primary Care Update from Barking and Dagenham Clinical Commissioning Group

Report of the Director of Law and Governance

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<tr>
<td><strong>Report Author:</strong> Masuma Ahmed, Democratic Services Officer</td>
<td><strong>Contact Details:</strong> Tel: 020227 2756 E-mail: <a href="mailto:masuma.ahmed@lbbd.gov.uk">masuma.ahmed@lbbd.gov.uk</a></td>
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**Accountable Divisional Director:** Fiona Taylor, Director of Law and Governance

**Accountable Director:** Chris Naylor, Chief Executive

**Summary:**

In February 2016 the Health and Adult Services Select Committee (HASSC) received a presentation from Sarah See, the Barking and Dagenham Clinical Commissioning Group’s Director of Primary Care Transformation, which provided an update on the personal medical services contract. Members noted that:

- Personal medical services (PMS) are locally negotiated GP practice contracts that follow national regulations, which aim to improve the quality of services by basing them on the needs of the local population and provide value for money.
- Practices on a PMS contract receive more funding per patient than most practices across London, as most practices are on a national rather than local contract.
- The difference in funding between these two types of contracts is called the ‘PMS premium’. There is a large variation in the amount of funding PMS practices in the borough receive and the services they provide with this funding.
- PMS contracts are being reviewed nationally to instead provide more consistent and equitable, but still local, contracts.

The presentation slides at Appendix 1 provide an update on the progress of the PMS review.

Appendix 1 also provides a wider update on the BDCCG’s primary care transformation project which aims for general practice to work together with other community health providers including pharmacies, dentists and optometrists, to create an effective, extended, place-based (locality) team.

Members are also asked to note that the Council was recently notified that Five Elms Medical Centre, on Five Elms Road in Dagenham, has been placed in ‘special measures’ by the Care Quality Commission. Whilst this agenda item is not intended to focus on individual GP practices, it is an opportunity to ask the BDCCG what lessons have been learnt from this process to ensure all GPs in the borough are providing a good service to the borough’s residents.
### Recommendations

The HASSC is recommended to:

(i) Ask questions of the BDCCG’s Director of Primary Care Transformation to determine as far as possible, how the outcomes of the PMS review will affect Barking and Dagenham residents’ experience of primary care;

(ii) Ask questions of the Director of Primary Care Transformation on the lessons learnt from the Care Quality Commission’s placing of Five Elms Medical Centre in ‘special measures’; and

(iii) Request that the BDCCG keep the HASSC regularly updated on the progress of the locality based model pilot.

### Reason(s)

This report relates to the Council’s priority to enable social responsibility and the objective to ensure everyone can access good quality healthcare when they need it.

### Implications

There are no direct legal or financial implications arising directly from this report.

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

‘Primary Care Update’ Presentation delivered to the HASSC on 10 February 2016, available on:


### List of appendices:

Appendix 1 Primary Care Update presentation slides
Primary care update

Health and Adult Services Select Committee
7 September 2016

Sarah See, Director of Primary Care Transformation

Barkingdagenhamccg.nhs.uk
@BD_CCG
Personal medical services update

- Personal medical services (PMS) are locally negotiated GP practice contracts which follow national regulations.

- PMS contracts aim to improve the quality of services by basing them on the needs of the local population and provide value for money.

- Practices on a PMS contract receive more funding per patient than most practices across London.

- The difference in funding between these two types of contracts is called the ‘PMS premium’.
PMS update

• There is a large variation in the amount of funding PMS practices in Barking and Dagenham receive and the services they provide with this funding

• PMS contracts are being reviewed nationally to instead provide more consistent and equitable, but still local, contracts

• The purpose of the review is to look into how to use the PMS premium funding most effectively, to ensure it provides best value and meets the needs of our patients

• We have followed NHS England’s principals to carry out the PMS review.
PMS review

The review included:

• Identifying the current cost of PMS contracts
• Understanding how practices currently use the PMS premium
• Analysing the quality of the services provided through the premium
• Identifying what services should be provided through the premium and developing a local specification for the contract.
Local context

• 11 PMS practices in Barking and Dagenham
• Barking and Dagenham has the 2\textsuperscript{nd} highest PMS premium in comparison to London
• Approximately £2.5m premium is invested in PMS practices in Barking and Dagenham
• There is currently a variation in premium between the individual practices that ranges between £61.26 - £21.84 per patient.
Next steps

• It is intended that there will be a single set patient premium for all PMS practices in Barking and Dagenham

• NHS England are in discussions with local medical committees (LMC) regarding the London-wide offer

• We are waiting for the outcome of these discussion, later this month, as this will inform our next steps.
Primary care transformation

We want to transform primary care, the services provided at our GP practices, to:

- provide more proactive care
- focus on prevention
- support self-care
- actively manage patients’ long-term conditions
- avoid unnecessary hospital admission
- reduce unnecessary referrals to hospital.
Primary care transformation

- To do this general practice will work together with other community health providers including pharmacies, dentists and optometrists, creating a highly effective, extended, place-based (locality) team.

- GPs will oversee care for their patients, and the team will work together to:
  - provide additional services
  - improve care quality
  - improve the use of GP time and collective resources – reducing administrative costs and making best use of available IT solutions.
Primary care transformation

Our transformation strategy will support practices to:

• Work with patients to tailor treatment plans and decide where care is delivered from
• Improve effectiveness and strengthen collaborative working
• Achieve CQC compliance, or address gaps resulting from inspections
• Provide more GP appointments
• Offer online patient access.

NHS England also provide support to practices through funding programmes, national pilots and GP recruitment drives.
Next steps

• We are mapping the locality areas, which will determine the geographic areas in which services will work together.

• We will pilot the new locality based model in a locality, and review it before we roll it out across Barking and Dagenham.
**Title:** Scoping the Cancer Prevention, Awareness and Early Detection Scrutiny Review

**Report of the Director of Public Health**

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<tr>
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<tr>
<td><strong>Report Author:</strong> Sue Lloyd, Public Health Consultant &amp; Masuma Ahmed, Democratic Services Officer</td>
<td><strong>Contact Details:</strong> Tel: 020 8227 2756 E-mail: <a href="mailto:sue.lloyd@lbbd.gov.uk">sue.lloyd@lbbd.gov.uk</a></td>
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**Accountable Divisional Director:** Matthew Cole, Director of Public Health

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

**Summary:**

The Health and Adult Services Select Committee (HASSC), at its last meeting on 19 July 2016, agreed that the area it wished to investigate in 2016/17 via an in-depth scrutiny review would be Cancer.

As requested by the HASSC, this report proposes the scope of the Review, including terms of reference and a work plan that outlines a time-line for the evidence sessions members will take part in and the production of the end report with recommendations to improve outcomes and practice.

**Recommendation(s)**

The HASSC is recommended to review and agree the proposed terms of reference and scope for this Scrutiny Review.

**Reason(s)**

It is best practice to produce a scoping report prior to commencing an in-depth scrutiny review so that members and officers can give direction to the review, consider what evidence will form the basis of recommendations and have a time-line for completion.

The topic of Cancer Prevention, Awareness and Early Detection relates to the Council’s priority to ‘Enable Social Responsibility’ and the objectives to ‘protect the most vulnerable, keeping adults and children healthy and safe’ and ‘ensure everyone can access good quality healthcare when they need it.’
1. **Introduction and Background**

1.1 Every year each of the Council’s select committees agrees a work programme which lists the areas it wishes to scrutinise in the current municipal year. As well as one-off agenda items, the work programme often includes a more-in-depth investigation into a particular area of concern that is relevant to the committee’s remit, which usually involves members attending sessions outside of the standard evening meetings scheduled for the year. At its meeting on 19 July 2016, the HASSC was presented with a Work Programme report for 2016/17 which provided three topic options for an in-depth scrutiny review. These were cancer, oral health in people with learning difficulties and teenage pregnancy.

1.2 Having considered the information provided in the three option papers, the HASSC agreed that whilst all three topics put forward for consideration were important areas in their own right; and as time and resources would only permit one in-depth scrutiny review in 2016/17, Cancer would be the right topic to undertake a scrutiny review on this year. Due to the scale of the issue locally, and the serious implications on people’s health, it was felt that an in-depth review into this topic would potentially, add most value.

2. **Proposal and Issues**

2.1 At the July meeting members noted that:

- Barking and Dagenham has the lowest net survival rate amongst London and West Essex CCGs, ranking lowest out of 33 CCGs;
- More than 40% of all cancers are linked to behaviour and environmental exposures which could be avoided or reduced. Factors that also contribute to poor outcomes in Barking and Dagenham include poor awareness of the signs and symptoms, and late detection and diagnosis.
- B&D has a higher rate of cancers diagnosed in A&E than the England average (B&D – 29.2%; England – 20.6%).

2.2 At the meeting members commented that some of the followings issues could be explored as part of the Cancer Scrutiny Review, in addition to, or alongside the above issues:

- Whether Black and Minority Ethnic groups were more likely to get cancer and at what average age;
- Whether the borough’s residents were more likely to get cancer and what the average age was, in comparison to similar areas; and
- Whether residents from the EU who were living in the borough had a higher smoking prevalence rate and therefore, a higher prevalence rate for smoking related cancers.

2.3 Members asked officers to produce a scoping report for the Review which should include a proposed set of terms of reference and work plan to provide information on the evidence to be considered as part of the Review, and give an indication of the timetable for completing the review.
3. **Title and Terms of Reference**

3.1 Due to restrictions on time and resources, officers suggest that the focus of the review be on factors that may help prevent cancer and increase early detection, as this appears to be a particular issue for the borough. Officers therefore propose that the title of the Scrutiny Review be “Cancer Prevention, Awareness and Early Detection” and that the following three key questions form the Terms of Reference (ToR) for the scrutiny review:

1. Why are residents of Barking and Dagenham more likely to develop cancer and less likely to survive cancer than residents in other London boroughs?
2. What is the reason that residents are less likely to respond to requests to screen for cancer than in other London boroughs?
3. What is the reason that residents are not as aware of the signs and symptoms of cancer as residents in other London boroughs?

4. **Proposed Work Plan**

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<thead>
<tr>
<th>Date of HASSC session</th>
<th>Activity</th>
<th>ToR questions covered</th>
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<tbody>
<tr>
<td>Weds 7 Sept (evening meeting)</td>
<td>National and local context on cancer awareness and early diagnosis by Public Health.</td>
<td>1, 2 and 3</td>
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<tr>
<td>Weds 11 Jan 2017</td>
<td>Views of residents - awareness and early diagnosis</td>
<td>2 and 3</td>
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<td>Presentation - outcome of B&amp;D Cancer Awareness Measure and how we can support the increasing number of cancer survivors.</td>
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<tr>
<td>Weds 1 Mar 2017</td>
<td>Presentation of draft scrutiny review report and recommendations. <em>(Cabinet Member for Social Care &amp; Health Integration to be invited)</em></td>
<td>1, 2 and 3</td>
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<tr>
<td>Weds 3 May 2017</td>
<td>Final report and recommendations.</td>
<td>1, 2 and 3</td>
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5. National and local context on cancer awareness and early diagnosis

5.1 The first session listed in the table above will take place at this meeting (7 September). The slide pack attached at Appendix 1 gives context on cancer prevention and diagnosis, and will be presented by Matthew Cole, the Council’s Director of Public Health and Kate Kavanagh, Cancer Commissioning Manager for Barking, Havering and Redbridge Clinical Commissioning Groups.

6. Background information

6.1 Members are recommended to familiarise themselves with the reading materials listed under background papers which will be referred to throughout the preparation of the scrutiny report.


7. Financial Implications

7.1 The costs for undertaking this scrutiny review will need to be met from existing Scrutiny and Public Health budgets.

8. Legal Implications

Implications completed by: Paul Field, Senior Lawyer, Law and Governance

8.1 There are no legal implications arising directly from this report.

Background Papers Used in the Preparation of the Report:

None.

List of appendices:

Appendix 1 Cancer - context setting presentation
HASSC Cancer Review

- Matthew Cole - Director of Public Health, LBBBD
- Kate Kavanagh – Cancer Commissioning Manager for BHR CCGs
The national challenge

4 out of 10 avoidable deaths in England are a result of cancer (ONS).

1 in 2 people will be diagnosed with cancer during their life (CRUK).

Over 2 million people are living with and beyond cancer in the UK (4 million by 2030) (Macmillan).
Cancer Taskforce Strategy priorities

- A radical upgrade in prevention and public health – focus on reducing smoking and obesity

- Achieving earlier diagnosis
- Patient experience on a par with clinical effectiveness and safety
- Transformation in support for people living with and beyond cancer
The Taskforce’s ambition for 2020

Adult smoking rates should fall to **approx 1 in 10**

LBBD 2016 **approx. 2 in 10** going down

Approx. **6 of 10** people should be surviving for **10 years or more**

LBBD 2013 - Less than **7 out of 10** people survive 1 year

Achievement of cancer waiting time standards – **2 week, 31 day and 62 days**

LBBD 2016 2 week wait: **95.3%** :Treatment- 31 day: **96%** 62 day: **70.5%**

3 out of every 4 screens offered

LBBD 2016 less than **2 out of every 4 screens offered**

**75%** screening uptake

**More than 7 of 10** people should be surviving for **1 year**

**75%** survive 1 year

Achievement of cancer waiting time standards – **2 week, 31 day and 62 days**

95% with a definitive cancer diagnosis within 4 weeks or cancer excluded, **50%** within **2 weeks**

**75%** survive 10 years+

**LBBD 2016** approx. **2 in 10** going down

**75%** screening uptake

**LBBD 2016** less than **2 out of every 4 screens offered**

**More than 7 of 10** people should be surviving for **1 year**

**75%** survive 1 year

**LBBD 2013** - Less than **7 out of 10** people survive 1 year

**Achievement of cancer waiting time standards – 2 week, 31 day and 62 days**

**LBBD 2016 2 week wait: 95.3%** :Treatment- 31 day: **96%** 62 day: **70.5%**

One borough; one community; London’s growth opportunity
Barking and Dagenham Cancer numbers

Around **700** cancer cases each year

**330** people survive cancer each year
Prevention

- Quit smoking
- Drink less alcohol
- Be sunsmart
- Eat well
- Exercise regularly
How can 4 in 10 Cancers can be prevented

Smoking prevalence is high in B&D at 18.4% (England average 16.3%)

Smoking related deaths in the borough is 384 per 100,000 (289 per 100,000)

Physical activity is low at 46.4% (England average 57%)

Overweight and obesity is slightly higher at 63.5% (England average 63.8%)

B&D has a low prevalence of those eating five-a-day 40.9% (England Average 56.27%)

Overexposure to ultraviolet (UV) light from the sun or sunbeds.

Alcohol consumption is lower at 14.2% (England average 20.1%)
Early diagnosis
Breast screening coverage in Barking and Dagenham is 60.36%, this is worse than the England average 72.8%.

Breast screening coverage is the proportion of eligible women who have been screened successfully.
Screening Uptake: Bowel Screening

Bowel screening coverage amongst 60-69 year olds is 43.2% in Barking and Dagenham, this is worse than the England average (57.9%).

Bowel screening coverage is the proportion of eligible people who have been screened successfully.
Cervical screening coverage amongst 25-64 year old females is 70.2% in Barking and Dagenham, this is worse than the England average (73.5%).

Cervical screening coverage is the proportion of eligible people who have been screened successfully.
Emergency Presentation

Cancer Diagnosis in Barking and Dagenham through emergency routes is **22.8%**.

The England average is **20.1%**.

When a patient is diagnosed as an emergency, this can mean their cancer has progressed to a later stage and is harder to treat.
Barking and Dagenham – what are the problems?

Overall, B&D has the lowest net survival amongst London and West Essex CCGs, ranking 33 (1 highest, 33 lowest). The reasons are:

1. Only 2 of 3 B&D residents able to recall a symptom of cancer

2. Breast cancer screening coverage and uptake is consistently lower than the England average

3. Low bowel screening uptake

4. There 350 residents die as a result of cancer each year. This is higher than the England average

5. Two-week wait between being referred by a GP to hospital is falling

6. 1 in 4 patients are diagnosed via emergency route in accident and emergency etc.

7. Significantly lower healthy life expectancy M: 59.5 years F: 54.6 years
How is B&D responding to the challenge?

- Macmillan GPs – Dr Kanika Rai & Dr Amit Sharma
- Work-streams – including a bowel screening GP incentive payments
- Cancer Research Facilitator – Jane Burt
- Practice profile work / practice visits
- Clinical members of BHR collaborative ‘task and finish’ groups
- GP Protected Learning Time events run by Macmillan GPs
- Collaborative working with secondary care clinicians to develop direct access to diagnostics pathways
- Physical activity scheme for cancer patients
- A new approach to smoking cessation is being developed
BHR Collaborative Cancer Commissioning Group

• Key stakeholders from across the ONEL geography
• Primary Care, Secondary Care, Community providers, Macmillan GPs, Cancer Research, Macmillan, Public Health, London Cancer, Transforming Cancer Services Team and NEL CSU
• Four ‘task and finish’ groups established to develop and deliver a work-plan to address four key priority areas:-
  1. Early diagnosis
  2. Safety-netting
  3. Improving bowel screening uptake
  4. Stratified pathway of care for prostate patients
HASSC Cancer Review

Cancer Prevention, Awareness and Early Detection

Suggested review questions

- Why are B&D residents more likely to develop cancer and less likely to survive cancer than residents in other London boroughs?

- Why are residents less likely to respond to requests to screen for cancer than in other London boroughs?

- Why are residents less aware of the signs and symptoms of cancer than residents in other London boroughs?
Results of inspections undertaken by the Care Quality Commission on local adult social care services in Qtr 4 2015/16 and Qtr 1 2016/17

Report of the Commissioning Director, Adults’ Care and Support

Open Report

Report Author: Gordon Hastie, Safeguarding Adults Board Manager, and Carla Lubin, Adult Social Care Analyst

Contact Details: Tel: 020 82275502 E-mail: gordon.hastie@lbld.gov.uk carla.lubin@lbld.gov.uk

Accountable Divisional Director: Mark Tyson, Commissioning Director, Adults’ Care and Support

Accountable Director: Anne Bristow, Strategic Director, Service Development and Improvement

Summary:

This report is an overview of CQC inspection reports, published during the fourth quarter of 2015/16 and first quarter of 2016/17 (Quarter 4: 1 January– 31 March 2016, Quarter 1: 1 April – 30 June 2016).

It provides an overview of the inspections as well as the actions that have been taken as a result of inspections where improvements are required. The report covers CQC inspection reports on providers in the Borough or those who provide services to our residents.

Links to the CQC inspection reports themselves and a summary of the findings can be found in Appendices 1 and 2.

Recommendation(s)

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

Reason(s)

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

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

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

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

- **Outstanding**
  *The service is performing exceptionally well.*

- **Good**
  *The service is performing well and meeting our expectations.*

- **Requires improvement**
  *The service isn't performing as well as it should and we have told the service how it must improve.*

- **Inadequate**
  *The service is performing badly and we've taken action against the person or organisation that runs it.*

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

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

2. **CQC Findings Quarter 4 2015-16**

2.1 Of the 7 providers inspected in Quarter 4 of 2015/16, 3 met the requirement for an overall rating of ‘Good’ and the 4 remaining providers were rated as ‘Requires Improvement’.

2.2 The providers rated ‘good’, and the dates on which they were inspected, were:

- Faircross 102 (Residential care for people with learning disabilities) inspected 30 December 2015.
3. Providers requiring improvement (Quarter 4)

3.1 Darcy House

Rating - Requires Improvement

3.1.1 Darcy House is one of four extra care schemes operated by Triangle Community Services and commissioned by the local authority. The service offers individuals personal care, and housing related support to continue to live independently in purpose built flats.

3.1.2 Twenty seven people were using the service at the time of the inspection, on 2 November 2015. The subsequent report issued on 6 January gave the scheme a rating of ‘Requires Improvement’. The CQC inspector at the time found areas of concern including failure to notify CQC of safeguarding allegations and insufficient staffing levels.

3.1.3 Following the inspection all residents were reviewed to ensure that they were safe and cared for and no complaints were made about the staff or the standard of care they receive. The Commissioning Team also reviewed the improvement plan and actions put in place by Triangle to report safeguarding matters to the CQC in line with their recommendations.

3.1.4 After extensive negotiations the Council was able to work with Triangle Community Services to secure an increase in the number of support hours delivered across the scheme and to uplift the hourly rate paid to the support staff. This was completed within the budget envelope for the contract by identifying cost efficiencies and reducing expenditure. These cost efficiencies will have no impact on the service users at Darcy House.

3.1.5 Support with personal care within the extra care schemes is contracted on a minimum and maximum hours per scheme per week. As Darcy House is part of a larger contract consisting of three other extra care schemes with varying levels of support needs, the Commissioning Manager agreed any underutilised hours could be transferred to Darcy House for short blocks of time as required. The transfer of hours has been monitored to ensure that this arrangement does not have a negative impact on the other remaining schemes.

3.1.6 As part of the cyclical quality assurance process for all commissioned providers, a detailed review of all the schemes that were delivered by Triangle Community Services was undertaken in April and May 2016, including Darcy House. The review was carried out by the Commissioning Team, including the Commissioning Manager and the Service Review Officer responsible for Darcy House. The findings of the CQC report were revisited and monitored and the action plan reviewed. The review found that safeguarding practices had improved and that Triangle are sending safeguarding alerts to the CQC. Additionally, it has been found that the
staffing levels have improved since the negotiations with Triangle and the flexibility in the way that staff are now used across the four sites. The review team found that improvements could be made in the way that information and support plans are filed. Additionally, service users fed back that the entertainment provided at Darcy House could be more varied. As a consequence, these actions were added to the improvement plan alongside the actions from the CQC inspection. Commissioning will continue to monitor the improvement plan with the Registered Manager from Triangle through contract monitoring and spot checks.

3.2 Elora House
Rating = Requires Improvement

3.2.1 Elora House caters for learning disabled people from 18 to 64. There are currently no LBBD services users in this home. At the time of the publication of the last CQC inspection Elora was rated good for care and being responsive but required improvement in the areas of Safe (not all staff had up to date DBS checks nor were all risk assessments up to date), Effective (staff did not receive regular training to carry out their roles effectively) and Well Led (some quality assurance systems in place were not robust enough). Following publication of the CQC report LBBD increased its quality assurance monitoring and also liaised with placing authorities on our findings.

3.2.2 This home was visited by Commissioning and Quality Assurance after the CQC report was published. The CQC action plan had been completed and no further concerns were identified.

3.3 Rupaal Care and Training
Rating = Requires Improvement

3.3.1 This is a homecare provider. Following the publication of the CQC inspection on 19 February 2016 it was rated as good in the Caring and Responsive areas but required improvements in the ‘Safe’ category, particularly for the management of medication and the robustness of recruitment processes.

3.3.2 Following the inspection, checks were carried out with Operational services and it was found that no individuals were being supported by the agency, either through a managed or self managed Personal Budget. Rupaal are not on the local authority’s approved list of homecare providers.

3.3.3 The Commissioning team tried to complete an unannounced visit to their office in LBBD. However, when the Service Review Officer arrived at the address he was advised that the company had moved to Enfield. CQC are aware of the new address. Consequently no further quality assurance work has been planned.

3.4 Br3akfree
Rating = Requires Improvement

3.4.1 Br3akfree provides homecare to people with a learning disability. CQC published their report on 8 March 2016. Br3akfree were assessed as being good in the areas of Effective, Caring and Responsive services. However, they were also rated as
requiring improvement in the areas of Safe (the service did not have robust recruitment processes) and Well Led (Spot checks were not recorded as the service’s policy and procedure states).

3.4.2 Commissioning and Service Review Officers carried out an unannounced visit following the publication of the CQC inspection report. During the LBBD visit it was identified that this issues had been dealt with and this has now been fed back to CQC.

3.4.3 Br3akfree is not on the Borough’s approved list of homecare providers and we currently have no service users using a managed personal budget who receive services from this agency. However service users who have a personal budget are free to buy services from a provider of their choice. Consequently Br3akfree are part of LBBD’s quality assurance monitoring process and we are monitoring their progress in sustaining improvements as part of the CQC action plan.

4. CQC Findings Quarter 1 2016-17

4.1 Of the 8 providers inspected, 5 met the requirement for an overall rating of ‘Good’ and the 3 remaining providers were rated as ‘Requires Improvement’.

4.2 The providers rated ‘good’, and the dates on which they were inspected, were:

- Outlook Care – Maplestead Road (Provides accommodation for persons who require nursing or personal care and have mental health conditions, over and under the age of 65). Inspected 8 April 2016.
- Chaseview Care Home (Older people), inspected 9 February 2016.
- Abbeyfield East London Extra Care (Older people), inspected 30 March 2016.
- Chinite Resourcing Ltd (Homecare 65+), inspected 20 April 2016.
- Millicent Preston House (An extra care scheme run by the local authority) inspected 4 May 2016.

5. Providers requiring improvement (Quarter 1)

5.1 Sahara Parkside

Rating - Requires Improvement

5.1.1 Sahara Parkside is a 30 bedded residential home located in Barking. The home offers specialist accommodation, care and support for adults with learning disabilities, who may have other conditions, including sensory impairment, a physical disability or other complex needs.

5.1.2 This care home provides services to 14 service users. The service users have high and complex support needs requiring a minimum of 1:1 staffing with some service users receiving 2:1 support. The Care Quality Commission (CQC) inspection report which was published on 5 April 2016 found that four out of five of the areas (Safe, Responsive, Effective and Well-Led) required improvement. Additionally, issues to do with safeguarding, staff training and staff capability to meet the needs of the
complex service users in the home were raised by the Community Learning Disability Team and through Quality Assurance audits, concerns from other placing London Boroughs and safeguarding enquiries.

5.1.3 A strategy meeting was held with Officers in Operational Social Care and Commissioning in May 2016 which discussed the number of concerns. It was agreed that improvements were required in consideration of the risks posed to the current service users and a suspension on future admissions was agreed until the required improvements were made.

5.1.4 Sahara Parkside were informed of the decision, the London Association of Directors of Adult Social Services (ADASS) were notified and placing authorities were alerted of the concerns, feedback was requested and each Borough was recommended to carry out reviews of service users placed by them.

5.1.5 Between May and the end of June 2016, weekly meetings were held between Commissioning and the management of Sahara Parkside and an improvement plan was agreed and worked through. Regular audits were undertaken, with the final Quality Assurance Audit taking place on 30 June 2016.

5.1.6 The audit demonstrated significant improvement and positive buy-in from the new on-site and area managers. They had been able to show they had taken on board the issues and put new strategies in place which should ensure continuous improvement to the service.

5.1.7 As a result of sustained and significant improvement in the provision of safe and effective services at Sahara Parkside, the suspension on placements was lifted on the 18 July 2016. Commissioners and Quality Assurance staff continue to carry out a heightened level of surveillance. The first of the follow-up audits in August found a continued effort to sustain and improve the service delivered to the residents and restore the reputation of Sahara Parkside. The level of surveillance will be reduced if no further concerns are identified going forward.

5.2. Alexander Court Care Centre

Rating - Requires Improvement

5.2.1 Alexander Court is an 80+ bed nursing home situated in Dagenham. Over the last two years there have been ongoing concerns raised by LBBD and attempts to work with the provider. However further concerns were raised by CQC during their inspection which was published on 9 June 2016. This inspection rated Alexander Court as being good at caring and being responsive, inadequate at maintaining a safe environment and a service that requires improvement in the areas of effectiveness and being well led. As a result of these concerns a joint inspection was carried out by the local authority (Operational Social Care and Commissioning), the Clinical Commissioning Group (CCG) and Environmental Health. This led to the imposition of a formal suspension on placements to the care home and a downgrading on their Environmental Health rating from 5 to 3.

5.2.2 Similarly to the actions taken with Sahara Parkside above, Alexander Court management were informed of the decision, the London Association of Directors of Adult Social Services (ADASS) were notified and placing authorities were alerted of
the concerns, feedback was requested and each Borough was recommended to carry out reviews of service users placed by them.

5.2.3 A detailed action plan was agreed with Alexander Court on 10 June 2016. The action plan covered areas of improvement which would be required to meet the CQC regulations and concerns of the local authority and the CCG. These covered; staffing, diet and nutrition, provision of call buzzers or suitable alternatives, social activity, the built environment, choice and control, complaints, and recruitment. Social Workers continued to visit during the suspension and reported some improvements. Following receipt of supporting evidence from Alexander Court, a further joint review of the care home was undertaken by the CCG and the local authority on 17 August 2016.

5.2.4 Following this it was determined that there had been sufficient significant improvement to lift the suspension of admissions at the care home on 22 August 2016.

5.2.5 To ensure that the improvements are maintained, Alexander Court will remain on a heightened level of inspection by both the CCG and LBBD over the next 6 months and the improvement plan will continued to be worked through, and maintained, by the care home.

5.3. **Cloud House**

Rating - Requires Improvement

5.3.1 Cloud House is a residential care home for adults with learning disabilities and mental health needs.

5.3.2 The Cloud House CQC inspection report was published on 17 June 2016 and rated the service as Good for the ‘Caring’ category. However, CQC also rated it as requiring improvement in the areas of Safe (Medication audits in the home were not effective and the process for staff promotions was not clear), Effective (Staff completing their induction had not received sufficient training to ensure they had the skills required to perform their roles), Responsive (The service did not complete formal needs assessments before people moved into the home) and Well-led (the service did not record the lessons learnt from incidents that occurred).

5.3.3 A review of Cloud House is currently scheduled and an update can be provided to the Select Committee at their meeting on 7 September 2016.

6. **Consultation**

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

7. **Implications**

7.1 **Risk Management**

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

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

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

8. Customer Impact

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

9. Safeguarding Children and Vulnerable Adults

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

10. Health Issues

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

Background Papers Used in the Preparation of the Report:

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

List of appendices:

Appendix 1: Quarter 4 2015-16 CQC reports
Appendix 2: Quarter 1 2016-17 CQC Reports
## Appendix 1: Quarter 4 (2015/16) CQC Inspection Reports Summary

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Location</th>
<th>Link to report</th>
<th>Report Date</th>
<th>Inspection Date</th>
<th>Rating</th>
<th>Comments / Summary</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Faircross 102</td>
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<td>10/03/16</td>
<td>16/02/16</td>
<td>Good</td>
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<td>Triangle Community Services</td>
<td>Darcy House</td>
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<td>06/01/16</td>
<td>02/11/15</td>
<td>Requires Improvement</td>
<td>CQC rated requirements after an inspection in November 2015 as: Safe: Requires improvement; Failure to notify CQC of safeguarding allegations; Effective: Good; Caring: Requires Improvement; Staffing levels not sufficient to meet needs and provide respectful care; Responsive: Good; Well Led: Good. Action: CQC action plan in place, improvements have been made in both areas and LBBBD will continue to monitor the provider.</td>
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<tr>
<td>Elora House</td>
<td>Elora House</td>
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<td>08&amp;15/12/15</td>
<td>Requires Improvement</td>
<td>CQC rated requirements after an inspection in December 2015 as: Safe: Requires improvement; No comprehensive risk assessments carried out;</td>
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<td>Rupaal Care and Training</td>
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<td>21/01/2016</td>
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<tr>
<td></td>
<td></td>
<td>CQC rated requirements after an inspection in January 2016 as: Safe: Requires Improvement</td>
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<td></td>
<td></td>
<td>Medicines not always administered or monitored safely; Staff recruitment procedures were not robust</td>
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<tr>
<td></td>
<td></td>
<td>Effective: Requires Improvement</td>
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<td></td>
<td></td>
<td>Lack of staff training and knowledge around the Mental Capacity Act</td>
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<td></td>
<td></td>
<td>Caring: Good</td>
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<td></td>
<td>Responsive: Good</td>
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<td></td>
<td></td>
<td>Well Led: Requires Improvement</td>
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<td></td>
<td></td>
<td>Poor record management about the running of the service: Own quality assurance systems were inadequate</td>
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<tr>
<td></td>
<td></td>
<td>Action: LBBD Quality Assurance Officer visited the home after the report was released. The provider had made improvements and was working to implement all the action plan requirements within a timeframe set by CQC.</td>
<td></td>
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</tbody>
</table>

Staff did not have criminal records checks

Effective: Requires improvement

Staff training not up to date or regular

Caring: Good

Responsive: Good

Well Led: Requires Improvement

Own quality assurance systems were inadequate

Action: LBBD Quality Assurance Officer visited the home after the report was released. The provider had made improvements and was working to implement all the action plan requirements within a timeframe set by CQC.
<table>
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<th>Br3akfree Limited</th>
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<th>07/03/16</th>
<th>05/02/16</th>
<th>Requires Improvement</th>
</tr>
</thead>
</table>

CQC rated requirements after an inspection in February 2016 as:

- **Safe**: Requires Improvement
- **Effective**: Good
- **Caring**: Good
- **Responsive**: Good
- **Well Led**: Requires improvement

Own quality assurance policy and procedures not followed

**Action**: LBBD Quality Assurance increased monitoring and determined that action plan is completed – fed back to CQC.
# Appendix 2: Quarter 1 (2016/17) CQC Inspection Reports Summary

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Location</th>
<th>Link to report</th>
<th>Report Date</th>
<th>Inspection Date</th>
<th>Rating</th>
<th>Comments / Summary</th>
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<td>18/02/2016</td>
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<td>Bupa Care Homes</td>
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<td>05/05/2016</td>
<td>09/02/2016</td>
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<tr>
<td>Abbeyfield East London Extra Care Society Ltd</td>
<td>The Abbeyfield East London Extra Care Society Limited</td>
<td><a href="http://www.cqc.org.uk/location/1-112951275">http://www.cqc.org.uk/location/1-112951275</a></td>
<td>19/06/2016</td>
<td>30/06/2016</td>
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<td>23/06/2016</td>
<td>20/04/2016</td>
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<td>LB Barking and Dagenham</td>
<td>Millicent Preston House</td>
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<td>04/05/2016</td>
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<td>Sahara Parkside Ltd</td>
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<td>05/04/2016</td>
<td>16-19/02/2016</td>
<td>Requires Improvement</td>
<td>CQC rated requirements after an inspection in February 2016 as: <strong>Safe: Requires Improvement</strong> - Risk assessments and measures to reduce the risk of behaviour that challenged the service lacked detail <strong>Effective: Requires Improvement</strong> - Staff had not received the specialist training <strong>Caring: Good</strong> <strong>Responsive: Requires Improvement</strong> - Records of care delivered lacked detail <strong>Well Led: Requires improvement</strong></td>
</tr>
</tbody>
</table>
Quality assurance systems had lapsed

**Action:** LBBD Quality Assurance increased monitoring, undertook intensive work with the provider and also carried out unannounced visits on the scheme. A suspension on placements has now been lifted following significant improvements. Monitoring will only be deescalated upon evidence of prolonged improvement.

<table>
<thead>
<tr>
<th>Delrose House</th>
<th>Cloud House</th>
<th>07/06/16</th>
<th>12&amp;15/04/2016</th>
<th>Requires Improvement</th>
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</thead>
<tbody>
<tr>
<td><a href="http://www.cqc.org.uk/location/1-320058309">http://www.cqc.org.uk/location/1-320058309</a></td>
<td>Delrose House</td>
<td>Cloud House</td>
<td>07/06/16</td>
<td>12&amp;15/04/2016</td>
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<td>Lifestyle Care Management Ltd</td>
<td>Alexander Court Care Centre</td>
<td><a href="http://www.cqc.org.uk/location/1-2258796361">http://www.cqc.org.uk/location/1-2258796361</a></td>
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<td>10/03/2016</td>
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<td><a href="http://www.cqc.org.uk/location/1-320058309">http://www.cqc.org.uk/location/1-320058309</a></td>
<td>Delrose House</td>
<td>Cloud House</td>
<td>07/06/16</td>
<td>12&amp;15/04/2016</td>
</tr>
</tbody>
</table>

CQC rated requirements after an inspection in April 2016 as:

- **Safe:** Requires Improvement
- **Effective:** Requires Improvement
- **Caring:** Good
- **Responsive:** Requires Improvement
- **Well Led:** Requires Improvement

The service did not record the lessons learnt from incidents that occurred.

**Action:** Review is scheduled and an update can be provided at the September meeting.

CQC rated requirements after an inspection in March 2016 as:

- **Safe:** Requires Improvement
- **Effective:** Requires Improvement
- **Caring:** Good
- **Responsive:** Requires Improvement
- **Well Led:** Requires Improvement

The kitchen was not clean and medicines were not always administered safely.

**Action:** People did not always have access to nutritious food and drinks.

CQC rated requirements after an inspection in March 2016 as:

- **Safe:** Requires Improvement
- **Effective:** Requires Improvement
- **Caring:** Good
- **Responsive:** Requires Improvement
- **Well Led:** Requires Improvement
Effective systems were not in place to monitor the quality of the service.

**Action:** LBBD Quality Assurance increased monitoring, undertook intensive work with the provider and also carried out unannounced visits on the scheme. A suspension on placements has now been lifted following significant improvements. Monitoring will only be deescalated upon evidence of prolonged improvement.
HEALTH AND ADULT SERVICES SELECT COMMITTEE

7 September 2016

Joint Health Overview and Scrutiny Committee: Update

Report of the Director of Law and Governance

<table>
<thead>
<tr>
<th>Open Report</th>
<th>For Decision</th>
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</thead>
<tbody>
<tr>
<td>Report Author: Masuma Ahmed, Democratic Services Officer</td>
<td>Contact Details: Tel: 020 8227 2756 E-mail: <a href="mailto:masuma.ahmed@lbbd.gov.uk">masuma.ahmed@lbbd.gov.uk</a></td>
</tr>
<tr>
<td>Accountable Divisional Director: Fiona Taylor, Head of Legal and Democratic Services</td>
<td></td>
</tr>
<tr>
<td>Accountable Director: Chris Naylor, Chief Executive</td>
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Summary:

This report updates the Health and Adult Services Select Committee (HASSC) on the issues that were discussed at the last meeting of the Joint Health Overview and Scrutiny Committee (JHOSC), held on 12 July 2016 at the Civic Centre in Dagenham.

Recommendations

The HASSC is recommended to note the update.

Reason

To keep the HASSC updated on issues discussed at JHOSC meetings.

1. Introduction and background

1.1 The Outer North East London JHOSC is a discretionary joint committee made up of three health scrutiny members of the following local authorities to scrutinise health matters that cross local authority boundaries:

- Barking & Dagenham
- Havering
- Redbridge and
- Waltham Forest.

(The Essex County Council Health Overview and Scrutiny Committee is permitted to appoint one member to the JHOSC).

1.2 As agreed by the HASSC at the meeting on 9 June 2016, the London Borough of Barking and Dagenham’s representatives on the JHOSC for 2016/17 are Councillors Chand, Zanitchkhah and Jones.

1.3 Four JHOSC meetings are usually held per municipal year and are chaired and hosted by each constituent authority on a rota basis. This report covers the matters that were discussed at the first meeting of this municipal year, on 12 July. Future meeting dates are Tuesday 18 October (Havering), Tuesday 17 January 2017.
(Redbridge) and Tuesday 18 April 2017 (Waltham Forest). The start times are to be confirmed.

2. **Matters discussed at the last meeting of the JHOSC**

2.1 The last JHOSC meeting was held on 12 July 2016 at the Civic Centre in Dagenham and was chaired by Councillor Chand. An outline of the matters discussed at the meeting is provided below.

2.2 **Improving Access to Psychological Therapies (IAPT)**

- NELFT officers delivered a presentation on the IAPT programme, designed to improve access to psychological therapies at the primary care level. The treatment was mainly a form of cognitive behavioural therapy (CBT) although other treatments were available. There were a number of stages of treatment available starting from NELFT working with a person’s GP on mental health issues and then low intensity therapies such as CBT or mindfulness. Higher intensity services included CBT or counselling for depression in durations set by NICE guidance. More complex mental health conditions may require treatment in secondary care and this was not covered by IAPT.
- Access to IAPT was mainly via self-referral following a GP consultation. A single website and phone number for the service (0300 300 1554) covered all four boroughs.
- The numbers of people treated by the service had increased and it was expected that there would be a further rise in the demand for IAPT services over the next five years. NELFT was currently working with local Clinical Commissioning Groups (CCGs) on plans for this.

2.3 **Street Triage Service**

- NELFT officers delivered a presentation on the Street Triage Pilot which began following the signing of a crisis care concordat with the Police, social services and the London Ambulance Service in 2014. Key outcomes for the service included reducing unnecessary section 136 detentions, taking up less Police time, bringing down the amount of inappropriate use of A&E as a place of safety and the lowering of costs to the Police, NELFT and the relevant local authorities.
- Positive feedback had been received from service users and the Police, who had asked for the service to be extended to a 24:7 basis.
- The introduction of the street triage service had seen better information sharing with GPs and the London Ambulance Service. There had also been improved engagement with service users who found the service less traumatising than previous processes. Challenges for the Service included the large geographical area covered, the ageing and transient population of the area and that some parties remained unaware of the pilot.
- Street triage staff travel to wherever an incident has occurred in order to carry out an assessment. The team was based at Goodmayes Hospital and was able to respond within 30 minutes of a call being received. Around two calls were received on each shift on average but this varied.
- Waltham Forest was the busiest borough, followed by Redbridge, Barking & Dagenham and Havering. Street triage worked closely with the social care emergency duty team in each borough.
- It was noted that NELFT was the only Trust in London that had seen a reduction in the use of section 136 across its area. While the use of the Service could result in lower hospital attendances, it was unlikely that any financial gain to the service would be derived from the Hospitals Trust as A&E was not felt to be the appropriate place to assist people with mental health issues.
- Commissioners had now agreed that funding for the service in 2016/17 should be included in NELFT’s baseline contract. This represented a commitment going forward and meant that the Street Triage Service no longer needed to be considered as a pilot. Any increase in funding would have to come from the CCGs. It was agreed that the clerk to the Committee should draft a letter to the four local CCGs asking them to confirm that the Street Triage Service would be made permanent.

### 2.4 Transforming Services Together (TST)

- Officers explained that the TST programme was a partnership between Barts Health and the Newham, Tower Hamlets and Waltham Forest CCGs. The Programme was in response to the increasing population in these areas, the variable quality of care and workforce issues. The TST proposals would be incorporated into the Sustainability and Transformation plan that covered the whole North East London area.
- The main aims of the programme were to bring care closer to home and to establish strong, sustainable hospitals working across organisations. Engagement and project planning had been undertaken and the project was now at the point of decision making. It was emphasised that there were no proposals to close any A&E or maternity units.
- The proposals aimed to maximise surgical capacity across the three Barts Health sites and it was acknowledged that concerns had been raised over transport, patient choice and pre and post-operative care. Under the TST proposals, some colorectal and neurosurgery would move to Newham Hospital and some urology surgery would move to Whipps Cross Hospital.
- The final report on the proposals would be submitted for decision to Barts Health and the CCGs in September 2016.

### 3. Implications

3.1 There are no legal or financial implications arising directly from this information report.

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

Minutes of the JHOSC meeting held on 12 July 2016:

**List of appendices:**
None.
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<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Agenda item</th>
<th>Presenter</th>
<th>Drafts deadline for Chair’s pre-meeting</th>
<th>Chair’s pre-meeting date</th>
<th>Final versions deadline</th>
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<tr>
<td>Weds 12 Oct</td>
<td>Talk Cancer session&lt;br&gt;Healthwatch reports</td>
<td>External trainers/ facilitators&lt;br&gt;Manisha Modhvadia, Healthwatch</td>
<td>N/A</td>
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<td>Weds 2 Nov</td>
<td>Service change proposals (to be confirmed)</td>
<td>Cabinet Member for Social Care &amp; Health Integration and Strategic Director for Service Development and Integration</td>
<td>Mon 3 Oct</td>
<td>Mon 10 Oct</td>
<td>Tue 18 Oct</td>
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<td>Weds 11 Jan</td>
<td>Accountable Care Organisation&lt;br&gt;Scrutiny review session: Views of residents (awareness and early detection)&lt;br&gt;Presentation - outcome of B&amp;D Cancer Awareness Measure and how we can support the increasing number of cancer survivors.&lt;br&gt;JHOSC update</td>
<td>Commissioning Director, Adults’ Care &amp; Support&lt;br&gt;Chair&lt;br&gt;Public Health&lt;br&gt;Chair</td>
<td>Mon 5 Dec</td>
<td>Mon 12 Dec</td>
<td>Tue 20 Dec</td>
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<td>Eye Care recommendations update</td>
<td>BDCCG</td>
<td>Mon 30 Jan</td>
<td>Mon 6 Feb</td>
<td>Tue 15 Feb</td>
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<td>Operational Director, Adults’ Care and Support</td>
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<tr>
<td>Scrutiny Review - draft report and recommendations</td>
<td>Chair and Officers</td>
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<td>Mon 3 April</td>
<td>Mon 10 April</td>
<td>Tue 18 April</td>
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<td>Scrutiny Review - final report</td>
<td>Director of Public Health</td>
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<td>Health checks - performance</td>
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<td>Manisha Modhvadia, Healthwatch</td>
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