Notice of Meeting

HEALTH & WELLBEING BOARD

Wednesday, 6 September 2017 - 6:00 pm
Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

Date of publication: 29 August 2017

Chris Naylor
Chief Executive

Contact Officer: Tina Robinson
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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 M. Butt	(LBBD) Cabinet Member for Enforcement and Community Safety
Cllr Evelyn Carpenter	(LBBD) Cabinet Member for Educational Attainment and School Improvement
Cllr Bill Turner	(LBBD) Cabinet Member for Corporate Performance and Delivery
Anne Bristow	(LBBD) Strategic Director for Service Development and Integration and Deputy Chief Executive
Matthew Cole	(LBBD) Director of Public Health
TBA	(Healthwatch)
Dr Jagan John	(Barking & Dagenham Clinical Commissioning Group)
Conor Burke	(Barking & Dagenham Clinical Commissioning Group)
Bob Champion	(North East London NHS Foundation Trust)
Dr Nadeem Moghal	(Barking Havering & Redbridge University NHS Hospitals Trust)
Insp. John Cooze	(Metropolitan Police)
Ceri Jacob (Non-voting member)	(NHS England London Region)

AGENDA

1. Apologies for Absence

2. Changes in Board Membership

The Board is asked to note the following changes to the Membership.

(i) Metropolitan Police
Superintendent Sean Wilson has been replaced by:
John Cooze, Partnership Inspector for Barking and Dagenham Area.

(ii) Guests Invited under Protocol
Sarah Baker has been replaced by:
Brian Parrott, Chair, Safeguarding Adults Board (SAB)
Ian Winter, Chair, Local Safeguarding Children Board (LSCB)

3. 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.

4. Minutes - To confirm as correct the minutes of the meeting on 5 July 2017 (Pages 3 - 10)

BUSINESS ITEMS

5. Cancer Prevention, Awareness and Early Detection Scrutiny Review 2016/17 (Pages 11 - 14)

The appendices to this item are included in the 'Supporting Documents' pack.

6. Tobacco Control Strategy: A Vision for Tobacco-Free Living (Pages 15 - 21)

The appendix to this item is included in the 'Supporting Documents' pack.

7. Better Care Fund: Update and Discussion (Pages 23 - 45)

8. Stepping Up: A Narrative of Health and Social Care Integration in Barking and Dagenham (Pages 47 - 51)

The appendix to this item is included in the 'Supporting Documents' pack.

9. Response to the East London Health & Care Partnership's Consultation on Payment Mechanisms (Pages 53 - 58)

The appendices to this item are included in the ‘Supporting Documents’ pack.

10. Annual Safeguarding Reports 2016/17 (Pages 59 - 60)

The appendices to this item are included in the ‘Supporting Documents’ pack.

11. London Ambulance Service NHS Trust - Care Quality Commission (CQC) Inspection (Pages 61 - 64)

The appendix to this item is included in the ‘Supporting Documents’ pack.

STANDING ITEMS

12. Update on the Work of the Integrated Care Partnership for Barking & Dagenham, Havering and Redbridge (Page 65)

The appendices to this item are included in the ‘Supporting Documents’ pack.

13. Sub-Group Reports (Pages 67 - 69)

14. Chair's Report (Pages 71 - 75)

15. Forward Plan (Page 77)

The appendix to this item is included in the ‘Supporting Documents’ pack.

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

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

Private Business

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

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

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London Borough of Barking & Dagenham
lbbd.gov.uk

Our Vision for Barking and Dagenham

One borough; one community; London's growth opportunity

Our Priorities

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

Well run organisation

- A digital Council, with appropriate services delivered online
- Promote equalities in the workforce and community
- Implement a smarter working programme, making best use of accommodation and IT
- Allow Members and staff to work flexibly to support the community
- Continue to manage finances efficiently, looking for ways to make savings and generate income
- Be innovative in service delivery

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MINUTES OF
HEALTH AND WELLBEING BOARD

Wednesday, 5 July 2017
(6:00 - 8:18 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Cllr Sade Bright, Anne Bristow, Conor Burke, Cllr Laila M. Butt, Frances Carroll, Bob Champion and Matthew Cole

Also Present: Andy Heaps (Consultant- BHRUT)

Apologies: Cllr Evelyn Carpenter, Cllr Bill Turner, John Cooze and Dr Jagan John,

1. Declaration of Members' Interests

There were no declarations of interest.

2. Minutes (14 March 2017)

The minutes of the meeting held on 14 March 2017 were confirmed as correct, subject to a minor amendment to Minute 74 – NELF CQC Comprehensive Inspection- Quality Improvement Plan to read “Councillor L Butt arrived during this item”.

3. Liver Disease Prevention Strategy

Susan Lloyd, Public Health Consultant, Matthew Cole (LBBD) and Dr Paul Kooner, Liver Consultant (BHRUT), jointly presented information to the Board regarding the extent of liver disease in Barking and Dagenham, which indicates that it is the sixth biggest cause of death for men in the Borough with the number of women suffering from the disease on the increase. The presentation highlighted the main causes of the disease being alcohol, obesity and infection, the associated demand on services including both the financial costs to the NHS and the wider costs to society from mainly alcohol abuse in terms of social disturbance, crime and domestic violence. In the past year alone there have been a total of 89 liver disease related deaths in the Borough of which 85% were preventable.

Matthew Cole, Director of Public Health highlighted the Council’s current prevention approach being delivered through a number of initiatives linked to the Council’s substance misuse and healthy weight strategies as well as health protection generally. The Council’s substance misuse strategy aims to address education to prevent misuse, treatment and social responsibility linked to alcohol related disorders, however the Borough does not currently have an agreed approach to prevent or detect liver disease at an early stage, which the paper sought to address. It put forward a new model of care which in summary includes community assessments of local need, effective interventions, the development of an integrated care pathway, benchmarking and early detention through periodic opportunist screening such as the pilot screening session that was conducted at Dagenham Library last November, and which from thirty seven people scanned sixteen were found to have varying degrees of liver abnormalities.

In response to the presentation the Board raised a number of questions concerning the effects of the disease on specific ethnic groups and explanations as to the significant rise in the number of women suffering from the disease. Although it is a known fact that men are more affected than women there is little data on the ethnicity breakdown. As for the sharp increase in reported cases of women the consensus view is that there are two principle influencing factors namely the way fat is broken down in a woman's body and increased binge drinking in women generally.

The Chair stated that the statistics including those from the pilot screening make for difficult reading and consequently the Council needs to develop a communication strategy in partnership with others to get the hard-hitting messages across to the local community about taking personal responsibility for lifestyle changes so as to reduce the number of hospital admission in the longer term. Anne Bristow, Strategic Director for Service Development and Integration added that it will be important to shape the communications so we match the interventions with the messages that we want to get across to the public in such a way that it positively encourages behavioural change.

Councillor Bright enquired of the incentives there are for people to lose weight to which the Chair replied that there are several Council programmes aimed particularly at older residents. There is also a GP referral system to get on healthy eating and other programmes.

The report has recommended that the Board support Barking and Dagenham Partnership engagement in the development of a tri-borough liver disease prevention strategy. The Chair whilst supportive of this as a starting point made the point that the problem is more acute in this Borough than both Havering and Redbridge and therefore the danger is that a tri-borough approach may mean we lose out on funding opportunities.

With that in mind, the Board **agreed** to endorse a tri-borough liver disease prevention strategy as outlined in the report and presentation, to be developed over the next 12 months through an appropriate commissioning strategy which recognises the particular needs of Barking and Dagenham. Alongside this, the Council will run a more immediate media campaign to publicise the preventive programme such as the screening at Dagenham Library, highlighting to residents the fact that many deaths from liver disease are preventable.

4. Care City Innovation Test Bed Update

The Board received a report from John Craig, CEO of Care City on the work and future initiatives of the organisation in Barking and Dagenham which is focused on Barking Riverside through what is known as the Healthy new Town Project. He explained that with a Borough population expected to rise to 275,000 by 2037, continued poor health outcomes, an ever-growing demand for health and social care with substantial pressures on budgets against the backdrop of the impact of austerity measures over the past seven years; health and care integration and innovation has never been so important.

Care City is the only healthy ageing project in London testing digital innovation for the benefit of patients with the aim of producing real health benefits at lower costs.

The focus is on long term conditions such as dementia. Care City organises its work around three activities namely research, innovation and education. Mr Craig outlined a number of the projects currently being worked on such as the development through GP practices and chemists of a mobile ESG linked to smart phones to test for those persons at risk of strokes and a full risk assessment of a gadget to assess the level of falls with a view to falls prevention through the development of personalised exercise programmes.

Longer term the aim is to make Care City self- funding and a sustainable health care provider and to secure a permanent base within the Borough. Mr Craig has been inspired by the support and response he has received and going forward he is looking to actively engaging with the Board around potential collaborations.

The Chair is very pleased to have Care City in the Borough and looked forward to working with them. In terms of future arrangements, the Strategic Director commented that she was aware that Jane Milligan the STP lead for NE London has indicated that she would very much like to see Care City as a partner and that this could lead to some funding opportunities.

5. Stepping Up: The Future of Health and Wellbeing Board

The Board noted a report summarising the outcomes of the workshop held in January 2017 which was arranged to review the current state and future of the Health and Wellbeing Board and focused on developing a stronger narrative on the history of health and social care integration in Barking and Dagenham.

Subsequent discussions have taken place on the future direction and vision of the Board, and how it can deliver better health and wellbeing outcomes for residents of Barking and Dagenham through reframing the operation of the Board. There was a consensus that the best way forward would be for the business of this Board to be conducted with:

- Fewer, more substantive items and less routine operational business;
- A stronger emphasis on ensuring a place for discussion about system interventions, principally the BHR; Integrated Care Partnership and the East London Health & Care Partnership (the Sustainability & Transformation Plan);
- Consideration to reviewing the timing of meetings, and
- A refreshed substructure for the Board

Conor Burke, B&D Clinical Commissioning Group in supporting the realignment as proposed commented that it is important to ensure that the right information is presented to the right meeting, with the current arrangements appearing too fragmented. The Chair stated that with the move towards more integrated health services this Board needs to focus its discussions on more strategic matters and lose some of the more routine items from the agendas. Dr Mohi added that from a public perceptive these meetings can appear a little dull and consequently it is important to make them interesting and encourage participation.

A further report will be brought before the Board in September 201 outlining in greater detail the changing direction of the Board and presenting the integration narrative outlined above, as well as reflecting any additional proposals or challenges which may be identified.

6. Integration and Better Care Fund Plan 2017/19 Update

Mark Tyson, Commissioning Director updated the Board on the current position regarding the development of the 2017-19 Integrated and Better Care Fund (BCF) Plan in Barking and Dagenham, Havering and Redbridge (BHR). The Fund a joint Government, Local Government and NHS programme seeks to address mounting budgetary and demand pressures through health and social care integration with the aim of ultimately enabling people to manage their own health and wellbeing and live independently in their own communities for as long as possible.

Although final Government policy guidance has only today been issued the Plan as presented builds on both the work of the 2015-17 Plan and a number of directives and guidance already issued by the Department of Health (DoH) and the Department of Communities and Local Government (DCLG). To maximise the potential of the Fund, and in light of the vision of the BHR Integrated Care Partnership the proposal is to explore in depth the merits to which the BCF Plan might be joined across BHR's Health and Wellbeing Boards. However due to timing and to ensure the 2017-19 Plan is implemented to its fullest potential a staged approach will be followed so that in year 1 a new commissioning strategy is established with year 2 being used to pursue flexible pooled budget arrangements to follow joint commissioning plans to allow for integrated sustainable health and social care services in the three Boroughs.

Subject to ongoing discussions amongst the three Boroughs, a further report will be presented in September with a view to the Board approving the final Plan, in the absence of which, and so as not to delay matters, it was agreed to delegate authority to the Strategic Director for Service Development and Integration, in consultation with the Cabinet Member for Social Care and Health Integration, the Accountable Officer for the BHR Clinical Commissioning Groups and the Director of Law and Governance.

7. Annual Reports

The Board received and noted the following annual reports:

- Health and Wellbeing Outcomes Framework Performance report Q4 and Outturn 2016/17

- Healthwatch 2016/17. It was reported that a new provider for this service will take effect from the end of July 2017. The Board placed on record its thanks to all the staff and volunteers at Healthwatch for their help and support over the past four years.

8. Joint Local Area SEND Inspection in Barking and Dagenham

The Board received and noted a report on the findings of the Ofsted and Care Quality Commission Joint local area inspection of the Borough's disability and special educational needs (SEND) reforms brought about by the Children and Families Act 2014. During the inspection, amongst others, the views and opinions of children, young people, their parents and carers were sought. The Strategic Director commented that the parents were very positive in their comments and mentioned to the inspectors that they were kept fully involved.

The outcome of the inspection was overwhelmingly positive as reflected in the final letter from Ofsted and the CQC, a copy of which was appended to the report. The inspection highlighted many strengths across education, health and social care in terms of the support offered to children and young people with SEND and their families as well as the partners' commitment to reform and effective implementation. Other positives mentioned were local governance arrangements including the role of this Board in holding leaders to account, collaboration between healthcare and local authority staff in schools and colleges as well as strong relationships with providers allowing for the effective monitoring of the safety and well-being of children and young people.

In terms of areas for development reference was made to the insufficient numbers of parents and young people who know about and/or use the Local Offer to find advice and help, an absence of detailed targets and timescales incorporated into plans as well as a lack of clarity about how some aspects of services will be jointly commissioned. Other areas requiring improvement concerned the capacity in providing a range of therapies due to recruiting and training staff which in turn leads to delays in EHC plans, which themselves do not consistently benefit from appropriate input from health and social care. Finally, the low proportion of young adults with learning disabilities accessing training and employment was also identified as an area for development.

In response to the findings of the inspection a multi-agency action plan is being developed to begin to address the identified areas for improvement, progress on which will be reported to this Board as necessary.

The Board placed on record its thanks to all the parties involved including staff and healthcare partners, who have worked incredibly hard to achieve such positives outcomes for children and young people with disabilities in Barking and Dagenham.

9. Future Integrated Arrangements for the Delivery of Mental Health Social Work in Barking & Dagenham

The Board noted a report into the outcome of a review into the provision of adult mental health services in Barking and Dagenham that was commissioned in the light of correspondence from the Chief Social Worker for Adults, seeking assurances that the appropriate statutory duties around adult mental health services were being satisfactory discharged.

Whilst recognising examples of good practice the review highlighted areas of immediate concerns around compliance with safeguarding procedures, the stability of parts of the workforce and some limitations with the Care Act compliance of the service.

Changes are taking place in the way the Council and its health partners are approaching integrated services within the framework of the BHR Integrated Care Partnership. This together with the introduction of the new Community Solutions Service for initial access to social care alongside a range of other frontline services, as well as current work looking at the future employment and vocational support for this service user group, has provided the opportunity to re-evaluate the place of mental health social care services in this new emerging landscape.

In the light of the review and the above factors the Statutory Director of Adult Social Services has taken the decision to reinstate a direct management relationship with mental health care services with effect from 1 October 2017. A temporary six-month extension arrangement with NELFT is presently being negotiated to maintain the service for the delivery of the integrated service. All partners agree that the priority must be the safe transition of patients and residents as service users.

The Strategic Director emphasised that the primary focus of the review will be about the service users and their social workers who will be managed in a different way. It is envisaged that a new service model will emerge from April 2018 and will then evolve over the next 12-month period thereafter.

10. Procurement of Integrated Adult and Young People Substance Misuse (Drug and Alcohol) Services

The Cabinet Member for Social Care and Health Integration presented a report regarding the procurement of an Integrated Substance Misuse service under two separate contracts namely adults and young people.

The Board **agreed**:

(i) That the Council proceed with the procurement and award both contracts in accordance with the strategy outlined in the report; and

(ii) To delegated authority to the Strategic Director of Service Development and Improvement, in consultation with the Director of Public Health, Chief Operating Officer and the Director of Law and Governance, to award the contracts for the provision of an integrated substance misuse service for adults and young people respectively to the successful bidder in accordance with the strategy in accordance with the strategy set out in the report.

11. Contract for the Provision of a Three-Borough Integrated Sexual Health Service

In Barking and Dagenham an Integrated Sexual Health Service (ISHS) is currently provided by Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT). The existing contract is due to expire on 30 September 2017 but there is provision for a further one-year extension.

In the light of the above the Cabinet Member for Social Care and Health Integration presented a report outlining a procurement strategy involving the three Borough (B&D, Havering and Redbridge) procurement of the ISHS contract with Barking and Dagenham leading the exercise on behalf of the other two Boroughs. Accordingly

The Board **agreed**:

(i) That the Council extend the contract for the provision of the Integrated Sexual Health Service (ISHS) currently provided by Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT) for a period of one year from 1 October 2017 until 30 September 2018;

(ii) That the Council proceed with the procurement of a new three-borough ISHS commencing 1 October 2018 for an initial period of five years, with the option to extend for a further three-year period on an annual basis in accordance with the Council's Contract Rules; and

(iii) To delegate authority to the Strategic Director for Service Development and Integration, in consultation with the Director of Public Health, the Cabinet Member for Social Care and Health Integration, the Chief Operating Officer and the Director of Law and Governance, to award the contract to the successful bidder.

12. Integrated Care Partnership Board - Update

The Board noted the work undertaken since the last meeting by the Barking and Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership Board (ICPB) including the action notes from meetings of the Board held on 24 April and 31 May 2017.

Commenting on the report, the Chair stated that nationally it is acknowledged that Sustainability and Transformation Plans (STP's) will take a more strategic overview and assume complex commissioning aspects and therefore accountable care systems are regarded as the way forward.

13. Sub-Group Reports

The Board noted the following reports:

(i) Mental Health Sub-Group, 15 May 2017;

(ii) Integrated Care Steering Group, 12 June 2017; and

(iii) Learning Disability Partnership Board, 17 January and 22 March 2017

14. Chair's Report

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

- The potential implications of the General Election result, including the funding of social care;

- Thrive London, a city-wide movement for mental health supported by the Mayor for London and the London Health Board, with the aim of bringing together agencies and communities to improve mental health services, prevent illness and promote community cohesion;

- Cancer Scrutiny review progress update;

- LGBT+ Needs Assessment;

- The 2016-17 Local Account. The Council's annual message to the community on the state of adult care and support in Barking and Dagenham;

- Future Board meeting dates 2017/18.

15. Forward Plan

The Board noted the draft August edition of the Forward Plan due to be published on 7 August 2017.

16. Private Business

The Board **agreed** to exclude the public and press for the remainder of the meeting by reason of the nature of the business to be discussed which included information exempt from publication by virtue of paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

17. Contract for the Provision of Mental Health Support Services for Mental Health Service Users

The Cabinet Member for Social Care and Health Integration presented a report on the proposal to procure new, integrated mental health supported living services.

The Council currently commissions mental health supported living across three sites in the Borough. All three contracts are due to come to an end on 30 September 2017 with no extension provisions. It was noted that the current schemes generally provide daytime services for people with low to medium levels of need. There is a greater need going forward for schemes which offer a 24-hour presence, currently only available via spot purchase arrangements. Also, service users require support tailored to their individual needs rather than support that is attached to a building or specific location.

The Board **agreed**:

(i) That the Council proceed with the procurement and award of a contract for the provision of mental health support services from 1 February 2018 to 31 January 2023 in accordance with the strategy set out in the report;

(ii) To waive the requirement to advertise and tender in accordance with the Council's Contract Procurement Rules and directly award a four-month contract to Outlook Care and Look Ahead from 1 October 2017 to 31 January 2018 for the provision of mental health supported accommodation, to ensure service continuity whilst the procurement exercise is undertaken in accordance with the strategy set out in the report; and

(iii) To delegated authority to the Strategic Director for Service Development and Integration, in consultation with the Cabinet Member for Social Care and Health Integration, the Chief Operating Officer and the Director of Law and Governance, to conduct the procurement and award the contract with the successful bidder(s) in accordance with the strategy set out in the report.

HEALTH AND WELLBEING BOARD

6 September 2017

Title:	**Cancer Prevention, Awareness and Early Detection Scrutiny Review 2016/17**

Report of the Director of Public Health

Open Report	**For Decision**
Wards Affected: All wards	**Key Decision:** No
Report Author: Susan Lloyd, Consultant in Public Health	**Contact Details:** Tel: 020 8227 2799 E-mail: sue.lloyd@lbbd.gov.uk

Sponsor: Matthew Cole, Director of Public Health

Summary:

At the start of the 2015/16 municipal year, the Health & Adult Services Select Committee (HASSC) agreed to undertake an in-depth scrutiny review into cancer prevention, awareness, and early detection.

The scrutiny review addressed 3 questions:

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?

Based on scrutiny of current services the review made 12 recommendations.

An action plan supports the scrutiny review to improve prevention, awareness, and early detection of cancers in our residents.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Accept the Cancer Prevention, Awareness and Early Detection Scrutiny Review 2016/17 findings and report of the Health and Adult Services Select Committee, as set out at Appendix A to the report;

(ii) Accept the Action Plan as set out at Appendix A to the report; and

(iii) Agree to receive six-monthly progress reports on the delivery of the action plan.

Reason(s)

These actions support the vision of the Health and Wellbeing Strategy to improve the health and wellbeing of residents and reduce health inequalities at every stage at people's lives.

1. Introduction and Background

1.1 At the start of the 2015/16 municipal year, the Health & Adult Services Select Committee (HASSC) agreed to undertake an in-depth scrutiny review into cancer prevention, awareness, and early detection.

2. Proposal and Issues

2.1 Appendix A to this cover report is the final report arising from this scrutiny, which makes 12 key recommendations to the Health and Wellbeing Board and partners to help improve the health and cancer awareness and early intervention and raise the profile of cancer awareness in the borough. The scrutiny review answered the following 3 questions:

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?

2.2. The scrutiny report provides the background to why the HASSC chose to review this area, the methodology for the scrutiny, what the scrutiny found in relation to cancer prevention, awareness and early detection for Barking and Dagenham residents, and the evidence base for the recommendations made.

3 Consultation

3.1 The HASSC was consulted on the draft report in March 2017 and Councillor Worby, the Cabinet Member for Social Care and Health Integration and Chair of the Health and Wellbeing Board, also had an opportunity to view the recommendations.

3.2 The scrutiny report makes 12 recommendations:

1 The Health and Wellbeing Board (HWB) acts to reduce the prevalence of smokers in the borough, to levels comparable with London;
2 The HWB sets out to the HASSC what action it is taking to reduce the number of overweight and obese individuals in the borough, to levels comparable with London;
3 The HWB acts to increase residents' awareness of the how lifestyle, including exposure to the sun, can affect the likelihood of developing cancer, the signs and symptoms of cancer and the importance of early diagnosis, and screening;
4 The National Awareness and Early Detection Initiative informs the commissioners on what action it is taking to target specific 'at risk' groups;

5 The Barking & Dagenham Clinical Commissioning Group (BDCCG) ensures that GPs are auditing and acting on audit information to ensure that patients enter the cancer pathway appropriately, and cancer is diagnosed at as early a stage as possible;

6 The BDCCG, in partnership with Macmillan and Cancer Research UK, acts to increase the proportion of residents returning bowel cancer screening kits, within the next year;

7 The HWB, along with MacMillan and Cancer Research UK, acts to raise awareness of the importance of screening and to increase uptake of breast and bowel screening in the borough to a level comparable with England within the next year;

8 The HWB, along with MacMillan and Cancer Research UK, acts to raise awareness of the importance of screening and reduce the variation in cervical screening uptake between GP practices within the next year;

9 The Committee urges NHS England to make the Cancer Dashboard available within one year;

10 The HWB acts to raise awareness of the importance of the Health Check and reduce the variation in Health Check uptake between GP practices;

11 NHS England provides assurance to it that residents will continue to have in-borough access to breast screening; and

12 The BDCCG, working through the North-East London Cancer Commissioning Board, assures the Committee of the action it is taking to increase awareness of the signs and symptoms of cancer.

3.3 An action plan to deliver the recommendations is attached at Appendix B.

3.4 The HASSC worked with partners to scrutinise approach to awareness and early intervention. Partners were NELCSU, BHR CCG, MacMillan, Cancer Research UK and Barking and Dagenham residents.

4. Mandatory Implications

4.1 **Joint Strategic Needs Assessment -** The Barking and Dagenham JSNA highlights Achieving World Class Outcomes: A Strategy for England. The scrutiny review and linked action plan address the ambitions of the England Strategy and specifically the lower 1-year survival rate of borough residents.

4.2 **Joint Health and Wellbeing Strategy -** The scrutiny review supports the ambitions of the borough's Health and Wellbeing Strategy:

Early adulthood:
More women will protect themselves through taking u the offer of screening for cervical cancer.
Established adults:
More adults will take up the opportunity to protect themselves through cancer screening (cervical, bowel and breast)
Older adults:
More older adults take up the opportunity to protect themselves through cancer screening (bowel and breast).

4.3 **Integration –** Not applicable

4.4 **Financial Implications**

Implications completed by: Katherine Heffernan - Group Manager, Finance

The report makes recommendations on reducing the prevalence of smoking in the borough, reducing the number of overweight and obese individuals and raising the awareness and uptake of Health Checks. The Public Health Grant currently fund these programmes.

There are no direct financial implications arising from this report at this stage, but any increase in activity around these programmes would need to be contained within the current budget envelope.

4.5 **Legal Implications**

Implications completed by: Dr. Paul Feild Senior Governance Lawyer

There are no specific legal implications arising from this report at this time.

4.6 **Risk Management** – Not applicable

4.7 **Patient/ Service User Impact** - The service impact of the issues raised in the report, and the actions recommended in the action plan, are detailed in the respective appendices.

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

List of Appendices:

- **Appendix A –** Report of the Health and Adult Services Select Committee: cancer prevention, awareness, and early detection: Scrutiny Review 2016/17

- **Appendix B -** Report of the Health and Adult Services Select Committee: cancer prevention, awareness, and early detection: Scrutiny Review 2016/17 Action plan

HEALTH AND WELLBEING BOARD

6 September 2017

Title:	**Tobacco Control Strategy: A Vision for Tobacco-Free Living**
Report of Director of Public Health	
Open Report	**For Decision**
Wards Affected: All	**Key Decision:** Yes
Report Author: Dr Fiona Wright, Consultant in Public Health	**Contact Details:** fiona.wright@lbbd.gov.uk 0208 2274867
Sponsor: Matthew Cole, Director of Public Health, LBBD	

Summary:
The Joint Health and Wellbeing Strategy and the Borough Manifesto prioritise prevention and a reduction of health inequalities within the borough. Smoking tobacco is a major contributor to the low level of healthy life expectancy of our residents.

The Tobacco Control Strategy sets out a vision for Tobacco Control in Barking and Dagenham. It proposes an approach to improving the health and wellbeing of residents, reducing inequalities and reducing the economic burden associated with the high rates of smoking within the borough. The strategy is based upon an understanding of the local picture of the prevalence of smoking and risk groups as well as our local service provision. It is informed by national and local strategies. It has been guided by the outcomes of the multi-agency Tobacco Control workshop held in June 2017.

This paper outlines the key messages and priorities of the accompanying tobacco control strategy and the approach to its monitoring and implementation.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Approve the Tobacco Control Strategy and the key priorities identified, as set out at Appendix A to the report;

(ii) Agree to receive a six-monthly progress reports on the implementation of the Tobacco Control Strategy; and

(iii) Endorse a request for partners to actively engage in a refreshed Tobacco Control Alliance.

Reason(s)

Tobacco Control is a key strategic priority for the Health and Wellbeing Board and the Joint Health and Wellbeing Strategy. This Tobacco Control strategy replaces the previous strategy. It is important for the Health and Wellbeing Board and related partners to keep oversight of Tobacco Control and to support a refreshed Tobacco Control Alliance.

1 Introduction and Background

1.1 The Borough Manifesto and the Joint Health and Wellbeing Strategy set prevention of ill health and reduction of inequalities as key goals. Smoking tobacco is a major contributor to the low levels of healthy life expectancy experienced in the borough. Tobacco control is therefore a key strategic priority for Barking and Dagenham.

1.2 This Tobacco Control Strategy sets out a vision for Tobacco Control in Barking and Dagenham. It proposes an approach to improving the health and wellbeing of residents, reducing the inequalities and reducing the economic burden associated with the high rates of smoking within the borough.

1.3 The strategy is based upon an understanding of the local picture of the prevalence of smoking and risk groups as well as our local service provision. It is informed by national and local strategies and our Joint Strategic Needs Assessment. It has been guided by the outcomes of the multi-agency Tobacco Control workshop held in June 2017.

1.4 Smoking tobacco is the single biggest cause of health inequalities in the borough. The prevalence of smoking in Barking and Dagenham remains one of the highest in London. The prevalence of smoking is currently 20.4%. Certain groups have a higher prevalence or are at greater risk from smoking such as: “routine and manual” workers (26.9%), pregnant women (8.6%) those with mental health conditions (40.2%), single parents on benefits and people with long term conditions. A recent school health survey indicates that while the rate of smoking in our young people is relatively low, the use of Shisha (19.3%) and vaping (10.8%) are notably higher.

1.5 The risks of smoking are well established including an increased risk of heart disease, cancer and lung disease in adults and asthma and ear infections in children and “cot death” from second hand smoke in infants. Smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups.

1.6 The highest smoking prevalence falls in the wards of Chadwell Heath, Mayesbrook, Albion, Eastbury, Goresbrook and Heath.

1.7 Smoking not only brings health issues but has an important economic impact on the borough. The economic impact of smoking is significant for the smoker, their family and society. It is estimated that each year in Barking and Dagenham the cost to society (mainly health related costs) of smoking is £52.8m. Additionally there are significant costs associated with social care for people with smoking-related illnesses, workplace absenteeism, dealing with smoking-related house fires, clearing of cigarette butt litter and crime associated with illicit and counterfeit tobacco.

2 Proposal and Issues

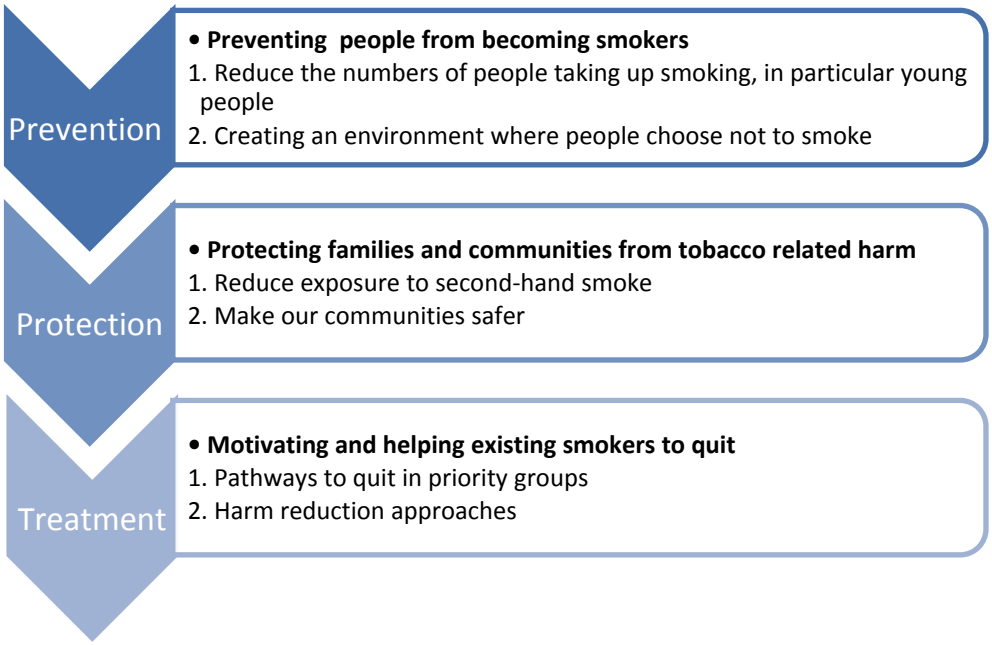
A Tobacco Control Strategy for Barking and Dagenham

2.1 We want a smoke-free future, where our community is free from the harm caused by Tobacco. We want a borough where people live long, healthy and fulfilling lives.

2.2 To reduce the smoking prevalence and to tackle the health inequalities across the borough, we need to help existing smokers give up, reduce the numbers of people taking up smoking and promote a smoke free environment.

2.3 The approaches set out in the strategy have been broken down into priority areas of Prevention, Protection and Treatment in Figure 1 below.

Figure 1. Approach to Tobacco Control.



2.4 The local Tobacco Control Strategy was developed drawing on key national, regional and local strategies and best practice guidance. These included: Towards a smoke-free generation: tobacco control plan for England (2017), Burning Injustice: reducing the tobacco-driven harm and inequality (2017), NEL Sustainability and Transformation Plans and NICE guidance.

2.5 The Tobacco Control Strategy is also informed by a local multiagency workshop in June 2017, centered around the Burning Injustice report. The key messages from the workshop are shown in figure 2.

Figure 2: Workshop summary

Top Local Priorities:

Priority Groups

Family - Pregnant Women/ Parents of young children / low income families

NHS - **All** Hospital Referrals / NHS Workforce / Mental Health / Secondary Care users (Cardiac)

Specific high prevalence ethnic groups - White British / E. European / Bangaladeshi

Older Lifelong Smokers - evidence shows good outcomes

Young People - particular focus on education around shisha

Tightly focussed & targeted specialist services & campaigns – Priority Groups

More focus on Improving treatment in Primary Care

Universal training in Very Brief Advice (VBA) – health and community services

Tobacco Control – illicit Shisha tobacco

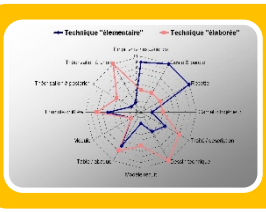
De-normalise smoking – develop more Smoke Free parks & other public

Priority Interventions

Other Key Messages:

Engagement

- Need to work **within** communities in a much more immersive way
- Clearer education / use of language is key / consistant messages / service join-up
- Innovative community SSS promotion e.g. in betting shops, Primark etc.



Evaluation

- Need to receive and use good data to drive interventions
- More Shared Learning
- Beware unintended consequences - properly assess impact before making changes / stopping services
- Use NICE ROI & other tools to assess cost effectiveness

Longer term

- Legislation - Smokefree law / Shisha
- More research is also required around shisha
- Work on deficit areas identified through the LBBD stocktake against the *Burning Injustice* recommendations

Key priorities identified for the Tobacco Control Strategy are:

- To focus more on prevention in young people (including in relation to Shisha),
- To improve support from primary care for smokers.
- Smoking cessation needs to be a treatment option not an "add on" by mainstream NHS services. Channel shifting – using electronic and telephone support will have an important role for universal services.
- To strengthen the role of the specialist stop smoking service in targeting key groups such as those with mental health problems.
- Widespread training and implementation of VBA (Very Brief Advice)
- To give further consideration for smoke free public places, smoke free housing– to achieve a vision of a smoke free future.
- To work with partners to tackle illicit tobacco in the borough.
- Further use of research and data (including return on investment tools) better use of research and data.

Implementation of the Tobacco Control Strategy and Action plan

2.6 To maximise our reduction in smoking prevalence particularly in low income and other priority groups. and reduce the associated inequalities in healthy life expectancy and economic burden from smoking related harm is challenging. It is vital to keep the tobacco control agenda in key focus. The Tobacco control strategy will require multi-agency support to implement and maximise its impact.

2.7 *Commissioning intentions specialist service:* A specialist stop smoking service will be commissioned to deliver targeted work focused on the priority groups as referenced above. Commissioners will work Community Solutions who will manage the healthy lifestyle team, including the specialist stop smoking service, to refine the required outcomes from April 2018. Commissioners will also look to align, where possible, the prevention work with other developments such as the retendering of the young person's substance misuse service (known as Subwize) in late 2017.

2.8 *Commissioning intentions: primary care and community services*: Barking and Dagenham will continue to provide community based stop smoking services within pharmacies and GP practices. These services are widely dispersed across the borough and therefore are close and convenient to where people live. Pharmacies are also often open in the evening and at weekends. Public Health will work with the Clinical Commissioning Group and practice networks to improve services and activity will be monitored via a performance dashboard.

2.9 *The North East London Sustainable Transformation Plan (STP):* has its own Tobacco control plan that links well with the Barking and Dagenham plan which supports the STP in its intentions to target pregnant women, use channel shift projects as an alternative to face to face programmes, the embedding of very brief intervention practice within all relevant professional groups.

2.10 *Monitoring and assessing progress:* This will be guided and monitored by the local Tobacco Control Alliance. Tasks, activities and projects will be delegated to the relevant leads to action under time frames agreed at the alliance meetings. The Action Plan is a live document. Responsible leads will be required to report quarterly on activity and outcomes at the Alliance meetings.

Six monthly updates will be made to the Health and Wellbeing Board. The Tobacco Control Alliance will be responsible for overseeing the implementation of the actions in the strategy action plan and for advising on any changes required to the plan if necessary.

3 Mandatory Implications

3.1 Joint Strategic Needs Assessment

Smoking tobacco is the single biggest cause of health inequalities in the borough. The prevalence of smoking in Barking and Dagenham remains one of the highest in London. Smoking prevalence in the Barking and Dagenham population and the key risk groups are described within the JSNA.

3.2 Health and Wellbeing Strategy

Tobacco control is a key priority within the Joint Health and Wellbeing Strategy.

3.3 Integration

Implementation of the tobacco control strategy requires multi agency working across health and social care and wider professional groups such as trading standards and schools. This will be overseen by the Tobacco Control Alliance. Commissioning intentions will be joined up between health and social care and link with the local STP.

3.4 Financial Implications – completed by Katherine Heffernan, Group Manager – Service Finance

The Tobacco strategy is a key health priority which could potentially prevent longer term issues in the future thereby reducing impending costs in Health and Adult social care.

This strategy does not give rise to additional budgetary requirements, but would be delivered using earmarked funding from the Public Health grant. These monies would be used to fund projects such as, the specialist stop smoking service and community based stop smoking services within pharmacies and GP practices.

3.5 Legal Implications - completed by: Dr. Paul Feild Senior Governance Lawyer

The Health and Wellbeing Board is established under Section 194 of the Health and Social Care Act 2012. The primary duty of the Health and Wellbeing Board is to encourage those who arrange for the provision of health or social care services to work in an integrated manner. This is further extended to include encouraging integrated working with those who arrange for the provision of health-related services (defined as services that may have an effect on the health of individuals but are not health services or social care services). The Tobacco control strategy is a crucial and key component in the Council's exercise of its public heath functions and its best impact will be through the integrated working with its partnering organisations.

3.6 Risk Management

Smoking is a key public health priority for the borough and has an associated economic burden. It is a priority within the Joint Health and Wellbeing Strategy and

the North East London STP. This paper and the Tobacco Control Plan outline the approach to implementation and monitoring that will be overseen by the Tobacco Control Alliance and reported to the Health and Wellbeing Board.

3.7 **Patient / Service User Impact**

The stop smoking service regularly collects patient feedback during and post treatment interventions. The client satisfaction is monitored throughout by use of questionnaires and telephone conversations. Service improvements are implemented accordingly.

Public Background Papers Used in the Preparation of the Report:

- Towards a Smoke-free Generation: tobacco control plan for England (2017)
- Burning Injustice: reducing the tobacco-driven harm and inequality. APPG on Smoking (2017)
- The Stolen Years: ASH (2016)
- Sustainability and Transformation Plan. East London Healthcare Partnership: (2016)
- Smoking still kills: protecting children, reducing inequalities (2015)

List of Appendices:

Appendix A Tobacco Control Strategy: a vision for tobacco-free living

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HEALTH AND WELLBEING BOARD

6 September 2017

Title:	**Better Care Fund: Update and Discussion**

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

Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: David Millen – Integrated Care Delivery lead	**Contact Details:** Tel: 020 8227 2875 E-mail: david.millen@lbbd.gov.uk

Sponsor: Anne Bristow, Deputy Chief Executive and Strategic Director for Service Development and Integration, LBBD.

Summary:

At the last meeting of the Board, members received an update on the development of the Better Care Fund (BCF) Plan 2017-19 for Barking & Dagenham, Havering and Redbridge. The Board delegated authority for approving the final plan to the Deputy Chief Executive and Strategic Director for Service Development and Integration, in consultation with the Cabinet Member for Social Care and Health Integration, the Accountable Officer for the BHR Clinical Commissioning Groups (CCGs), and the Director of Law and Governance.
The full planning requirements were published by NHS England (NHSE), the Department for Communities and Local Government (DCLG), and the Department of Health (DH) on 4 July 2017 with clarification on Key Lines of Enquiry (KLOES), which will steer plan assurance, only being available on the 8th August which has created a level of challenge in working with colleagues to complete the required plan within the time available and confirming the mix of CCG, local authority and Social Care Grant resources applied across the themes of the plan, as detailed below.

Work has continued on the BHR Plan, with our commissioning partners across BHR and reflects our shared ambition for progressing integration and service improvement across BHR. The BHR Plan focuses in Year 1 on aligning plans and governance across BHR. In Year 2 this will allow substantive integration through joint commissioning; creating a truly integrated BHR Plan. This report provides an update for information and discussion on the implications of the full planning requirements, and the development of the Plan and its structure, since the last meeting of the Board.

The completed plan must be submitted by 11 September, and details of any feedback from the NHS England assurance process, as well as implementation progress will be provided in regular updates.

Recommendation(s)

The Health and Wellbeing Board is recommended to note and discuss the contents of this report, as well as the Plan summary, and provide comments to inform the final submission on 11 September 2017.

Reason(s)
Each Health and Wellbeing Board is required to guide and approve local BCF Plans. While delegated authority for final approval of the Plan has been given, to support the delivery of the plan within the time available, it is important that the Board be kept abreast, discuss and influence the latest developments.

1 Introduction and Background

1.1 At the last meeting of the Board, members received an update on the development of the BCF Plan for Barking & Dagenham, being developed in conjunction with Havering and Redbridge. The Board delegated authority for approving the final plan to the Deputy Chief Executive and Strategic Director for Service Development and Integration, in consultation with the Cabinet Member for Social Care and Health Integration, the Accountable Officer for the BHR CCGs, and the Director of Law and Governance.

1.2 The local approach to the Plan was outlined. Principally, that it will adopt a staged approach over the next 2 years to ensure that strong and established governance arrangements support meaningful integration and innovation. In Year 2 the plan will see increased integration and opportunities for innovation, supported through joint commissioning within the emerging BHR accountable care system structure. This approach, of working together across BHR, has already received strong support from NHS England.

2 Planning Requirements

2.1 After some significant delays, the full planning requirements were published by NHS England, DCLG and DH on 4 July 2017. The deadline to submit final Plans to NHS England is 11 September 2017.

2.2 Following the publication of the BCF Policy Framework, the more detailed Planning Requirements document contained a number of unexpected inclusions. Primarily, this was an enhanced focus on delayed discharges from hospitals that are attributable to social care, with the apparent assumption that social care delays were the prime national driver for hospital delays. We have also seen the emergence of an apparent threat that councils may face financial penalties if targets regarding delayed transfers of care are not met.

2.3 In response to the shift, the LGA withdrew its endorsement for the planning requirements, stating that “the sudden shift in focus, so late in the process, to prioritise delayed transfers of care, and the threat of a review of funding allocations if associated targets are not met, is completely unacceptable to local government”.

Development of the BHR Plan

2.4 The development of the BHR plan, and Barking & Dagenham’s contribution to it, should be seen in the context of the developments taking place in the local BHR health economy. Since submitting the Strategic Outline Case for an Accountable Care Organisation to NHS England in November 2016, work has continued to develop both the conditions and the structures for delivery of an accountable care system across the partnership. This has included the development of a Joint

Commissioning Board and a joint provider-led System Delivery & Performance Board. At its meeting on 31 July 2017, the Integrated Care Partnership Board agreed to proceed with developing the structures and processes for a stronger level of integration over the coming three years. Ultimately, the goal remains an accountable care system with capitated budgets and greater provider collaboration to shape services that respond to the needs both of individuals and, on an aggregated level, the localities which are now operating. The locality model brings together social care, community health services, and primary care, with children's services to follow shortly, and will be the principal focus for service delivery and development in future.

2.5 The Better Care Fund was agreed in principal to be a significant first step on that journey. In agreeing the BCF plan as a three-borough plan in principal, the Health & Wellbeing Board has backed up its commitment to develop a more coherent framework and deeper integration across the BHR system.

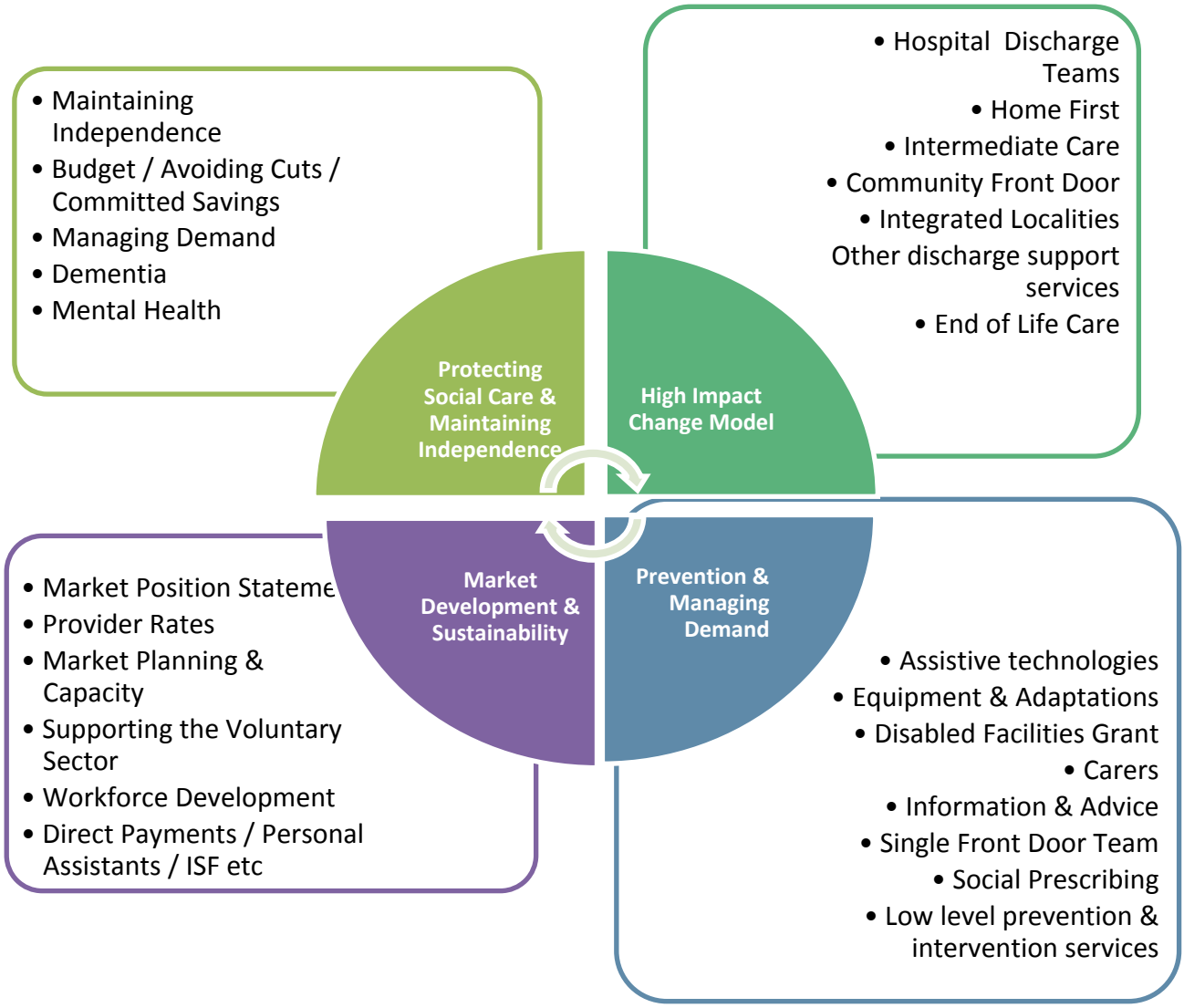
2.6 Since July we have taken forward our development of an aligned BCF plan and have set out the use of both BCF resources and the new social care grant monies. This has therefore increased the overall value of the plan.

2.7 The current year's plan is based upon the principle that each area, i.e Barking and Dagenham, Havering and Redbridge respectively, will have an aligned plan which balances BHR wide themes with local priorities and contributory services. The overarching narrative draws upon the work formerly completed in relation to the Accountable Care Organisation which sets out our shared vision as well as more local operating conditions and characteristics. We have had close regard to the Better Care Fund Planning requirements for 2017-19 in the drafting of our current approach.

2.8 The four shared themes within our BCF plan mirror the national guidance for simplicity, and are:

- The "High Impact Change Model", which is a set of interventions support by good practice and which the guidance expects to see delivered through BCF investment (the major developments for BHR are the Home First out of hospital schemes);
- Market Development and sustainability, to respond to concerns about financial pressure and sustainability of the social care provider market;
- Prevention and Managing Demand, through which we seek to reflect the need to move investment 'up stream', and to both prevent hospital admission and deliver the Care Act vision of preventing, reducing and delaying social care need;
- Protecting Social Care services, which is a grant condition attached to the new funding and reflects the fact that the Council is facing funding reductions which would otherwise necessitate further cuts in social care services, without some further investment.

Joint BCF plan common themes



2.9 The detail of the schemes which will contribute to Barking & Dagenham's deliver against this framework is contained in Appendix 1. For each area, we can also summarise the funding sources, in part to demonstrate that we have met requirements around the use of the new social care grant, in particular that it should be used for:

- supporting and protecting social care services (acknowledging the impact of sustained funding reductions over the last 7 years);
- Market stabilisation and development;
- Improving delayed transfers of care, and thereby support the better use of high-cost bed-based services.

2.10 Grant conditions set no specific formula or value to be applied between each condition.

2.11 In addition to the new grant funds, The funding for the next two years allows for inflationary increases of 1.79% and 1.9% respectively against the CCG's allocation

to the pool and a 10% increase in 2017-18 and a 9% increase in 2018-19 against the Disabled Facilities grant (DFG) allocations."

Integration & BCF funding streams	**2017-18**	**2018-19**
Local Authority funding	**£'000**	**£'000**
LA Minimum contribution:		
Disabled Facilities grant (DFG):	1,391	1,517
Improved BCF allocation (iBCF):	1,044	4,910
Additional funding for ASC:	4,385	2,616
LA Other contributions:		
Base Budgets:	1,523	1,523
Total LA funding	**8,343**	**10,566**
CCG funding		
CCG Minimum contribution:	13,415	13,670
Total BCF pool	**21,758**	**24,236**

2.12 Whilst there is a need to submit an agreed BCF plan to NHS England by 11th September, we are clear that plan development, engagement and seeking opportunities will continue within the current year ahead of year two, testing the appetite to move ahead in year two for far greater innovation and integration between the partners.

Governance

2.13 The current governance arrangements for the Better Care Fund will continue to oversee the development and management of the Barking & Dagenham BCF plan. There is a Joint Executive Management Committee, formed of three representatives from each of the Council and the Clinical Commissioning Group, whose role is to review performance and sign off spending and changes to allocation of funds. This will continue for the current year, and all three boroughs' JEMCs will provide reports to the BHR Joint Commissioning Board.

2.14 For 2018/19 it is expected that a new structure will be formed to reflect the greater interdependence of the plans as they enter the second year. The JEMC arrangements will be built into the JCB's terms of reference, whether by subgroup or at JCB itself. By making this move, there is real decision-making transferred into the new Integrate Care Partnership Board structures. Further reports to the Health & Wellbeing Board will confirm the detail of those arrangements and seek the appropriate delegation decisions in due course.

Performance management

2.15 The key performance indicators which will apply to monitoring of the Better Care Fund are:

- Non Elective admissions
- Permanent admissions to residential care
- Re-ablement and
- Delayed Transfers of care

2.16 Performance will continue to be considered by NHS England and locally on a borough basis, rather than aggregated across the three boroughs that are part of the plan. Whilst there is an option for local areas to set additional local metrics it is recommended that we don't seek to do this within the Better Care Fund plan, given the further reporting and administration burden this would incur.

2.17 Barking and Dagenham's end of year position as at 31st March 2017 was that all targets had been positively exceeded.

2.18 There are, in addition, a range of national conditions to be met within the plan in order for the plan to be 'assured' by NHS England. These are, in summary:

- Plans to be jointly agreed with a local vision for health and social care;
- Social care maintenance / protection;
- NHS contribution to adult social care is maintained in line with inflation;
- Agreement to invest in NHS commissioned out of hospital services;
- Implementation of a series of "High Impact Changes", as outlined in guidance, which are expected to contribute to maintaining low delays in the transfer of care out of hospital.

2.19 A summary of Barking and Dagenham's contributory scheme activity, within the draft plan, can be found in Appendix 1

Target-setting: Delayed Transfers of Care

2.20 In July, a quarterly return was requested which sought to set out a first view of teh targets for delayed transfers of care for the two years of the plan. The national messages were to expect maintenance of current performance where that performance was good. We are consistently one of the high performing councils for London when it comes to social care delays. Delays averaged 44 days total per month for 2016/17 for social care. The later requirement, however, used a benchmark of February to May 2017 as the baseline. This would require a commitment to reduce DToC attributable to social care to around 30 days per month.

2.21 In the initial return we followed what was requested, and populated the template with a consistent trajectory based on the months of February-May 2017. However, we have very clearly signalled that we are not at the point of accepting this as a target, and we have set out our rationale. These baseline months were a period of exceptional performance for us, and as a result they set an extremely low target. Since Barking & Dagenham is a strong performer on delayed transfers, it raises a concern that our efforts would be compromised by setting a target that is artificially even lower.

2.22 Currently, the extrapolated target is around 30 delayed days per month. A more realistic target would be of the order of 45 days per month. At these tolerances, a more substantive concern is raised, in that we are pursuing a target-setting exercise which will result in unsafe discharges as a result of the lack of any room for flexibility. Barking & Dagenham's Safeguarding Adults Board has received two reports recently relating to failures of safe discharge, and a Regulation 28 report has been issued on a further case by the Coroner. More stringent performance measures raise the possibility of compromises to service user safety for the sake of

a relatively small adjustment in targets against which we have historically performed so well.

2.23 None of this is a compromise in our commitment to operate a well-flowing and integrated health and care system, responding promptly to service user need, especially at points of crisis such as hospital admission. With resources stretched so tightly, however, we cannot allow ourselves to be distracted by a strong performance management culture applying to the Better Care Fund on the basis of a wrongly-set target. We are confident in our performance, we remain committed to keeping delays low, and need a pragmatic and locally sensitive approach from 'the centre'. The Board is therefore advised that we will submit the more realistic target as part of our plan, and we will keep the Board informed of any issues that this raises for the acceptance of the Plan.

3 Mandatory Implications

Joint Strategic Needs Assessment

3.1 The BCF plan has been developed being reflective both of the JSNA for Barking and Dagenham and HWBB strategy. The JSNA has formed an underpinning part of our local context and informed the focus of our local schemes and has informed the completion of our local context and delivery conditions

Health and Wellbeing Strategy

3.2 Alongside the required planning guidance from NHS E we have had close regard to both the Health and Wellbeing Strategy for Barking and Dagenham and those for Redbridge and Havering, reflecting the aligned nature of the plan and the local priorities established. The current draft plan includes links to each areas HWBB strategy.

Integration

3.3 Building upon the earlier work to develop a case for an Accountable Care Organisation across BHR and the policy guidance, this BCF, across the two years of the plan is taking integration forward across the commissioning partners. The BCF plan provides a step change in integration which both practically tests the appetite for further practical steps to deepen current levels of integrated care and support delivery across BHR; and delivers now, alignment across key themes such as out of hospital services and the development of intermediate care and localities. Alongside existing governance, the developing role of the Joint Commissioning Board is also recognised in steering further commissioning steps across the partners.

Financial Implications – completed Katherine Heffernan: Group Manager, Service Finance

3.4 The approach for the 2017-19 BCF plan, is to adopt a three-borough approach, aligning Barking & Dagenham's plan with Havering and Redbridge Council's plans. Spend would be reflected against four themes highlighted in section 2.4 of this report. The total pooled fund for Barking and Dagenham for the financial years are £21.758m in 2017-18 and £24.236m in 2018-19 respectively. The BCF template would reflect the financial breakdown for each theme.

3.5 For Barking and Dagenham, the Council is currently the host for the pooled BCF funding with the CCG and for 2017-18 spend against the plan for Barking and Dagenham would continue to be reported to the Joint Executive Management Committee monthly. There may be the need at some stage to reflect the progress of the three boroughs but at this stage this arrangement is yet to be confirmed.

3.6 As mentioned in an earlier report discussed at the Health and Wellbeing board on the 5th of July, the additional grant funding given via the BCF includes conditions so the Local Authority would need to ensure that the grant funds are spent in line with the specific conditions to ensure that the funding is not clawed back and future years funding reduced or suspended.

Legal Implications – completed by Derron Jarell: Regeneration Projects Lawyer, Law & Governance

3.7 The director of law and governance notes the contents of this report which recommends that the Health and Wellbeing Board "note and discuss the contents of this report, as well as the Plan summary".

3.8 There are no direct legal implications arising out of this report. The report captures an overview of the iBCF Plan 2017/19.

3.9 Options for integrated commissioning include:

- Reaching agreements under section 75 of the NHS Act 2006 to establish lead commissioning, with either the local authority or the BHR CCG taking responsibility as "Host" authority, and pooling the budgets of the organisations;
- Joint commissioning by the local authority and the CCG;

3.10 Under section 195 of the Health and Social Care Act 2012, there is a duty on the Health and Wellbeing Board, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

3.11 The Health and Wellbeing Board must also, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

Risk Management

3.12 Our detailed BCF plan includes a comprehensive risk assessment with mitigation steps. This forms part of the plan assurance process managed by NHS England. In current year a key principle is retained that of both financial risks being retained and managed by the commissioning partner and monthly financial reporting of spend-including areas of underspend and overspend to the Joint Executive Management Committee.

Patient / Service User Impact

3.13 We have benefited from the extensive engagement undertaken as part of the development of the application for an Accountable Care Organisation. We have also

sought alignment with key strategies upon which earlier consultation has been completed.

3.14 Each local scheme as part of its delivery will seek both feedback and engagement with service users and stakeholders which will help to steer further steps.

3.15 The development of the plan has also been steered by directions from NHS England and required outcomes designed to impact upon the broader health and social care system alongside improving outcomes for individuals.

Public Background Papers Used in the Preparation of this Report:

- Integration and Better Care Fund Planning Requirements for 2017-19; NHS England, Department for Communities and Local Government, Department of Health, July 2017.

List of Appendices:

- Appendix 1: Summary Plan
- Appendix 2: Scheme overviews

Appendix 1 Summary Plan

BHR Scheme	Barking and Dagenham's local schemes / contributing services
High Impact Change Model	➢ Contribution to the Joint Assessment and discharge service (hosted by LBH) ➢ Crisis Intervention Service spend ➢ Social Care Grant (DToC) ➢ Intermediate Care ➢ Mental Health out of hospital and Employment services ➢ End of Life Care
Prevention and managing demand	➢ Prevention ➢ Equipment & adaptations ➢ Disabled Facilities Grant (DFG) ➢ Social care grant (demand management)
Market Development and Sustainability	➢ Market Development ➢ Social care grant monies as determined(- placement budget and rates)
Protecting Social Care and maintaining independence	➢ Base care package budgets ➢ Social Care Grant Monies (maintaining care and support spend) ➢ Dementia Services ➢ Localities and integrated care

Appendix 2 Scheme overviews

Market Development

The Social Care Market is a key component in the delivery of quality care and support for people in Barking and Dagenham and within our system, achieving timely and cost effective solutions that support the better use of high cost health services and whole system flow – particularly our management of out of hospital and Delayed Transfers of Care.

Many of these services have actively participated in the development of person centred support, improving independence and choice and we have successfully grown the numbers of people accessing individual budgets / direct payments and receiving support via Personal Assistants.

Social Care funding reductions over the last few years have meant that all areas of spend and activity have been subject to savings and funding restrictions which have clearly had an impact. In turn service providers have faced increased costs which have included elements such as pensions, minimum Living Wage increases, and the recent apprenticeship levy.

Social care services represent, from a whole system perspective, a good and cost effective use of resources.

We have particular challenges in areas such as:

- Rates available to people with personal budgets who are seeking to obtain support via a Personal Assistant or from a service provider.
- Although the council undertook a formal tender exercise to establish an approved list of homecare providers with agreed rates for a set period a number of providers have requested increases in the fees paid. These increases have been requested in response to a number of costs incurred by the providers which were not evident at the time of the tender process, for example, increased pension costs and recent Apprentice Levy
- Despite taking steps to increase rates payable to residential care providers by 20% in the last financial year this was from a low base and we are seeing increased price competition into the Borough and challenge from local providers.

The scheme Market Development will be supported by the utilisation of part of the Social Care Grant and properly reflects one of the key grant conditions – ‘Market Stabilisation’

Objectives:

- Improved access to sustainable care and support services within the Borough
- Improved sustainability

- Increase choice and diversity and the options from which our integrated locality teams can draw, alongside individuals utilising individual budgets
- Ensure that services can be accessed for local residents that are of sufficient quality and can be accessed in a timely way. Timeliness is a key factor in the effective delivery of Home First (D2A)
- Through BCF governance and specifically that within the JEMC and the Joint Commissioning Board – seek to address shortfalls within the market that improve whole system flow, quality where improved quality could contribute to keeping people healthy and well for longer, with improved wellbeing and self care

We will:

- Improve rates available to personal budget holders and in turn to Personal Assistants
- Commission a service which looks at the support available to service users using their personal budgets, particularly in their role as an employer in the Borough and to personal assistants in setting up in the Barking and Dagenham market
- Review rates available to both providers of support at home in the light of identified ‘costs of care’, helping to protect social care services
- Review rates available to residential care providers in the light of identified ‘costs of care’
- Increase collaboration across BHR in the provision of an updated market position statement
- Improve access to person centred support through improving access to personal budgets/ Direct Payments for people currently under represented
- Work with partners in the voluntary sector to support and embed service development and delivery of services improving the range and diversity of local services. This will improve choice within the market.
- Develop proposals for a ‘quality premium’ that supports our focus upon out of hospital and the achievement of individual outcomes for service users. This will support people remaining in the place of their choice for as long as possible and seek alignment with CCG led practice improvement

Mental Health

Improving community based support to people with Mental Health needs in the borough is a key priority for the Council and the Clinical Commissioning Group. This scheme is focused upon people of working age and is designed to improve community based support, growing available options, and improving the skills of service providers in supporting improved prevention, resilience and 'self care'.

Objectives:

- Return Social Workers currently based with North East London Foundation Trust to the Council and improve connections between the remodelled service and other areas of the local authority, particularly innovations in Care and Support and Community Solutions. The inception of new Care Navigator posts with the advent of Community Solutions will support this process and the strengthening and development of our locality model
- To improve the flow of resources in bed based Mental Health services, helping to protect, and improve the sustainability of social care services
- Complete the changes to our contract which supports people with Mental Health needs to remain healthy & well for as long as possible, free of crisis and on the way to gaining employment (access to employment). This will include the introduction of workers focusing on mental health employment into the new Community Solutions service.
- Improve independent living beds and floating support services, providing a 'step down' model to support reductions in Delayed Transfers of Care and to prevent admission to bed based services. Tender to be completed this financial year encompassing a new 'outreach' service strengthening our personalised, community offer across care and support settings.
- Develop the voluntary sector and mental health provider market in order that there is a choice of services and options for individuals with mental health needs to purchase with their personal budget.

Equipment and Assistive Technology

Objectives:

- Explore Assistive Technology / Digital solutions that optimise benefits and individual outcomes.
- Improve access and the speed through which solutions can be accessed. Such timeliness is key in our delivery of Home First (D2A) and that delays don't in themselves provide a barrier
- Improve digital access within the borough, improving connectedness in the borough and accessibility to information, advice, and universal services.
- Improve access via 'Home First' discharges, creating AT / Digital champions and ensuring that AT / Digital solutions can readily form part of the interim support solution.

We will:

- Complete the pilot and review of assistive technology and digital solutions utilisation and other equipment within the borough with our academic partners in Care City/ UCLP. This will determine the effectiveness, efficiencies, and individual outcomes for residents upon which further expansion / roll out might be based
- Implement/extend 'trusted assessor' model to address key points of access whereby there is less dependency upon 'professional assessment'. An example would be new pathways via Community Solutions, voluntary sector – Red Cross, and service providers operating under our Crisis Intervention arrangements reflecting key points in a service user's support journey
- Upskill key staff such as champions and care navigators along with 'health champions' and establish further steps for wider application where these deliver improved outcomes for individuals and demonstrate an effective use of available resources. This will be key in areas such as age related need, as generally, resources required increase with age

Prevention

Prevention is key in improving health and wellbeing for residents. In our Borough this is particularly significant given the incidence of ill health, lifestyle related conditions and deprivation. This scheme aims to where possible to reduce the incidence of avoidable ill health and reduce demand upon health and social care services. It is also a duty on the council under the Care Act to 'prevent, reduce and delay' social care needs. Board members will recall approving an approach to prevention which captured these requirements, and which this scheme will seek to further embed.

Objectives:

- Reduce where possible avoidable ill health and dependency that may result in avoidable hospital admissions and intense use of social care. In this way this is a key aspect of protecting social care and health and maintaining existing services as available resources are increasingly effectively applied
- Utilise low cost solutions that provide practical support and solutions
- Enhance service access, including that for people who may fall outside of traditional services access or eligibility criteria widening the net of support solutions
- Seek to embed preventative approaches in core services as a key part of care and support so that individuals are supported to remain independent, healthy and well for as long as possible.
- Further embed prevention within our new locality model, options available and in voluntary sector service delivery, ensuring a shared vision across services.

We will:

- Maintain the commissioning of the 'Handy Person' scheme and explore the opportunities for its expansion across the BHR area.
- drawing upon evaluation of our recent pilot, re commission an exercise programme,, building stamina and resilience and which supports the wider Ageing Well / Healthy Lifestyles programme (funded by PH) which would address some of the referral challenges from before which limited access.
- Review Public Health activity, particularly projects such as Mental Health First Aid and the Volunteer Drivers scheme with a view to establishing its impact upon iBCF and scheme outcomes
- Maintain our Red Cross Home from Hospital service, helping people to leave hospital more quickly with tailored practical support which is focused upon addressing environmental risks, addressing isolation and loneliness, improving well being and ensuring that follow up appointments with outpatients, GPs and any medication reviews are supported.
- embed understanding and awareness of preventative solutions in our staff and service providers. This will include a key focus upon our new Care Navigators and advent of Community Solutions (First Contact).
- maintain our Care and Support hub, providing health and wellbeing advice and information, ensuring that contents are sufficiently updated and relevant

Carers

Family and informal carers provide a vital role in our communities, helping people to remain in their own homes for as long as possible. Where admission to acute care has taken place Carers also have a key role in supporting an early return home. Carers often provide considerable levels of support to family members with at times complex and challenging needs. Carers may also be older people themselves and may, in their caring for others, pay less attention to their own health and wellbeing needs, placing them at higher risk. In consultation, carers have told us that they feel that they need support to navigate the 'system' and support their health and well being

We have a joint carers strategy which brings to the forefront of service delivery through innovative solutions and sustainable support that values the experience and knowledge of carers… Previous work including the development of our joint carers strategy and reflection of JSNA and Census data has highlighted that many carers are currently not known to services

Objectives:

- Carers feel better supported in their caring role with access to training and support, a particularly priority for those identified as most at risk within the development of our joint carers strategy; an example would be the delivery of mental health resilience training for carers by our service provider- Carers of Barking and Dagenham
- Eligible (Care Act) carers are able to access individual budgets and that the market is developed to enable carers (and service users) to be able to purchase from a range of different services/solutions that can meet their needs as carers;
- Improve the involvement & inclusion of carers in decision making, this being evident in both individual care and support planning and in broader policy development;
- Promote the role and contribution of family / informal carers;
- Improve access to information, advice, connectedness and to available services through our online carers hub;
- Carers identified as a key part of individual care and support planning, particularly at key points such as discharge from acute care;
- Improve floating support services – particularly for people with Mental Health needs, to impact upon Delayed Transfers of Care and support to family carers;
- Working with our stakeholders and partners, including Carers of Barking and Dagenham to improve commissioning intelligence which will help to ensure market gaps can be addressed, services improved and that a shared vision is promoted across pathways and services.

We will:

- Maintain commitment to our carers support contract, continuing both the financial commitment, joint planning and development and evolution of our shared vision across the borough.
- Develop respite provision that is reflective of carers needs and budget requirements
- Maintain and develop further sustainable and quality peer support provision.
- Develop the market to ensure that carers are able to purchase services and interventions that support them in their caring role.
- Via the Carers Strategy Group, work to ensure that the actions within the joint carers strategy and its vision continues to be progressed and areas such as shared vision is promoted across the borough
- Further embed awareness of carers in key teams – including our new locality integrated teams, ensuring both that Care Act requirements are fully met but that, alongside strategic engagement, the centrality of carers is evident in individual decision making and case work.
- funding secured through CEPN enabled the delivery of identifying hidden carers training which produced positive results. This will be revisited as refresher training/ factsheet developed through the carers hub

Dementia and End of Life Care

Significant steps have been taken locally to improve rates of diagnosis, improved care and support planning etc.. However, there remains much to do if we are to improve service users experience and choices, accessing services that they would wish to that are sufficiently flexible, skilled and experienced, Social care plays are key role in post diagnosis support.

End of Life care encompasses people who need support and care and are expected to die within the year. Whilst diagnosis rates have improved along with the increased use of Advanced Care Plans, within which individual choices and preferences are drawn, too many people don't have the opportunity to die and to be cared for in the place of their choice. This is particularly evident with people with dementia who are often unable to access sufficient support at home to manage perceived risks and level of support, with sufficiently skilled staff, required without entry into a bed based/ institutional setting.

Objectives:

- Complete a review of current dementia services and pathways to inform future direction, identify market gaps and opportunities for further improvement and improve our shared vision.
- Reduce avoidable admissions into bed based care, enabling individuals to remain in the place of their choice for as long as possible
- Raise awareness with support from our partners including the Alzheimer's Society, including training to equip staff with the necessary skills and support dementia specific support planning and access to personal budgets
- Develop the market for dementia and End of Life Care services improving the range of services that people can spend their personal budget upon, accessing suitably skilled and experienced staff, able to engage in difficult conversations and support.
- Promote dementia friendly communities, determining with our stakeholders the key elements to be included within delivery and resourcing of the necessary steps.
- Improve discharge support, ensuring that people spend as little time in an acute setting as is required, returning to their own homes
- Improve training so that key staff have the necessary skills and experience, competence and confidence to work with people with dementia and or End of Life Care, ensuring that 'difficult' conversations and informed choices can be supported.
- Improve the take up and accessibility of direct payments / individual budgets for people with dementia so that they and their families can access improved personalised support.
- To further strengthen the identification of wishes and preferences within care and support planning, including Advanced Care Plans, DNRs linking with work currently underway to develop a GP End of Life engagement project.

We will:

- With specialist support from local voluntary sector providers including the Alzheimer's Society, we will review the current process through which

individuals are able to access Direct Payments / Individual Budgets and identify current obstacles to obtaining appropriate support in our local market. This will be fed into the commissioning of the new Direct Payment and Personal Budget Support Service, discussed in the Market Development scheme above.

- Provide training/ information resource for carers supporting an individual at End of Life to increase understanding and also for carers and cared for, to make informed choices and decisions.
- Maintain current care and support arrangements whilst developing a business case for further investment and the 'to be' commissioning model
- Scope review process to support re-provisioning of dementia advisors or (alternatives) with support from Care City and ensure effective engagement with stakeholders
- Commission a training package focused upon dementia and End of Life Care, to improve awareness, skills and competence in staff with a particular focus upon staff at key access points within our social care and health system, training will initially be targeted at key staff and services which will include our integrated locality teams, new care navigators and staff within our Community Solutions service along with Personal Assistants, working with people with their own budgets. We will embed dementia and end of life care as core business with social care and community health care service delivery.
- Within our Assistive Technology and digital solutions scheme we will seek to optimise benefits for this group in order to optimise benefits and improve choice and wellbeing.
- Dementia friendly communities – we will explore steps through which this can be achieved within the Borough with our partners and stakeholders.
- Draw learning from the GP End of Life Engagement Project to inform and shape further steps.

Localities

Barking and Dagenham have introduced a new locality model which has reorganised locality arrangements from formerly 6 clusters to 3 localities (with a 4th to be added with to better support the emerging new communities on the Barking Riverside development). The localities will service populations of 50,000-70,000 people and also strengthening the alignment between children's and over 18 services. We have revised our staffing structure to include the introduction of new Care Navigator roles, 4 senior Social Work posts

With our partner NELFT, and primary care, we are delivering personalised care and support capitalising upon streamlining of processes, reduction in duplication, and enabling complex tasks to sit with our most skilled and experienced staff. We are also introducing a single Disabilities services to better support whole life planning across the life course and implementing a new Community solutions service- strengthening our prevention and early intervention support and providing a seamless holistic experience for the service user.

We will:

- Conclude the implementation of new staff roles and functions
- Plan for the delivery of our fourth locality with the development of Riverside
- Embed our new Disabilities and Community Solutions services

A more substantial localities development plan forms part of the work of the Integrated Care Subgroup of the Health & Wellbeing Board, and it will be connected to the implementation of BCF as we progress.

Intermediate Care

Intermediate care services are currently subject to particular focus by the Joint Commissioning Board with a view to shaping steps for their further development and direction and how these align with key system requirements such as the delivery of Home First (set out below) For the purposes of this plan Intermediate care encompasses, Intensive rehabilitation and crisis intervention activity.

We are required by NHS England (NHSE) to define our plans for the implementation of Discharge to Assess model and to move towards a Trusted Assessor operational delivery approach. Delays attributable to social care are currently negligible with BHR performance within the top quartile, although maintaining performance is an acknowledged challenge. Across the partners there is work underway to on discharge pathways, therapy services, patient flow.

All of this work is highly interrelated and needs to be managed and coordinated as we need to deliver a fully integrated community based model and it is being managed through the Discharge Improvement Working Group (DIWG). As a first step towards an integrated approach that puts service users at the centre and improves the quality of their care, the system needs to agree that the principles set out in the 'Quick Guide: Discharge to Assess' are adopted, including, and most significantly, that people do not have to make decisions about long term residential or nursing care while they are in crisis, such as a while in hospital

Inserting new service process piecemeal into the existing array of services will not work; the most effective way of achieving substantial change will be to take a more holistic, strategic approach to the design and subsequent commissioning of the right model namely, a redesigned Intermediate Care Tier, across the BHR area to deliver the 'Home First' approach..

The plan and design for the Intermediate Care Tier will also need to ensure that there is strong correlation to the UEC Programme's review of the acute 'front door' services to ensure consistency of approach. As a part of the design process, there will be a review of current commissioned services and the total resources applied to them and a change to the current commissioning and contracting approach across the system, which itself is dependent upon the Service Line Reporting Review with NELFT.

We need to take the opportunity to agree how resources are best applied and moved around the system to follow the patient 1. This must be supported by some form of risk share / gain share agreement to ensure it is clear how resources will be balanced as the service develops and in the event of unforeseen challenges.

The purpose of the shift towards this tier will be to improve outcomes for our residents and patients, reduce the use of services where possible, to ensure the use of high costs services is limited to those that need it, not as a first recourse to those that can find no other support at their time of need. The success of the approach needs to be measured with this in mind.

Project Aim: The aim is to implement an integrated discharge 'home first – getting you home' model for people in the BHR system so that where people are medically optimised but may still require care services are provided with short term funded support to be discharged to their own home or another community setting. The aim is to maximise a

person's rehabilitation potential, remove duplicate assessments by using a 'Trusted Assessor mode' and reduce the impact that hospital 'deconditioning' may have on them.

Discharge Model – The New Approach: The Discharge Improvement Working Group has agreed to adopt the principle of 'Home First – getting you home' such that regardless of what assessment a patient needs the assessment should be carried out in a non-acute setting, once the patient is medically optimised.

BHR health and social care partners are aspiring to adapt the South West Warwickshire D2A model, to include a fourth pathway:

Pathway 0: Patients that leave earlier with no additional support and who, if not returned home within 72 hours, would almost certainly require a placement

Pathway 1: Patients who can return home with community support

Pathway 2: Patients who cannot be discharged directly but could return after additional rehabilitation support

Pathway 3: Complex care/nursing home

This principle around 'Home First: getting you home' will require health and social care partners to challenge current practice and change mind-sets and through collaboration ensure sufficient quality of service, demonstrable change and agreement on how best to allocate resources and funds and share risks. This will require an agreement as to how resources are best applied and moved around the system to follow the patient. This must be supported by a risk and benefits share agreement between health and social care partners to ensure it is clear how resources will be balanced as the service develops.

In the shorter term this will require system leaders approval that more rapid 'PDSA' style development of small incremental steps be adopted immediately to support the design process and improve on current services. This implicitly requires commissioner approval, without contract amendment, for NELFT and BHRUT to work together with the boroughs.

It is assumed that this plan will be cost neutral to the system.

BHR LA's and CCGs would see CHC/Personal Health Budgets as 'in scope', including patients going home and having their CHC assessment undertaken in their home environment. It is recognised that the BHR health and care economy is an outlier for the numbers of people going through the CHC process. The CHC pathway is subject to a separate PID and action plan as part of the CCG Financial Recovery Plan and will be implemented separately.

All partners have recognised that there a numerous challenges that need to be overcome to deliver a discharge to assess model that truly puts the service user at the centre of decision making and their care. One of the most significant challenges is the allocation of financial resource and how all partners trust other partners to make patient centred decisions that involve the allocation of financial resources.

Any re-commissioning or variation of existing contracts to deliver this new Intermediate Care Tier will require flexibilities in contracting arrangements with provider services where appropriate. Contracts with BHRUT, NELFT and potentially a range of Social Care contracts, e.g. voluntary sector, will need to be reviewed.

The model will explicitly seek to meet the essential criteria as set out in the 'Quick Guide: Discharge to Assess'.

This scheme currently includes funding commitments for Joint Assessment and Discharge service and for work force development. Inevitably, as the focus for the completion of assessment shifts to the community, it will be necessary to adjust the resources applied within the hospital setting.

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HEALTH AND WELLBEING BOARD

6 September 2017

Title:	**Stepping Up: A Narrative of Health and Social Care Integration in Barking and Dagenham**
Report of the Deputy Chief Executive and Strategic Director for Service Development and Integration	
Open Report	**For Decision**
Wards Affected: All	**Key Decision:** Yes
Report Author: Mark Tyson – Commissioning Director, Adults' Care and Support Rhys Clyne – National Management Trainee	**Contact Details:** Tel: 020 8227 2875 E-mail: mark.tyson@lbbd.gov.uk Tel: 020 8227 3033 E-mail: rhys.clyne@lbbd.gov.uk
Sponsor: Anne Bristow: Deputy Chief Executive and Strategic Director for Service Development and Integration	

Summary:

In July 2017, the Board received a report on the future direction of the Health and Wellbeing Board. Amongst its points, it described a narrative history of health and social care integration in Barking and Dagenham.

This report introduces and appends that narrative, as well as updating the Board on further developments to the direction and form of the Health and Wellbeing Board.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note and discuss the contents of the report and the narrative history of health and social care integration in the Borough, as set out at Appendix A to the report; and

(ii) Approve the policy positions detailed in section 5 of the report and part 3 of Appendix A to the report.

Reason(s)

In order for the Board to fulfil its responsibilities of encouraging health and social care integration, and delivering improved outcomes and reduced inequalities for the residents of Barking and Dagenham, it is vital that the focus, operation and direction of the Board be evaluated and improved as necessary.

1 Introduction and Background

1.1 The remit of the Health and Wellbeing Board, established on 1 April 2013 under the provisions of the Health and Social Care Act 2012, is to strengthen working relationships between health and social care, and encourage the development of more integrated commissioning of services. Through its work the Board seeks to improve health and wellbeing outcomes, and reduce health inequalities, of local people.

1.2 With the population of Barking and Dagenham growing rapidly – expected to reach 275,000 by 2037 – and demand for health and social care services increasing even faster, with a wide range of health inequalities continuing to impact residents, and with budgets facing the pressures of this demand in conjunction with the last 7 years of austerity, the Board's responsibility to encourage substantive integration and innovation has never been so important and urgent.

1.3 It is, therefore, essential to ensure that the Board is using its time and resources in the most efficient and effective way possible, targeting innovative and important proposals and challenges, in order to best serve the residents of Barking and Dagenham.

2 January 2017 Workshop

2.1 In January 2017 members of the Board took part in a workshop on the current state and future of the Health and Wellbeing Board, and how it can best serve its aims and purpose. This workshop generated a number of outcomes and perspectives:

- Momentum is key. It was agreed that the Board needs to maintain a strong pace behind the integration work being sought, in order to meet the urgent demand we face.
- It was agreed that the members of the Board need to ensure all resources and avenues for commissioning and integration are being utilised, and that the Board is placed at the centre of co-ordinating the impact of system-wide initiatives (for example the BHR programmes and the STP) on Barking & Dagenham. The Council's role as the focal point for a community leadership for Barking & Dagenham needs to be expressed through the Board and through these discussions.
- The Board should devise and agree a narrative on the history of health and social care integration in Barking and Dagenham. This should prove the long-standing commitment to integration, the 'ups and downs' of what has been done before, what is currently being undertaken and the lessons learned so far. In addition, this narrative could be added to with a commonly agreed vision for the future of health and social care integration in the borough, outlining the principles of effective collaboration and integration we have learned over previous and current undertakings.
- We have a rich history of health and social care integration, and in many ways are currently pioneering the field. Yet the borough does not receive the praise, attention and engagement it deserves for this work, and partners remain overly modest with regard to integration achievements. This modesty holds back further progress, and the Board must foster a positive, optimistic attitude which both encourages future work, and informs others of our achievements.

3 Reframing the operation of the Board

3.1 Since the workshop, discussions have continued about how these findings can inform changes to the working of the Health and Wellbeing Board. In summary, there is common agreement that the best way forward for the Board would be for its business to be conducted with:

- Fewer, more substantive items and less routine operational business;
- A stronger emphasis on ensuring a place for discussion about system interventions, principally the BHR Integrated Care Partnership and the East London Health & Care Partnership (the Sustainability & Transformation Plan);
- Consideration of the timing of meetings;
- A refreshed substructure for the Board

3.2 These proposals were highlighted and discussed in the report taken to the last Board, in July 2017. Consequently, the forward plan has been reviewed to reflect a greater concern for fewer, more substantive items, and the Board's substructure continues to be reviewed.

4 Narrative for Integration in Barking and Dagenham

4.1 As decided at the January 2017 workshop, a narrative has been developed about the history and theory of health and social care integration in Barking and Dagenham. As well as detailing previous and current undertakings, the narrative outlines the lessons learned from these projects, and how they inform our understanding of integration moving forward.

4.2 The narrative will act as a means of evidencing our achievements made thus far.

4.3 The narrative is attached in Appendix A

5 Policy Positions

5.1 Based on the history outlined in the narrative, and the overview of current work and priorities, the narrative concludes with a series of policy positions. These positions will guide future collaboration and integration.

5.2 It is recommended that the Board approve these positions, and adhere to them with regards to all future integration initiatives. The policy positions are as follows:

- Our focus is on Barking and Dagenham
- We are shaping our own destiny
- BHR is our major focus for cross-borough work
- Everything should strengthen localities, where feasible
- We are committed to integrated delivery

- Partnership can and should encompass robust challenge
- We want to strengthen democratic leadership of health
- We work at our own pace
- We will work sustainably
- Innovation is key

6 Implications

Joint Strategic Needs Assessment

6.1 The remit of the Board is to encourage integration of health and social care and deliver improved health outcomes and reduced inequalities for the residents of Barking and Dagenham, including those identified in the 2016 JSNA. Therefore, working to maximise the efficiency, effectiveness and direction of the Board – as this report does – aims to improve the Board's ability to react to the findings of the JSNA.

Health and Wellbeing Strategy

6.2 The Health and Wellbeing Strategy includes in its key themes prevention, improvement and integration of services, care and support, protection and safeguarding. A more effective Health and Wellbeing Board would be able to forward each of these priorities, and in particular prevention, and improvement and integration of services, as more resource and time may be focused on these key issues.

Integration

6.3 The proposed new direction of the Board will allow it to dedicate greater resources and time to substantive topics of health and social care integration; a central purpose of the Board.

Financial Implications – completed by: Katherine Heffernan, Group Manager – Head of Service

6.4 There are no financial implications directly arising from this report itself which is for discussion and noting. However effective management of the financial pressures in both Health and Social Care will be key for the Council's MTFS and the NHS STP and successful delivery of our shared objectives.

Legal Implications

Implications completed by: Dr. Paul Field, Senior Governance Lawyer

6.5 The Health and Wellbeing Board is established under Section 194 of the Health and Social Care Act 2012. The primary duty of the Health and Wellbeing Board is to encourage those who arrange for the provision of health or social care services to work in an integrated manner. This is further extended to include encouraging integrated working with those who arrange for the provision of health-related services (defined as services that may have an effect on the health of individuals but are not health services or social care services).

6.6 The report's appendix usefully sets out the historical to current context of joint working and future potential. This report is therefore supports the Councils legal responsibility to work to improve the health of its community.

Risk Management

6.7 n/a

Patient / Service User Impact

6.8 n/a

List of Appendices:

Appendix A: Integration of Health and Social Care in Barking & Dagenham: Our Journey So Far; Our Current Position

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HEALTH AND WELLBEING BOARD

6 September 2017

Title:	**Response to the East London Health & Care Partnership's Consultation on Payment Mechanisms**

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

Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Authors: Mark Tyson, Commissioning Director, Adults' Care & Support	**Contact Details:** 020 8227 2785 mark.tyson@lbbd.gov.uk

Sponsor:
Anne Bristow, Deputy Chief Executive, and Strategic Director for Service Development & Integration

Summary:

On 11 July 2017, the East London Health & Care Partnership (the new name for the partnership formerly referred to as the Sustainability & Transformation Plan partnership) launched a consultation on future payment mechanisms within the NHS. The document is attached and introduces the need for reform and some of the key considerations. A response is required by 29 September 2017, which is an extended deadline to accommodate this (and other) formal Board meetings.

The proposals set out by the ELHCP in their consultation document, whilst quite generalised at this stage, are broadly consistent with the work that has been undertaken across Barking & Dagenham, Havering and Redbridge to scope the development of accountable care approaches. In particular, the Business Case for the development of an Accountable Care Organisation, completed in late 2016, covered much of the same ground in setting out the case for change. Currently organisations in the health and care system are driven by the competing requirements of their commissioners, and therefore new payment arrangement need to drive a focus on the outcomes needed for residents and patients, rather than payments for episodic and unconnected care.

The proposed content of a response is included in this report, and the Health & Wellbeing Board is invited to discuss it, make amendments, and ultimately to agree to delegate to the Chair to approve the final text of the submission.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note the consultation;

(ii) Review and amend the outline response, and add in any further matters for

consideration.

(iii) Delegate authority to the Chair of the Board to approve the final response on its behalf for submission by the deadline of 29 September 2017.

Reason(s):

If we are to improve how well the health and care system prevents ill-health, promotes well-being, and joins up the care received by residents, then we will have to make some changes to how individual organisations are contracted and paid. These payments form incentives to behave in certain ways (attracting episodes of care, rather than responding more fully to the needs of an individual, for example). Working across organisational boundaries can only really happen when financial incentives are aligned to the outcomes that are wanted.

1. Introduction and background

1.1. The Strategic Outline Case that was prepared in November 2016 set out a way forward for health and social care in Barking & Dagenham, Havering and Redbridge, and was submitted to inform the London Devolution Agreement, which is still awaited. Amongst the devolution 'asks' was a concise summary of the problems which a reform of payment mechanisms are intended to address:

"Our contracting and commissioning structures are fragmented and do not enable or support integrated working. Currently most of the resource in the system is weighted toward treating people when they become unwell, with significantly lower investment in preventing people from becoming unwell in the first place. Similarly, contracts for services are based on activity rather than outcomes, creating artificial and perverse incentives which pay for services based on the number of people that they treat, as opposed to the experience and outcomes of those that receive them. By changing the way in which we commission and contract for services, and pooling the resources and expertise of commissioners and local authorities, we would be able to utilise greater budgetary flexibility to enable financial incentivisation and prioritisation that more accurately responds to local needs."

1.2. This is explored in greater detail in the proposals set out by East London Health & Care Partnership. As a local 'STP' footprint, the ELHCP has a weight behind it which can carry negotiations with regulators and the NHS centrally, to support the reforms which the local system requires in order to better serve local people. Whilst the shape of local commissioning and payment arrangements will need to be tailored to support the ambitions of the BHR system, it is nonetheless therefore important that ELHCP are part of shaping the options available.

1.3. At this stage, the ELHCP is not proposing any specific options for changes to the way services are contracted or how they receive payment for the services that they provide to residents. It is exploring the need for change, and seeking views on how that change might best serve local needs. At this stage, therefore, much of what the BHR system may want to explore has been set out in general terms in the Strategic Outline Case. It is proposed that the response to the consultation from Barking & Dagenham re-emphasises this.

1.4. Given this, and given the work that is underway in BHR on these issues, it is not proposed that the individual questions posed by the consultation be answered in turn.

1.5. It is worth noting, for the sake of clarity, that this is not a consultation about changing how or whether individuals should pay for health and care. It is solely concerned with how the public money to pay for health and care services is packaged up and given to providers in return for the services that they provide to residents.

2. Elements of a proposed response

General recognition of the need for change

2.1. The drivers for change set out by the ELHCP are in accord with those set out in the work to develop the case for an Accountable Care Organisation. Currently a programme is being developed to better align commissioning across the BHR system, as well as providers working together on how to take a greater shared responsibility for achieving what residents need from health and care services. This has been subject to a number of updates to the Board over the past year or so, and it is proposed to refer in the response to ELHCP to this emerging work.

2.2. Fundamentally, there is no disagreement on the principle that tariff-based payment mechanisms, as currently exist, need to change if we are to increase prevention and move away from fragmented and episodic care delivery.

Governance and timing

2.3. The Board may wish to consider taking this opportunity to raise a question about how the consultation has been approached. It is welcome that the borough partners – the Council and CCG – have been invited to respond to the consultation, but this raises a concern that the 'system' governance that has been created for BHR has been sidestepped. Given there is a BHR Integrated Care Partnership Board, with democratic and clinical leadership, in time it may be more reasonable to expect partners' contributions from the BHR patch to be routed through this mechanism. It has been highlighted before that there is a local focus on the BHR system as the means of delivering the shared aims of the ELHCP, and to open up two lines of discussion between individual partners and a level of 'system governance' would not be helpful or productive. It is proposed that the consultation response re-emphasises Barking & Dagenham's commitment to the BHR system for the continuance of these conversations, and encourages ELHCP to engage with the BHR mechanisms accordingly.

2.4. Question 10 asks what elements should be in place to ensure current provider relationships support transformation. It is again proposed that Board identify that current plans in BHR are, in principle, for strengthening joint commissioning and for providers to lead collaborations that prioritise outcomes for residents and patients over the current organisational silos. Therefore, ELHCP may be encouraged to ensure their own approaches to provider alliances or new commissioning structures should be created to support, not duplicate or shadow, the emerging BHR systems.

Localities

2.5. The backbone of the programme for reforming health and care delivery, in Barking & Dagenham and the BHR system more widely, is the integrated locality arrangements. Currently three localities exist, with a fourth to follow in coming years as the population expands. These are the focus for bringing together a range of social care, community health and primary care services, to meet the needs of both the general population and those with higher levels of health and care need. It is suggested that the localities are referred to as a response to those questions seeking to identify priorities for new payment mechanisms. New 'capitated budget' approaches have been suggested as ways in which locality partnerships might take greater shared responsibility for driving preventive and joined up care, and therefore payment needs to reflect that this is our shared ambition.

2.6. In particular, question 7 asks about the geographic footprint for payment systems: a restatement of the longstanding agreement about 'subsidiarity' would again be appropriate. Payment mechanisms should support locality delivery, maintain borough accountability, and be shaped and drive through the BHR system. Where the ELHCP can add specific additional value, they have a role as part of that delivery chain.

Services in scope

2.7. It is suggested that, at this stage, the question about services in scope be deferred until the work being undertaken to support joint commissioning and provider collaboration in BHR is at a more advanced stage. As in that work, the Board may simply wish to respond that nothing should be excluded until there is a case identified for excluding it from any new approaches to paying providers for the services that they deliver.

2.8. One point that it would no doubt be worth absolutely emphasising in any response, is that a payment mechanism must be able to reward preventive activity, rather than continuing to compensate for reactive care processes. This is the fundamental aim of the programme. This will mean, therefore, that traditional views of 'services' or 'pathways' have to be rethought to identify the opportunities for prevention that are currently missed. Taking it to its furthest conclusion, this may well extend to services that are currently peripheral to the health and care system, but absolutely central to health improvement and the prevention of illness, such as housing, leisure, welfare and employment support.

2.9. A further helpful refinement to the approach may also be to consider not only who is paid, but who pays. The starting assumptions read strongly as NHS system payments. Local authorities and other partners also pay for elements of service (weekly price-based contracts for residential care, for example, or hourly homecare contracting) and there is an opportunity think anew about how to contract such services when purchasing for broader service user outcomes together with health commissioners.

2.10. The question of 'who pays' is made more transformational still when the resources are given to the service user or patients as a personal budget or personal health budget, and the market is further opened up to what are currently 'non-standard' options. This has the potential to harness or stimulate individuals' willingness to take control of their own health and wellbeing, including with digital health and

wellbeing self-management tools and other alternatives to dependence on current service models.

Questions about data and analytical capacity

2.11. A set of questions at the end of the consultation explore issues of data flows and the capacity to manage any new system of payment.

2.12. In terms of system development, the Local Digital Roadmap has been in on-going development for some time, to shape the data and record management system needs for a more integrated and responsive health and care system. The questions which are raised about data capacity ought to be resolve through that workstream. The Board's response may be to suggest that this be referred back to the respective leads in each of the health and care systems for their consideration, and for each of them to raise common issues which the ELHCP may be in a position to help resolve.

2.13. On a specific point, it has been noted in a number of forums locally that the East London Information Sharing Agreement is now quite old (dating back to around 2004-2007). Whilst it remains serviceable, and there continues to be Service Specific Information Sharing Arrangements created under its terms, general good practice would suggest that it may be opportune to review it and ensure that it supports the information governance arrangements of the work that all of the health and care systems are doing or planning. That would seem to be a clear example of a piece of work that could usefully be led across ELHCP.

2.14. On the subject of analytical capacity, again the Board may wish to consider whether the response should be to draw the ELHCP into supporting the development of shared analytical capacity within the BHR (and neighbouring) health and care systems, rather than planning the creation of capacity at ELHCP level. The complexities of planning for population health improvement and more outcomes-focused payment mechanisms will require considerable resource, and if it is to be assumed that there is not the available resource to double this up at both BHR and ELHCP level, then the points made above would all suggest that the priority should be on supporting the ambitions laid out in BHR.

3. Mandatory implications

Joint Strategic Needs Assessment

3.1. Currently organisations in the health and care system are driven by the competing requirements of their commissioners. New payment arrangements need to drive a focus on the outcomes needed for residents and patients, rather than payments for episodic and unconnected care. The Board's response to this consultation can capture this.

Health and Wellbeing Strategy

3.2. Barking and Dagenham's Joint Health and Wellbeing Strategy identifies 'improvement and integration of services' as a priority theme. The creation of new, effective payment arrangements may forward this priority, and the wider agenda of health and social care integration in Barking and Dagenham.

Integration

3.3. The creation of new payment arrangements could unify the driving motivations behind services, forwarding the ambition of the ELHCP, and delivering further health and social care integration.

Financial Implications – completed by Katherine Heffernan: Group Manager, Service Finance

3.4. There are no financial implications directly arising from this report.

Legal Implications – completed by Dr. Paul Feild Senior Lawyer

3.5. The Health and Social Care Act (2012) conferred the responsibility for health improvement to local authorities. In addition as a best value authority under the Local Government Act 1999 there is a duty on the Council to secure continuous improvement. The Health and Well-Being Board terms of reference establish its function to ensure that the providers of health and social care services work in their delivery in an integrated manner. As part of that role it has an expectation that it is consulted on potential changes to health provision within the Council's area.

3.6. The function of this report is to seek observations on a consultation document on payment mechanisms the East London Health & Care Partnership may adopt for its accountable area. The consultation document is detailed with some complex and interlinked issues. These will need to be fully considered and reflected upon. Furthermore the timescale is short. It is important that the Boards voice is heard and so this report therefore recommends that the Board delegate to the Chair of the Board informed by professional advisors and practitioners, making the Boards response to the consultation.

Safeguarding

3.7. n/a

List of Appendices:

Appendix A: Payment Development Consultation – 11 July 2017

Appendix B: ELHCP General Update – September 2017

Appendix C: Transformation Priorities July 2017

Appendix D: What ELHCP is doing and what it means

Appendix E: ELHCP STP Governance Structure

HEALTH AND WELLBEING BOARD

6 September 2017

Title:	**Annual Safeguarding Reports 2016/17**
Report of the Deputy Chief Executive and Strategic Director for Service Development and Integration	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Rhys Clyne – National Management Trainee, LBBD.	**Contact Details:** Tel: 020 8227 3033 E-mail: rhys.clyne@lbbd.gov.uk
Sponsor: Anne Bristow, Deputy Chief Executive and Strategic Director for Service Development and Integration, LBBD	

Summary:

Each year the Barking and Dagenham Safeguarding Adults Board, and the Safeguarding Children Board, produce reports detailing the vision, make-up, work and challenges of the past year. This report introduces these two annual reports for information and discussion.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note and discuss the contents of the Safeguarding Children Board Annual Report 2016/17, as set out at Appendix A to the report; and

(ii) Note and discuss the contents of the Safeguarding Adults Board Annual Report 2016/17, as set out at Appendix B to the report.

Reason(s)

Each year the annual reports of these two Boards are presented to the Health and Wellbeing Board.

1 Mandatory Implications

Joint Strategic Needs Assessment

1.1 The 2016 JSNA acknowledges the importance of protection and safeguarding to the Council.

Joint Health and Wellbeing Strategy

1.2 One of the four priority themes identified by the Joint Health and Wellbeing Strategy is 'protection and safeguarding', including 'safeguarding individuals of all ages and identities from abuse, sexual exploitation, crime and ill treatment'.

Integration

1.3 n/a

Financial Implications – completed by: Katherine Heffernan, Group Manager – Service Finance

1.4 There are no financial implications directly arising out of this report. The LSCB and SAB are both funded by contributions from a range of public sector organisations. Details of this funding and the expenditure incurred by the boards are set out in two annual reports. (Appendix 1 of the LSCB report and pages 6-7 of the SAB report).

Legal Implications – completed by: Lindsey Marks, Principal Solicitor For Safeguarding

1.5 It is statutory requirement under the Care Act 2014 and Section 14A Children Act 2004 that Local Adult Safeguarding Boards and Local Children's Safeguarding Boards produce an annual report.

Risk Management

1.6 Implications for risk management are detailed in each annual report.

Patient / Service User Impact

1.7 The Safeguarding Boards have extensive influence on service user impact, as detailed in each report.

List of Appendices:

Appendix A Barking and Dagenham Safeguarding Children Board Annual Report 2016/17

Appendix B Barking and Dagenham Safeguarding Adults Board Annual Report 2016-17

HEALTH AND WELLBEING BOARD

6 September 2017

Title:	**London Ambulance Service NHS Trust - Care Quality Commission (CQC) Inspection**
Report of the London Ambulance Service NHS Trust	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Terry Williamson, Stakeholder Engagement Manager, London Ambulance Service NHS Trust	**Contact Details:** Tel: 0207 783 2873 E-mail: terry.williamson@lond-amb.nhs.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board	

Summary:

The London Ambulance Service NHS Trust was inspected by the Care Quality Commission (CQC) Chief Inspector of Hospitals in June 2015. The result of the inspection was that the Service was rated as “inadequate”. A second inspection in 2017 has seen improvements and the Service is now rated as “needs improvement”. The report contains a summary of the findings of the CQC report (Appendix A) and the Service’s intentions towards further improvement.

Recommendation(s)

The Health and Wellbeing Board is recommended to note the report.

Reason(s)

The Board has previously expressed an interest in the performance of the London Ambulance Service and the way that it provides services to the residents of Barking and Dagenham. Following the announcement of the most recent CQC inspection in February 2017, London Ambulance Service offered to update the Board.

1. Introduction and Background

1.1. The London Ambulance Service NHS Trust (LAS), responds to over 1.9m calls and attends over 1 million incidents each year. It provides emergency medical services to the whole of Greater London, which has a population of around 8.9 million people and is the busiest emergency ambulance service in the UK. The Service employs over 4,600 whole time equivalent (WTE) staff, who work across a wide range of roles based in over 70 ambulance stations and support centres.

1.2. LAS is commissioned by 32 Clinical Commissioning Groups for London and by NHS England.

1.3. The most recent Care Quality Commission (CQC) Chief Inspector of Hospitals inspection of The London Ambulance Service NHS Trust took place on the 7th, 8th

and 9th of February 2017. This inspection was carried out as part of the CQC"s comprehensive inspection programme, following the report of 2015 that had rated the LAS as "inadequate". Three core services were inspected:

- Emergency Operations Centres
- Urgent and Emergency Care
- Resilience planning including the Hazardous Area Response Team

1.4. The CQC inspection report was published on 29th June 2017. Overall, the trust was rated by the CQC as "Requires Improvement". However, in the domain of "caring" LAS was rated as "outstanding".

1.5. In each of the domains covered in the report, the rating had improved from that achieved in 2015.

2. Proposal and Issues

2.1 Over the last two years we have implemented a significant number of improvements which have been reflected in the Care Quality Commission's recently published report. Our priority is to build upon these and set a strategic direction in which we look for new and innovative ways to provide the best possible care to people who live and work in London and to manage the increasing demand on our services

2.2 Set out below is a summary of the CQC findings:

CQC report 2017

London Ambulance Service NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	☆ Outstanding	Requires improvement	Requires improvement	Requires improvement
Emergency operations centre	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Resilience planning	Good	Good	Not rated	Good	Good	Good
Overall	Requires improvement	Good	☆ Outstanding	Good	Requires improvement	Requires improvement

2.3 Staff behaviours and interactions demonstrated outstanding care, with staff committed to providing a caring and compassionate service.

2.4 Employment of mental health nurses in our control room to provide expert opinion and assistance to frontline staff when they treated patients with mental health concerns

2.5 A maternity education programme and maternity pre-screening tools and action plans had ensured staff were able to respond to and support maternity patients.

2.6 We are pleased that improvements in medicine management have been recognised and we will continue to improve security and storage.

2.7 We are committed to providing protected time for mandatory training for all staff across the Service.

2.8 We will continue to recruit, placing particular focus on meeting targets to recruit more people from the community we serve (BME).

2.9 We will work with staff and unions to address issues with rosters, rest breaks, sickness and absence as well as improving our staff engagement.

2.10 We will continue to improve infection prevention and ensure consistent standards of cleanliness across the whole Service.

2.11 We are focused on improvements to our 999 system to ensure it remains robust.

2.12 The Trust Board, our new Chief Executive Garrett Emmerson and his Executive Leadership Team are completely focussed on addressing the key actions highlighted in this report.

2.13 A Quality summit was held 29 June to bring together a range of stakeholders to support our future improvement programme.

2.14 Further information on our action plan, when finalised, will be shared with the Board.

3 Mandatory Implications

3.1 **Joint Strategic Needs Assessment -** An effective London Ambulance Service supports the addressing of need identified in the Barking and Dagenham Joint Strategic Needs Assessment.

3.2 **Health and Wellbeing Strategy -** A well-rated and high-performing London Ambulance Service underpins the delivery of Barking and Dagenham's Health and Wellbeing Strategy.

3.3 **Integration -** LAS work with partner organisations, to improve access to care and appropriate care pathways and to drive actions to support timely hospital handovers that allow LAS resources to be available for other emergency calls as soon as possible

3.4 **Financial Implications**

Completed by: Katherine Heffernan, Group Manager – Service Finance

There are no financial implications directly arising out of this report.

3.5 **Legal Implications**

Completed by: Dr. Paul Feild – Senior Lawyer

The Health and Social Care Act (2012) conferred the responsibility for health improvement to local authorities. In addition as a best value authority under the Local Government Act 1999 there is a duty on the Council to secure continuous improvement. The Health and Wellbeing Board terms of reference establish its function to ensure that the providers of health and social care services work in their delivery in an integrated manner.

The function of this report is to provide an attached report by the CQC inspection team on their follow-up inspection of the London Ambulance Service for consideration by the Health and Wellbeing Board in carrying out its role to ensure that providers of health and social care are working to their best effect. It can do this by giving its reflection on the reports and making recommendation for improvement where that can be identified.

3.6 **Risk Management –** Not applicable

3.7 **Patient / Service User Impact –** Not applicable

List of Appendices:

- **Appendix A -** LAS summary of CQC report, June 2017

HEALTH AND WELLBEING BOARD

6 September 2017

Title:	**Update on the Work of the Integrated Care Partnership for Barking & Dagenham, Havering and Redbridge**
Report of the Deputy Chief Executive and Strategic Director for Service Development and Integration	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Rhys Clyne: National Management Trainee, LBBD.	**Contact Details:** Tel: 020 8227 3033 E-mail: rhys.clyne@lbbd.gov.uk
Sponsor: Anne Bristow, Deputy Chief Executive and Strategic Director for Service Development and Integration, LBBD.	
Summary: This report updates the Board on the work undertaken by the Barking and Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership Board (ICPB) since the last meeting of the Health and Wellbeing Board.	
Recommendation(s) The Health and Wellbeing Board is recommended to note and discuss the reports of the Integrated Care Partnership Board, set lout at Appendices A and B to this report.	

List of Appendices

Appendix A: Report of the Integrated Care Partnership Board – 28 June 2017
Appendix B: ACS Development Event Summary Output

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HEALTH AND WELLBEING BOARD

6 September 2017

Title:	**Sub-Group Reports**
Report of the Chair of the Board	
Open Report	**For Information**
Wards Affected: None	**Key Decision:** No
Report Author: Rhys Clyne – National Management Trainee, LBBD	**Contact Details:** Tel: 020 8227 3033 E-mail: rhys.clyne@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the 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.

Since the last meeting of the Health and Wellbeing Board, only the Mental Health Sub-Group has met and a summary of the discussions and outcomes from that meeting is at Appendix A.

Recommendation(s)

The Health and Wellbeing Board is recommended to note and discuss the contents of the Mental Health Sub-Group report at Appendix A to this report.

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Appendix A Mental Health Sub-Group Report: 31 July 2017

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APPENDIX A

Mental Health Sub Group

Chair: Melody Williams (NELFT)

Feedback to the Health & Wellbeing Board

Mental Health sub group has now expanded its remit to cover both adult and children's mental health programmes; membership has been adjusted in respect of this (inclusion of the CAMHS Transformation Programme). Mental Health Strategy action plan remains a significant programme and partners are contributing to updating the action plan. July meeting focused on impact of work and health programmes and how greater engagement for MH service users can be developed within the new programmes for B&D.

Performance

Performance remains in line with national indictors. Barking and Dagenham continues to have low levels of people with delayed discharge – this is as direct result of the work undertaken to improve discharge planning and the work of the RAMP panel.

Meeting Attendance

Date of last meeting – 31st July 2017

Action(s) since last report to the Health and Wellbeing Board

(a) Update commenced of the mental health strategy implementation plan

(b) Presentation and further partner engagement with Health and Work Programme

(c) Planning underway to support World Mental Health Day, linked with London Thrive

Action and Priorities for the coming period

(a) Support from the sub group for the suicide prevention plan

(b) Overview and Implementation of the CAMHS Transformation Plan for B&D

(c) Support from the sub group around embedding changes across adult and older adult services following changes to health and care leadership – focus on user engagement within the process

Contact: Melody Williams, Integrated Care Director

Tel: 07534 918224 **Email:** melody.williams@nelft.nhs.uk

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HEALTH AND WELLBEING BOARD

6 September 2017

Title:	**Chair's Report**
Report of the Chair of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: None	**Key Decision:** No
Report Author: Rhys Clyne: National Management Trainee, LBBD.	**Contact Details:** Tel: 020 8227 3033 E-mail: rhys.clyne@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board.	
Summary: Please see the Chair's Report attached at Appendix A.	
Recommendation(s) The Health and Wellbeing Board is recommended to note the contents of the Chair's Report and comment on any item covered should it wish to do so.	

List of Appendices:

Appendix A: Chair's Report

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Chair's Report

6 September 2017

In this edition of my Chair's Report, I talk about our Family Fun Day at Mayesbrook Park, the Great Weight Debate Hackathon, and the upcoming Older People's Week. 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

Family Adventures, Family Fun Day at Mayesbrook Park

Over 3,500 people attended the Family Adventures, Family Fun Day hosted by LBBD Healthy Lifestyles team in Mayesbrook Park on the 1st August.

The day launched the start of the new Healthy Weight Summer Campaign which aimed to raise awareness of the importance of physical activity, healthy eating and having FUN, so you can improve and maintain a healthy weight.

The day was targeted at families within a 750m radius of Mayesbrook Park which cut across four wards: Becontree, Eastbury, Longbridge and Mayesbrook and specifically at families who had been identified as having overweight and/or physically inactive children.

Throughout the day, there were lots of opportunities for people to get active and to learn about healthy eating, supported by competitions and prizes - including #showusurplate, Smoothie Bikes, Bouncy Castles, Sumo Wrestling, a 150ft inflatable adventure course and activities laid on by sports clubs providers.

The day also saw the launch of an interactive treasure hunt called Fruit Pursuit targeted at young families. Fruit Pursuit is a new smartphone app commissioned by the Healthy Lifestyle team which challenges players to correctly answer a number of healthy lifestyle questions in order to win fruits – those with the highest number of fruits won prizes on the day!

It was also the launch of the Healthy Lifestyles website – a New Me and the launch of 2 new healthy lifestyle children's mascots - Active Alfie and Healthy Hana who promote the dual importance of healthy eating and exercise.

The Healthy Lifestyles team led on a number of workshops on food and nutrition, smoking, alcohol and drug awareness, ageing well, health checks and exercising at home, along with a number of other healthy lifestyle stall-holders who provided additional information including cookery demonstrations.

We had 142 feedback forms completed by residents and the key points were:

- A major attraction were the inflatables/bouncy castles
- The main way people learned about the event was (in order of popularity): social marketing, borough e-newsletter, word of mouth and posters in shops/street/rail banners
- 3 lessons they learnt as a result of attending the event – healthy eating, exercise is fun, introduction to new activities – zumba, boxing, cheerleading
- 99% want the event to happen again
- One frequent criticism was the 'queueing' due to the high turnout
- People want more activities aimed at younger children, more bouncy castles, more workshops and to extend the timing of the event

The Great Weight Debate Hackathon: Barking and Dagenham Youth Forum

On 6 June a 'Hackathon' was held with 16 local young people of the Barking and Dagenham Youth Forum. After a brief introduction to the subject of obesity and healthy weight, the participants were asked to work in three small groups, each tackling one of the following questions:

- How can we help our children to be more active every day?
- How can we help young people eat and drink sugary foods less often?
- How can we help young people in London not to buy as much take-away?

For each of the questions participants were asked to suggest ways in which the question could be 'answered' and to feed this back in the form of a presentation/ short sketch to senior council officers.

For detailed information about the outcomes of the hackathon, please contact Abimbola.lucas@lbbd.gov.uk

However, the suggestions to arise from the event are reflective of the findings highlighted by the Pan London Great Weight Debate survey. More needs to be done to educate young people and their families about the impacts to health and wellbeing of poor diets and unhealthy food choices. Similarly, more needs to be done to ensure that the services available to young people are promoted and accessible, as the borough boasts of many activities and interventions already available.

Older People's Week

International Older People's Day falls on the 1 October every year and the London Borough of Barking and Dagenham, along with our partners, deliver a number of events over several days to celebrate the contribution that older people make to our communities.

This year's day is themed around enabling and expanding the contributions of older people in their families, communities and society at large. It focuses on the pathways that support full and effective participation in old age, including digital solutions and technology, education and lifelong learning, access to information, as well as overcoming barriers that exclude or discriminate against older people. The official theme of the day is; "Stepping into the Future: Tapping the Talents, Contributions and Participation of Older Persons in Society."

There are several events being held in the borough including;

- A Fete held at the Memory Lane Day Centre which is being run to support older people including those with dementia

- A Family Fun Day Celebrating Older Peoples Day to be held at the Barking Learning Centre, which will include opportunities to:

    - Meet some councillors and ask questions
    - Play Boccia, a seated inclusive sport, designed to improve coordination. Boccia is very similar to Bowls.
    - Try Tai Chi, a type of Martial Arts very well known for its health benefits and effective means of alleviating stress and anxiety.
    - Participate in Zumba Gold, an easy to follow Zumba choreography that focuses on balance, range of motion and coordination
    - Try chair-based exercises in a low intensity class designed to improve strength

  The day will also have stalls from Care City and partners, Age UK, Alzheimer's society & Free Refreshments

- A bus tour through Barking and Dagenham reminiscing on the past and looking forward to the future opportunities the regeneration of the borough holds

- Various health, wellbeing and social activities held across the borough.

Future dates of the Health and Wellbeing Board

The Board will meet on the following dates:

- 8 November 2017
- 16 January 2018
- 13 February 2018
- 12 April 2018

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HEALTH AND WELLBEING BOARD

6 September 2017

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:

(i) Note the draft November 2017 edition of the Health and Wellbeing Board Forward Plan;

(ii) Consider whether the proposed report leads are appropriate;

(iii) Indicate whether any of the items should be considered in the first instance by a Sub-Group of the Board.

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

List of Appendices

- **Appendix A** – Draft November 2017 Forward Plan

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