Notice of Meeting

HEALTH AND ADULT SERVICES SELECT COMMITTEE

Wednesday, 10 January 2018 - 7:00 pm
Council Chamber, Town Hall, Barking

Members: Cllr Peter Chand (Lead Member); Cllr Adegboyega Oluwole (Deputy Lead Member); Cllr Sanchia Alasia, Cllr Jane Jones, Cllr Eileen Keller, Cllr Hardial Singh Rai, Cllr Linda Reason, Cllr Chris Rice and Cllr John White

By Invitation: Cllr Maureen Worby

Date of publication: 2 January 2018

Chris Naylor
Chief Executive

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

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

3. Minutes - To confirm as correct the minutes of the meeting held on 13 November 2017 (Pages 3 - 7)


5. The Challenges in Primary Care (Pages 27 - 45)
6. Overview of the current Health Partnership Developments in Barking and Dagenham, Havering and Redbridge, and relationship to London Health Devolution (Pages 47 - 48)

7. Draft Report- Oral Health in Early Years Scrutiny Review (Pages 49 - 81)

8. Results of Inspections undertaken by the Care Quality Commission on Local Adult Social Care Services- Quarter 2 207/18 (Pages 83 - 89)

9. Health and Wellbeing Board Forward Plan (Pages 91 - 99)

10. Healthwatch Barking & Dagenham's Enter & View and Project Reports (Pages 101 - 125)

11. Work Programme (Pages 127 - 128)

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

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

Private Business

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

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

One borough; one community;
London’s growth opportunity

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 Adult Services Select Committee

Monday, 13 November 2017
(7:00 - 8:40 pm)

Present: Cllr Peter Chand (Chair), Cllr Adegboyega Oluwole (Deputy Chair), Cllr Sanchia Alasia, Cllr Jane Jones, Cllr Eileen Keller, Cllr Linda Reason, Cllr Chris Rice and Cllr John White

Apologies: Cllr Hardial Singh Rai

20. Declaration of Members' Interests

There were no declarations of interest.

21. Minutes - To confirm as correct the minutes of the meeting held on 20 September 2017

The minutes of the meeting held on 20 September 2017 were confirmed as correct.

22. Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups' Consultations on Spending NHS Money Wisely

The Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) published a consultation document in September 2017 known as Spending NHS Money Wisely, Phase 2 (SNMW2). The consultation related to saving proposals in the following areas, which they estimated would save up to £4 million a year, if implemented:

- Cataract surgery;
- Podiatry;
- Ear wax removal;
- Some injections for back pain;
- Osteopathy; and
- Some medications (including vitamin D and threadworm medication).

Dr Ravi Goriparthi, a local GP and Clinical Director at BHR CCGs, delivered a presentation to the Committee, which summarised the outcomes of the first phase of the proposals launched in April 2017 (Spending NHS Money Wisely 1); and the proposals in SNMW2. The presentation covered the following areas:

- The BHR CCGs’ requirement to make savings of £55m from the budget in the 2017/18 financial year;
- Changes that took effect from 10 July 2017 as a result of the Spending Money Wisely 1 (SNMW1) proposals and should amount to £3m of savings;
- SNMW2 – an eight-week consultation ending at 5.00 pm on 15 November 2017 and the proposals within this consultation:
  - NHS prescribing - proposing GPs’ no longer prescribe certain medicines, most of which can be cheaply and easily bought over the counter. (There was also a national consultation on not prescribing...
‘low value’ medicines, held from 21 July - 21 October 2017);
• Ending treatment for ear wax removal;
• Ending some back pain injections;
• Ending Osteopathy (this service was not currently available in the borough);
• Changing the eligibility criteria for cataract surgery; and
• Changes to podiatry;
• Summary of SNMW2 engagement activity in the borough; and
• Confirmation that no decisions had yet been made.

Members were concerned about the proposal to tighten the eligibility criteria for cataract surgery from 6/9 to 6/12 visual acuity (a measure of how well a person sees in detail). They considered that reducing the number of cataract operations was a ‘false economy’ as the condition would worsen, and the patient would require surgery at a later point. Delaying the surgery could mean that some patients have a poorer quality of life and become at risk of having falls. Dr Goriparthi stated that cataracts progress variably but not uniformly, and consideration needed to be given to the risks of surgery, medication and allergies. He clarified that where the patient’s ability to work, give care or live independently is affected, they would still get the surgery. He added that one of the reasons for the proposal was that the current referral process for cataracts were confusing, which meant that there may be cases where opticians state that an operation was needed when in actual case, it was not.

Members were concerned that the proposal to restrict the criteria for cataracts operations were not in line with NICE guidelines. The BHR CCGs’ Communications Lead stated that the CCGs followed NICE guidelines where possible, but it was not mandatory, and proposals had to be balanced against cost effectiveness. Members stated that whilst it was not mandatory for CCGs to comply with NICE guidance, it was a common way of measuring the standard of care provided by NHS services. They asked that the BHR CCGs’ governing bodies, when making their decisions on the proposals in SMW2, carefully considered the extent to which each proposal would depart from NICE guidelines, were clear on the risks of doing so, and had a rationale for departing from the guidance if that is what they decide.

With regards to the proposal to end vitamin D supplements, Members commented that advice and information on dietary change and sunlight alone in high risk groups was unlikely to be effective. In these circumstances, prescribing until normal levels are reached, then stopping, would mean that residents would become deficient again in vitamin D. They asked whether supplements would continue for those who needed it and were unable to afford it. Dr Goriparthi stated that if patients were deficient in vitamin D and at risk of osteoporosis they would still receive supplements. However, he considered that there was a strong need for GPs to advise people on improvements to diet and exposure sunshine. He suspected that many people in Britain were deficient in vitamin D – it would not be possible for CCGs to fund vitamin D supplementation for everyone. The prescribing of supplements should be on an individual, rather than a general, basis.

Members disagreed with the proposal to stop funding threadworm medicine. They considered that this proposal, if implemented, was likely to adversely impact
families facing severe deprivation, which would give rise to concerns regarding a potential outbreak. They also commented that the saving of £3,022 a year did not outweigh the risk of an outbreak in the borough, given its deprivation levels. The Communications Lead stated that this proposal was based on the advice provided by Andrew Rixom, Consultant in Public Health. The Council’s Director of Public Health (DPH) stated that he would contact Mr Rixom to clarify what advice was given.

Members asked whether the CCGs had looked at the full range of over-the-counter medicine, so that in the case where the medicine was cheaper than the price of a prescription, GPs were advising people, who had to pay for their prescription, to purchase the medicine without a prescription. This would help ensure that those who had to pay for their prescription (but were on a restricted disposable income) did not end up paying more than they had to. Dr Goriparthi confirmed that patient feedback on the SNMW1 consultation on the proposals relating to prescribing had been very positive. He agreed with this point and stated that the cost of prescribing all medicines would continue to be reviewed with clinicians and pharmacists.

With regards to the proposal to no longer fund some injections for back pain, Dr Goriparthi stated that it was a very common condition and that the injections in question did not offer a cure, had no long-term benefit and that physiotherapy was more effective. In response to a question, he confirmed that disc infusion was a very specialist procedure and was undertaken rarely, and that patients could still be referred for an MRI scan in severe cases. The Communications Lead stated that the proposal to end back pain injections had been discussed with pain management experts at the local hospitals Trust and was based on their view that the injections were of limited effectiveness.

Members were disappointed that a full Equalities Impact Assessment (EIA) did not accompany the proposals, which would have made their potential impact on certain groups more transparent to them and to members of the public. They hoped that the CCGs would adopt best practice in carrying out EIAs for future saving proposals and that the governing bodies, when deciding whether or not to implement the proposals in SMW2, would very seriously consider the possible impacts on different groups in the borough, and the impact upon individuals and families facing deprivation. In response, the Communications Lead stated that an initial EIA had been carried out and published on the CCGs’ websites and that a more detailed one would be considered after all the responses to the consultation were received.

The Chair stated that the deadline to respond to the SNMW2 consultation was 5.00 pm on 15 November 2017 and that officers had produced a draft response to it on behalf of the Committee for members’ consideration. The Committee agreed that in addition to the points already made in the draft response, in relation to the proposals relating to cataract operations and vitamin D prescribing, they wished for the letter to also make the following points, based on their discussions:

- The Committee disagrees with proposal to stop funding mediation for threadworm;
- The importance of NICE guidance; and
- The importance of carrying out thorough an Equalities Impact Assessment
The Committee delegated authority to Councillor Chand, the Chair, to provide sign off on the final response to SNMW2 on behalf of the Committee.

23. Update on the Oral Health in Early Years 2017/18 Scrutiny Review

The Chair presented a report which updated the Committee on the progress of a ‘mini’ scrutiny review into Oral Health in Early Years which was started earlier on in the municipal year. The report asked members of the Committee, who attended the visits relating to the scrutiny review, to provide a verbal update on the key issues they noted from the sessions and whether there were potential recommendations to arise out of them.

Councillors Chand, Jones and Alasia attended a session with staff and parents of young children at the Gascoigne Children’s Centre. They provided feedback as follows:

- Staff at the Centre felt strongly that in some cases, the damage to children’s teeth had already started by the time they started attending the Centre. To address this, it would be helpful if the Council could ensure that health visitors, who visited new mums, provided early, clear advice to them around looking after their child’s oral health. In their experience, parents were very receptive to advice at this stage so it was important to utilise these opportunities. (The Council’s Public Health Strategist stated that evidence showed that the rate of decay in the borough shot up between the ages of 3 and 5);
- Not all parents seemed aware that children were entitled to free NHS dental treatment so this needs to be reinforced strongly;
- One parent commented that baby teeth were not important, when in fact this was entirely incorrect – awareness around this needs to be raised.

Councillors Chand and Keller visited the Westbury Day Nursery to talk to staff and noted that it had a very good education policy concerning oral health and was taking part in a pilot healthy teeth brushing project, which was very positive. Members asked officers to report back on why four of the borough’s pre-schools had not taken up this pilot initiative.

In response to a question, the DPH stated that possible reasons for higher rates of decay in some children from ethnic minority groups was a sugary diet and lack of awareness of the importance of healthy oral care habits.

The Committee noted that a session between some members and the Chair of the Local Dental Committee had been scheduled to take place this week, which was the final session relating to the scrutiny review. Officers aimed to present a draft scrutiny report to the January meeting, and the proposed final version of the report with recommendations to the March meeting.

24. Joint Health Overview & Scrutiny Committee - update

The Committee noted the report.
25. **Health and Wellbeing Board Forward Plan**

   The Committee agreed that, at this stage, there were no items on the Health and Wellbeing Board Forward Plan which needed pre-decision scrutiny.

26. **Work Programme**

   The Committee noted the Work programme for 2017/18.

   Members noted that the BHR CCGs’ had informed the Council earlier in the year of their intention to launch a consultation on ‘Community Urgent Care’ and that whilst they had initially indicated that the proposals in this consultation could be presented at tonight’s meeting, they had recently indicated that the proposals would not be ready for publication until after the New Year. As the Committee’s Work Programme showed that the agendas for the pre-scheduled meetings in January and February would be ‘full’, it may be necessary to arrange an additional meeting of the Committee to enable these proposals to be scrutinised adequately.
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Title: ‘The State of Care’ in Barking & Dagenham: CQC report on the quality of adult social care services 2014 to 2017, and local response

Report of the Strategic Director, Service Development and Integration

Open Report For Information

Report Author: Taslima Qureshi, Interim Head of Commissioning

Contact Details:
E-mail: Taslima.qureshi@lbbd.gov.uk

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

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

Summary:

The Care Quality Commission (CQC) is the independent regulator of health and social care services for England. In October 2014, they introduced its new inspection framework for adult social care and, for the first time, rated services as outstanding, good, requires improvement or inadequate. By February 2017 they had inspected all adult social care services registered with them.

In July 2017, CQC published a report entitled ‘The State of Adult Social Care Services 2014 to 2017’, with their initial findings of inspections in adult social care across England over that three-year period. Amongst the report’s conclusions were that almost four-fifths of adult social care services in England were rated as good (77%) or outstanding (2%) overall, with 19% requiring improvement, and 2% rated inadequate.

For London, a quarter of those services rated inadequate were in London. Barking & Dagenham is positioned in the worst 20% of local authorities nationally for services rated as requiring improvement or inadequate.

This report will outline the key points of the CQC State of Care report, reflect on our own local assessment of the state of care in the borough, and present the challenges and our local approach to improving quality and standards in the adult care provider market.

Recommendation(s)

Members of the Select Committee are recommended to review the document and comment on the local actions and approach taken.

Reason(s)

The Council has a responsibility for ensuring the quality and sufficiency of adult social care provision in the borough. The Care Quality Commission is the quality regulator for
social care and inspects local services. It is important that local people have confidence in social care services that are provided in the borough and this is an opportunity for Elected Members to review accounts of the current care market and the local response to improving quality in the sector.

1. Introduction and Background

1.1 The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England and are responsible for inspecting all health and social care providers that fall under their regulatory remit. The results of each category enable an overall rating to be achieved for each provider:

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

In addition, a small number of providers may be rated as ‘inspected but not rated’, generally because they are new businesses with insufficient work underway to allow the regulator to form a reliable judgment.

1.2 In July 2017, CQC published ‘State of adult social care services’ report, with their initial findings of inspections in adult social care across England. Adult Social Care services include services for adults aged 18+ who have care and support needs. These include people living with learning disabilities, mental health needs, physical and sensory disabilities, and older people. CQC’s activity includes more than 33,000 inspections of around 24,000 different locations across the country.

1.3 Their headline findings were:

- In England, almost four-fifths of adult social care services were rated as good (77%) or outstanding (2%) overall; however, 19% required improvement & 2% were rated inadequate;
- London had around 25% of the 343 locations rated inadequate across the country;
- Barking & Dagenham was in the worst-performing 20% of local authorities for having social care services that are rated as requiring improvement or inadequate.

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

2.1 Members of the Committee will receive a fuller presentation of the data at their meeting, to support their discussion of the findings of these reports.

2.2 The graph below shows the general distribution nationally across different types of care provision, between those rated good and those requiring improvement.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Inadequate</th>
<th>Requires Improvement</th>
<th>Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community social care (1,493)</td>
<td>1%</td>
<td>12%</td>
<td>85%</td>
<td>2%</td>
</tr>
<tr>
<td>Domiciliary care agencies (5,511)</td>
<td>1%</td>
<td>18%</td>
<td>80%</td>
<td>2%</td>
</tr>
<tr>
<td>Residential homes (10,858)</td>
<td>1%</td>
<td>18%</td>
<td>80%</td>
<td>1%</td>
</tr>
<tr>
<td>Nursing homes (4,042)</td>
<td>3%</td>
<td>29%</td>
<td>67%</td>
<td>1%</td>
</tr>
</tbody>
</table>

2.3 The map sets out an overall assessment of quality of services across the country, with lighter areas showing higher ratings of services, and the darker areas showing the lower assessments of quality.
Source: CQC ratings data, 5 May 2017. Quintiles are based on local authority ratings scores, based on all key question ratings for each adult social care location.

2.4 Comparable to London local authorities, CQC ratings cross nursing homes, residential homes and domiciliary care (homecare) agencies, all consistently place Barking & Dagenham in the bottom 20% of local authorities nationally, with the highest ratings of providers needing improvement or inadequate.
Differences between CQC ratings & LBBD local quality assurance

2.5 Our Quality Assurance Team works to a set of principles articulated in both the Care Act 2014 and its supporting guidance and as articulated by the Care Quality Commission. This sets the standards that any user of a service is entitled to expect. The Council’s Quality Assurance team brings CQC inspection reports together with our own intelligence about how services perform, through quality assurance reviews, complaints, serious incident report, and safeguarding alerts. This is distilled into a summary of the performance of a provider, and used at monthly review meetings with senior management to determine the level of focus and support that a provider requires. This is captured in a “BRAG” rating system (Black, Red, Amber, Green), summarised in the diagram below.

2.6 It is important to note that not all care and support services are regulated by CQC. Some are excluded from the framework or regulated service provision, such as individual self-employed personal assistants, or some forms of supported living scheme. However, the Council’s Quality Assurance approach seeks to include all local provision in relation to the care market, including personal assistants, small ‘micro-providers’ of elements of care, and supported living.

3. Overview of findings in Barking & Dagenham

3.1 The following presents the ‘state of care’ in Barking & Dagenham. It compares the findings of the local commissioners of adult social care services to the published judgments of the Care Quality Commission. Later sections will outline what is being done to work with providers to improve quality.
Residential/Nursing Care Homes for Older People

3.2 We have 10 nursing and residential homes in the Borough, including one run by the Council (Kallar Lodge, rated Good).

3.3 In general, CQC and the Council are in overall agreement in the ratings for these providers. There is one exception, whereby the Council and the Clinical Commissioning Group have been unable to replicate the evidence used by CQC to rate the provider as inadequate. We have, nonetheless identified a number of improvements that needed to be made and worked with them on an action plan to sustain improvement. The home has recently transferred to a new company owner, and initial work with the new management is proving positive.

<table>
<thead>
<tr>
<th>CQC rating between May 2016-August 2017 (under new inspection framework)</th>
<th>Council Quality Assurance Team inspection (May 2016-August 2017) &amp; repeat visits to those requiring improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good: 6</td>
<td>Green: 8</td>
</tr>
<tr>
<td>Requires Improvement: 3</td>
<td>Red: 2</td>
</tr>
<tr>
<td>Inadequate: 1</td>
<td></td>
</tr>
</tbody>
</table>

Supported Living, including learning disability and mental health services

3.4 The borough has 11 providers of supported living services in the Borough, with which we make placements for our own service users. Supported living is a form of accommodation in which the service user has their own tenancy, but calls on care provided onsite to the whole group living setting. It can vary widely in terms of the level of care provided, and some does not reach a level whereby formal registration with CQC would be required. Given the vast range of provision, it is not always the case that the Council knows about supported living schemes operating within the borough, and we have in the past become aware of small schemes through safeguarding concerns being raised.

3.5 On the whole, there is again consistency between the Council and CQC in assessing this section of the provider market. One of the providers (Sahara Parkside) rated as requiring improvement is also rated Red by our QA team, and there have been several changes in management over the past 18 months which may have contributed to the level of concerns we share with CQC.

<table>
<thead>
<tr>
<th>CQC rating between May 2016-August 2017 (under new inspection framework)</th>
<th>Council Quality Assurance Team inspection (May 2016-August 2017) &amp; repeat visits to those requiring improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good: 7</td>
<td>Green: 9</td>
</tr>
<tr>
<td>Requires Improvement: 3</td>
<td>Red: 1</td>
</tr>
<tr>
<td>Registered not inspected: 1</td>
<td>Black: 1</td>
</tr>
</tbody>
</table>
Extra Care schemes in the Borough

3.6 Extra care housing is a form of housing with care on site designed for older people. It has more provision that a sheltered accommodation scheme, often with more communal activity, but it is not provided at the level of a residential care home.

3.7 Following the move of the Council’s in-house extra care schemes to an enhanced sheltered housing model, the borough retains four extra care housing sites, run under contract by a single provider. This provider changes in the coming months, and we will be working with them to see improvement in the two locations rated as requiring improvement by CQC.

<table>
<thead>
<tr>
<th>CQC rating between May 2016-August 2017 (under new inspection framework)</th>
<th>LBBD Quality Assurance Team inspection (May 2016-August 2017) &amp; repeat visits to those requiring improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good: 2</td>
<td>Green: 2</td>
</tr>
<tr>
<td>Requires improvement: 2</td>
<td>Amber: 2</td>
</tr>
</tbody>
</table>

Domiciliary Care/ Homecare Agencies

3.8 The Council undertook a tender exercise to develop an approved list of providers for all home care and crisis intervention services. The process resulted in 14 providers being awarded a contract with the Council.

3.9 Six of these contracted providers are headquartered in Barking & Dagenham, and it is the office base that CQC use in order to determine the borough in which the service runs (this can be a local office or a larger headquarters, depending on how the service chooses to register with CQC).

3.10 In addition to the 14 providers on our contract framework, there are 13 other domiciliary providers who are currently providing services to LBBD service users. This is due to the fact that the tender process was only in relation to new packages of care as the decision was taken that all existing providers who were unsuccessful in the process would keep their clients (unless there were concerns about the quality of service being provided) in order to maintain continuity for the service users who had developed relationships with their carers.

3.11 Other examples of why a provider without a contract would be used to deliver a care package are:

- To avoid a delayed discharge when none of the contracted providers have capacity.

- When a service user has complex needs (i.e. a severe head injury) and none of the contracted providers have the necessary skills to provide care for them.

- Where a provider with a specialism that none of the contract providers has is required (i.e. carers who can use sign language).

3.12 In total the Local Authority are currently commissioning 684 packages of care to adults in the borough, 63% of these care packages are being delivered by just four
providers (all of which are on the approved provider list). The distribution of care packages among these 4 largest providers is shown below, along with their CQC and LBBD Quality Assurance ratings:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Proportion of care packages held</th>
<th>CQC rating</th>
<th>QA rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider 1</td>
<td>10.7%</td>
<td>Good</td>
<td>Green</td>
</tr>
<tr>
<td>Provider 2</td>
<td>10.9%</td>
<td>Requires improvement</td>
<td>Amber</td>
</tr>
<tr>
<td>Provider 3</td>
<td>18.13%</td>
<td>Good</td>
<td>Green</td>
</tr>
<tr>
<td>Provider 4</td>
<td>23.50%</td>
<td>Good</td>
<td>Green</td>
</tr>
</tbody>
</table>

3.13 The table below summarises the split between in-borough and out-of-borough agencies that are on the Council’s contract framework. The Council has an improvement plan in place with the providers who require improvement, and there is consistency with the CQC ratings.

<table>
<thead>
<tr>
<th>CQC rating between May 2016-August 2017 (under new inspection framework)</th>
<th>In Borough on approved list</th>
<th>Out of Borough on approved list</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>3</td>
<td>Good</td>
</tr>
<tr>
<td>Requires Improvement</td>
<td>1</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Not Yet Inspected</td>
<td>1</td>
<td>Not Yet Inspected</td>
</tr>
<tr>
<td>Pres 2015</td>
<td>1</td>
<td>Pres 2015</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

Providers registered in Barking & Dagenham but not currently used by the Council

3.14 We currently have an additional 35 homecare providers who are based in the London Borough of Barking & Dagenham and have registered with CQC but are not used by the local authority. CQC have provided us with information relating to the findings of their inspections into these 35 providers, a breakdown of which can be found below:

<table>
<thead>
<tr>
<th>CQC rating for Providers registered in Barking &amp; Dagenham but not currently used by the Council</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>7</td>
</tr>
<tr>
<td>Requires Improvement</td>
<td>2</td>
</tr>
<tr>
<td>Not Yet Inspected</td>
<td>20</td>
</tr>
<tr>
<td>Inspected, Not Rated</td>
<td>4</td>
</tr>
<tr>
<td>Inadequate</td>
<td>2</td>
</tr>
<tr>
<td>Pre 2015</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>35</td>
</tr>
</tbody>
</table>

3.15 As shown above, a large proportion of these providers are yet to be inspected by the CQC. This is largely due to the fact that they are not yet providing care to any individuals therefore the CQC are unable to inspect.

3.16 As part of the Adults’ Care and Support Quality Assurance Policy and Procedures the Quality Assurance Team carry out introductory visits and then annual quality
assurance monitoring visits to all domiciliary agencies located in the borough, regardless of whether they are providing services to LBBD residents or not.

4. **Our local challenges in care market in Barking & Dagenham**

4.1 **Rate of new providers setting up and registering in Barking & Dagenham:** As Barking and Dagenham has some of the cheapest accommodation prices in London both in terms of housing and offices there are concerns that a number of new residential, supported living and domiciliary providers are setting up in the borough providing services to adults with care and support needs. Also, there are relatively low entry costs to the homecare market, and establishing a homecare business requires relatively little in terms of initial overheads, which makes establishing one initially easy.

4.2 There is no requirement on such new businesses to proactively register with the Council, and so it can be some time until we become aware of their arrival. Often, the commissioning team only become aware of them once a safeguard or other concern is raised. In response to these rising safeguarding concerns, we are using a number of intelligence sources to identify previously unknown providers operating in both the domiciliary and residential/supported living fields to carry out quality assurance visits and put in place improvement plans. However there remain concerns that a number of providers may be operating in the borough without the Council’s knowledge.

4.3 **Self-managed direct payment and personal budgets:** Adults can choose a Direct Payment to purchase their own services. We have a statutory duty under the Care Act to ensure that adults with care and support needs are protected from abuse and neglect irrespective of whether they are in receipt of services. It is likely that more people will purchase services from organisations that have not been through a formal procurement or tender process with the Council, and therefore these providers have not been quality assured as part of a Council contract. We are however looking at options to improving provider accreditation schemes and working with other boroughs to support these initiatives.

4.4 **Health providers and collaborative working with other boroughs:** There are some providers who are regulated under the social care framework but are contracted, through Continuing Healthcare funding or similar, by the NHS not the Council. Where this is the case, and they are rated inadequate or requiring improvement, the Council works in collaboration with the Clinical Commissioning Group and NELFT in sharing intelligence and undertaking joint planned and unplanned reviews. This is activity we need to continue to strengthen. We also aim to work better across boroughs to share information on quality and delivery of health and social care providers, which in turn helps where the providers are based in Barking & Dagenham but have 100% out of borough placements.

4.5 **Commissioners’ market positioning:** We face increasing challenges with the local provider market, with providers often having difficulty in recruiting and retaining staff to care for people, or to pay above the absolute minimum wage. Caution must be exercised in straightforwardly equating quality and price paid for care, but it is the case that the financial pressure on the care provider market does degrade quality in a number of cases. As we are face rising costs, both inflationary and to
meet higher needs, demand and supply pressures and market forces do not always support the increases required in quality.

5. **How we are responding to improving Quality**

5.1 Adults’ Care & Support Commissioning have recently introduced a refreshed Quality Assurance Policy and Procedures. The key aims of the policy are to:

- Give clear and accountable information on the processes and procedures used to quality assure, particularly in the context of personalisation where we no longer rely solely on contract monitoring to monitor performance;
- Provide clarity on how the local quality assurance policy fits with existing quality assurance frameworks such as the Care Quality Commission (CQC);
- Clarify the relationship between Quality Assurance and Safeguarding so that there is clarity about how the different functions are carried out.

5.2 The Council also runs a programme of volunteer-led spot checks for providers, whereby phone calls are made to around 50 service users per month to ask them their views on the quality of care they receive, and whether they have any concerns. This backs up the work done by social care teams to review annually all care packages. Spot checks are done initially at random, but can also be targeted based on emerging intelligence. Anything of concern reported by a service user is fed back to the provider, or reported in through the safeguarding process as appropriate.

5.3 Adults’ Care & Support are also in the process of reviewing the Council’s own internal processes for assuring the quality of the work within its social work teams. The strategy incorporates a process of audit of social work case files which will provide the Council and the Safeguarding Adults Board with assurance around the standards within social work in the Council.

**Joint work with health and other partners**

5.4 We are already working closely with the Clinical Commissioning Group (CCG) and other health colleagues to improve the quality of health providers, such as nursing homes. The CCG have committed to improving the flow of information sharing and will undertake joint planned and unplanned reviews of provider services with the Quality Assurance team. The CCG will also support providers to take necessary actions where improvements are identified.

5.5 The Local Quality Surveillance Group is a multi-agency, cross-borough forum coordinated by NHS England, which meets 6 weekly to discuss quality and delivery of health and social care providers. This group consists of representatives from the three local authorities (Barking & Dagenham, Havering and Redbridge), Barking Havering & Redbridge University Hospitals Trust, Healthwatch, CQC, the Clinical Commissioning Group (CCG) and the London Ambulance Service.

5.6 The Council is an active participant in the Association of Directors of Adult Social Services’ Commissioners’ Network, which is a 6-weekly meeting of all London commissioners in which boroughs come together to discuss commissioning challenges, the state of the provider market, and share best practice. The Care
Quality Commission attend these meetings periodically to give updates on their workplan and quality assurance approaches and methodologies are regularly discussed at the meetings.

**HealthWatch**

5.7 Healthwatch has statutory powers to carry out enter and view visits to publicly funded health and social care services in the borough, and make any necessary recommendations for improvement. Enter and View visits are carried out by the Healthwatch team alongside trained volunteers and the visits can be planned or can be unannounced. The reports are written up by the Healthwatch team and are published on their website.

**Provider Forums**

5.8 We currently coordinate a number of provider forums for different market sectors, and have plans in place to refresh and strengthen them. This enables sharing of best practice and learning, and for providers to raise any issues or feedback as a collective. These forums are held regularly and actively contribute to the improvement of service quality.

**Self-managed direct payment or personal budget**

5.9 As the numbers of people receiving a self-managed direct payment or personal budget and providers have not been through a formal procurement or tender process with the Council; the Council offers an accreditation scheme and inclusion on its website of accredited providers, for those who choose to be accredited.

5.10 This framework for accreditation was developed in conjunction with other boroughs in East London and has now been absorbed by Barking and Dagenham into the new Quality Assurance Policy (referred to above). It also provides users of self-managed Personal Budgets and people who self-fund their care, assurance when purchasing these services. However, the accreditation is currently voluntary and is under review to ensure the assurance framework is less onerous on providers.

**Care and Support Hub, and wider information and advice offer**

5.11 Once quality services are verified, either via registration through the CQC or via the local accreditation scheme, they are included on the Council’s Care and Support Hub. The Care and Support Hub is an online Adult Social Care service directory, which offers the opportunity for residents to view a range of services available in Barking and Dagenham, with the knowledge that these services have gone through the Council’s accreditation process.

5.12 The Hub aims to help residents to make better informed decisions about the care and support they want to purchase through their direct payment. The future of the Hub is being reviewed as part of a wider refresh planned of the Council’s information and advice offer. This will include raising the profile of reporting concerns about the quality of services and about harmful practice.
Alternative contracting models & technological solutions to an accredited market place

5.13 Traditional block contracts, frameworks and spot purchases do not always support commissioners to manage the provider market to meet peaks and troughs of demand and needs, that offer the best quality of service for the service user or the Council. Sometimes they also do not offer the best possible cost.

5.14 Commissioning managers are therefore currently scoping the possibility of introducing more flexible 'dynamic purchasing systems', which would provider service brokers and service users themselves a more consistent view of the information we hold on a provider, their journey to improved quality and the price of their services. Such a system would also track more effectively the accreditation process so that commissioners could work with providers more consistently, both individually and as a whole market. This system will also aim to give providers better information about where the market opportunities are so that they can grow their business in the right direction, changing the conversation between the providers and the Council into a more positive one about the future of care.

6. Conclusion

Members of the Committee will have noted that there is a way to go before providers of adult social care services in the borough are consistently delivering the quality of care that residents can expect. During the discussion, members Committee will have an opportunity to reflect on the work done to improve social care quality, and the further opportunities to improve the standard of care provided to residents of the borough.
APPENDIX 1

Barking and Dagenham CQC ratings by care sector:

<table>
<thead>
<tr>
<th>Providers</th>
<th>CQC rating</th>
<th>Date of Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care Homes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>George Brooker House</td>
<td>Good</td>
<td>09/06/2016</td>
</tr>
<tr>
<td>Bennetts Castle Care Centre</td>
<td>Good</td>
<td>19/04/2017</td>
</tr>
<tr>
<td>Hanbury Court Care Home</td>
<td>Requires improvement</td>
<td>28/06/2017</td>
</tr>
<tr>
<td>Park View</td>
<td>Good</td>
<td>05/08/2016</td>
</tr>
<tr>
<td>Sahara Parkside</td>
<td>Requires improvement</td>
<td>10/06/2017</td>
</tr>
<tr>
<td>Chestnut Court Care Home</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Chasewater Care Home</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Abbey Care Home</td>
<td>Requires improvement</td>
<td>09/11/2016</td>
</tr>
<tr>
<td>Alexander Court Care Centre</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Cherry Orchard</td>
<td>Good</td>
<td>11/05/2016</td>
</tr>
<tr>
<td>Cloud House</td>
<td>Requires improvement</td>
<td>28/03/2017</td>
</tr>
<tr>
<td>Faircross Care Home London Limited</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Siloam Lodge - Dagenham</td>
<td>Good</td>
<td>24/01/2017</td>
</tr>
<tr>
<td><strong>Supported Living</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ridley Community Project</td>
<td>Good</td>
<td>08/02/2017</td>
</tr>
<tr>
<td>Outlook Care - Dagenham Road</td>
<td>Good</td>
<td>19/07/2016</td>
</tr>
<tr>
<td>Outlook Care - Maplestead Road</td>
<td>Good</td>
<td>29/07/2017</td>
</tr>
<tr>
<td>Hart Lodge</td>
<td>Good</td>
<td>25/05/2017</td>
</tr>
<tr>
<td>Campion Close Project</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Strathfield Gardens</td>
<td>Good</td>
<td>08/05/2015</td>
</tr>
<tr>
<td>Lynwood</td>
<td>Good</td>
<td>01/08/2017</td>
</tr>
<tr>
<td>Outreach Support Services Limited</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Smiles HealthCare Professionals (UK) Limited</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Fortis House Topaz</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td><strong>Contracted Homecare Providers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anytime Care 2020</td>
<td>Not yet inspected</td>
<td>Feb-15</td>
</tr>
<tr>
<td>Ark Home Healthcare LTD</td>
<td>Not yet inspected</td>
<td>May-17</td>
</tr>
<tr>
<td>Bluebird Care</td>
<td>Good</td>
<td>Oct-17</td>
</tr>
<tr>
<td>Caronne Care</td>
<td>Requires Improvement</td>
<td>Sep-16</td>
</tr>
<tr>
<td>De Vere Care</td>
<td>Good</td>
<td>Mar-16</td>
</tr>
<tr>
<td>Focus Care Link (Camden Office)</td>
<td>Good</td>
<td>Aug-16</td>
</tr>
<tr>
<td>Genesis</td>
<td>Not yet inspected</td>
<td>Nov-15</td>
</tr>
<tr>
<td>Service Provider</td>
<td>Rating</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Goldsmith Personnel</td>
<td>Good</td>
<td>Apr-16</td>
</tr>
<tr>
<td>Oasis Care</td>
<td>Requires Improvement</td>
<td>Aug-17</td>
</tr>
<tr>
<td>Rosemont Care</td>
<td>Good</td>
<td>May-17</td>
</tr>
<tr>
<td>Starcare</td>
<td>Good</td>
<td>Feb-17</td>
</tr>
<tr>
<td>Three Sisters</td>
<td>Requires Improvement</td>
<td>Jun-17</td>
</tr>
<tr>
<td>TLC Care Services (Redbridge) Triangle</td>
<td>All requirements met</td>
<td>Feb-14</td>
</tr>
<tr>
<td>Westminster</td>
<td>Not yet inspected</td>
<td>Jul-17</td>
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</table>

**Homecare Providers not on contract but providing services to Barking & Dagenham Residents**

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Rating</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DABD</td>
<td>Good</td>
<td>09/03/2017</td>
</tr>
<tr>
<td>Sincere Care Limited</td>
<td>Good</td>
<td>17/11/2016</td>
</tr>
<tr>
<td>Br3akfree Limited</td>
<td>Requires improvement</td>
<td>30/03/2017</td>
</tr>
<tr>
<td>Fern Care Services Limited</td>
<td>Good</td>
<td>12/02/2015</td>
</tr>
</tbody>
</table>

**Homecare providers not currently providing services to Barking & Dagenham residents**

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Rating</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prompt Healthcare Staffing Limited</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Homecare UK (Dagenham)</td>
<td>Good</td>
<td>24/10/2017</td>
</tr>
<tr>
<td>Wideway Care Limited - 10a Station Parade</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Babs Mallison Limited</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Recruitcare Professionals Ltd</td>
<td>Good</td>
<td>24/12/2015</td>
</tr>
<tr>
<td>Firstchoice Consultancy Ltd</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Liberty Centre</td>
<td>Good</td>
<td>30/10/2015</td>
</tr>
<tr>
<td>Home Care Assistance UK Ltd</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Reform Corporation</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Diversity Health and Social Care Limited</td>
<td>Good</td>
<td>11/03/2016</td>
</tr>
<tr>
<td>Redspot Homecare (Contracts) Limited</td>
<td>Requires improvement</td>
<td>11/03/2017</td>
</tr>
<tr>
<td>Home Sweet Home Care Limited</td>
<td>Good</td>
<td>17/11/2017</td>
</tr>
<tr>
<td>Neeta Care Services</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>HWE Office</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Candid Health Care (CHC) Ltd</td>
<td>Good</td>
<td>21/07/2016</td>
</tr>
<tr>
<td>Dynasty Healthcare Services UK Ltd</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Oceanic Care Services Ltd</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Pacific Care Services London</td>
<td>Good</td>
<td>17/11/2017</td>
</tr>
<tr>
<td>Health Work Exchange</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Rainham House</td>
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<td></td>
</tr>
<tr>
<td>ICare Resource Limited</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Barking Metropolitan</td>
<td>Inadequate</td>
<td>27/07/2017</td>
</tr>
<tr>
<td>Carewatch (Redbridge)</td>
<td>Good</td>
<td>06/05/2017</td>
</tr>
<tr>
<td>Company Name</td>
<td>Rating</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Saving Lives Global Limited</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Bestchoice Global Ltd</td>
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<td></td>
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<tr>
<td>Church Elm Lane</td>
<td>Not yet inspected</td>
<td></td>
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<tr>
<td>Care1 Professional Services LTD</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Barmat Healthcare Limited</td>
<td>Not yet inspected</td>
<td></td>
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<tr>
<td>Chenai Holistic Home Care Agency Ltd</td>
<td>Good</td>
<td>11/05/2017</td>
</tr>
<tr>
<td>Springfields Supported Services</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Fortis House Topaz</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Fortis House Mevtec</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>KAF Healthcare Training Centre Ltd</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Main Office</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Bolta Care Services</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Harp House</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Jhumat House</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Trading Office</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Essex</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Barking Enterprise Centre</td>
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<td></td>
</tr>
<tr>
<td>Unit 214 Barking Enterprise Centre</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Nomase Care Ltd - Chadwell Heath</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Zenith Care Recruitment</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>ICON OFFICES</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Atlantis Homecare Services Limited</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Shalom Care</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Care by Angels</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Grossdale Care Agency</td>
<td>Not yet inspected</td>
<td></td>
</tr>
<tr>
<td>Barking Enterprise Centre - Reline Care</td>
<td>Inadequate</td>
<td>25/05/2017</td>
</tr>
</tbody>
</table>

**Extra Care Schemes**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rating</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colin Pond Court</td>
<td>Good</td>
<td>21/07/2017</td>
</tr>
<tr>
<td>Darcy House</td>
<td>Requires improvement</td>
<td>28/01/2017</td>
</tr>
<tr>
<td>Harp House</td>
<td>Good</td>
<td>14/12/2016</td>
</tr>
<tr>
<td>Fred Tibble Court</td>
<td>Requires improvement</td>
<td>11/07/2017</td>
</tr>
<tr>
<td>George Crouch Centre</td>
<td>Good</td>
<td>11/02/2016 (de-registering)</td>
</tr>
<tr>
<td>Millicent Preston House</td>
<td>Good</td>
<td>24/06/2016 (de-registering)</td>
</tr>
<tr>
<td>Ted Hennem House</td>
<td>Good</td>
<td>19/05/2016 (de-registering)</td>
</tr>
</tbody>
</table>
The below charts show the breakdown of the current CQC findings for all residential, nursing and extra care services located in the borough and all domiciliary care providers that are either located in or used by the Local Authority:

**Residential, Nursing and Extra Care**

- Good: 55%
- Registered but not inspected: 18%
- Requires Improvement: 27%

**All Home Care & Crisis Intervention**

- Good: 31%
- Registered not inspected: 45%
- Requires Improvement: 11%
- Pre 2015: 2%
- Inspected, not rated: 8%
- Inadequate: 3%
LBBD Compared to the national picture

Below shows the breakdown of the ratings of the Barking and Dagenham services which have been inspected and rated compared to the national picture:

All Services

![Bar chart showing the breakdown of ratings for LBBD, National, and London services.]

- Requires Improvement: 19% (LBBD), 20% (National), 10% (London)
- Inadequate: 5% (LBBD), 2% (National), 1% (London)
- Good: 68% (LBBD), 77% (National), 78% (London)
- Outstanding: 0% (LBBD), 2% (National), 1% (London)
Primary Care Transformation Update

Health and Adult Services Select Committee
10 January 2018

Sarah See, Director of Primary Care Transformation

Barkingdagenhamccg.nhs.uk
@BD_CCG
PMS review: Overview

- February 2014: NHS England (NHSE) issued national guidance that all Personal Medical Contracts (PMS) contracts must be reviewed

- PMS contracts allow GPs to receive extra payments for providing enhanced services to meet local needs
  - but result in great variation in payments between practices and little evidence that contracts have improved outcomes for patients

- Review aims to create a consistent approach, ensuring GPs are paid equally for providing the same services

- CCGs were asked to come up with “commissioning intentions”, to form the basis of their local PMS offer. This would be in addition to core contracts which would be consistent across London

- December 2016: NHSE and Londonwide Local Medical Councils (LW-LMCs) agreed a “one size fits all” approach will not work and asked CCGs to progress the review at local level.
PMS review: Overview, cont.

• Review will make the system fairer by paying every practice in a borough the same basic amount per patient

• CCG aims to ensure no GP practice is unfairly disadvantaged by the review

• There will be no reduction in the level of GP funding in the CCG area

• Review will give patients access to the same range of services regardless of what type of contract is held by the practice they are registered with

• The CCG understands that any practice whose basic income is seen to be reducing will be worried, so we’re developing a transition plan and will work closely with practices to help manage this change

• Review is part of a wider transformation plan, which will bring investment in workforce, new technologies and ways of working.
### PMS review: Local context across BHR

<table>
<thead>
<tr>
<th>CCG</th>
<th>No. of PMS practices</th>
<th>Total premium value</th>
<th>Ranking of premium value in London</th>
<th>Min/max premium (£pwp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking &amp; Dagenham</td>
<td>11/37</td>
<td>£2,294,683</td>
<td>2nd highest premium</td>
<td>£10.97/£58.47</td>
</tr>
<tr>
<td>Havering</td>
<td>13/44</td>
<td>£1,005,792</td>
<td>3rd lowest premium</td>
<td>£9.59/£10.43</td>
</tr>
<tr>
<td>Redbridge</td>
<td>12/44</td>
<td>£763,045</td>
<td>8th lowest premium</td>
<td>£-5.36/£22.74</td>
</tr>
</tbody>
</table>
PMS review: Financial affordability principles

• Over five years GP contract costs will increase by £7.3m (from £62.9m to £70.2m) across BHR – exceeding our funding increase

• CCGs are required to remain overall within their control totals during the timeframe of the plan

• Each CCG area is in a different state regarding current funding to practices - Barking and Dagenham (B&D) remains challenged

• A balance in funding must be achieved to equalise PMS and general medical services (GMS) GP contracts.
PMS review: Next steps

• B&D CCG is developing new core contracts, and determining which additional services, if affordable, could be provided by PMS/GMS practices and how much the new premium for providing those will be.

• At the end of this process all patients will have access to the same range of services, reflecting the unique needs and challenges of their borough, and GPs will be paid equitably for providing the same services.
## CQC: Inspections across BHR

Based on all original inspections  
**Date range of inspection December 2016-March 2017**

<table>
<thead>
<tr>
<th>CCG</th>
<th>Total no. of practices</th>
<th>No. of visits with published reports</th>
<th>% of visits with published reports</th>
<th>No. rated ‘inadequate’</th>
<th>% rated ‘inadequate’</th>
<th>No. rated ‘requires improvement’</th>
<th>% rated ‘requires improvement’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking &amp; Dagenham</td>
<td>37</td>
<td>36*</td>
<td>97</td>
<td>5</td>
<td>13.8</td>
<td>7</td>
<td>19.4</td>
</tr>
<tr>
<td>Havering</td>
<td>45</td>
<td>44</td>
<td>97</td>
<td>4</td>
<td>9</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Redbridge</td>
<td>45</td>
<td>45</td>
<td>100</td>
<td>3</td>
<td>6.6</td>
<td>13</td>
<td>28.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>127</strong></td>
<td><strong>125</strong></td>
<td><strong>98.4</strong></td>
<td><strong>12</strong></td>
<td><strong>9.6</strong></td>
<td><strong>31</strong></td>
<td><strong>24.8</strong></td>
</tr>
</tbody>
</table>

CQC: Re-inspections across BHR
As at 9 November 2017

<table>
<thead>
<tr>
<th>CCG</th>
<th>Total no. of practices</th>
<th>No. of visits with published reports</th>
<th>% of visits with published reports</th>
<th>No. rated ‘inadequate’</th>
<th>% rated ‘inadequate’</th>
<th>No. rated ‘requires improvement’</th>
<th>% rated ‘requires improvement’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking &amp; Dagenham</td>
<td>36</td>
<td>35*</td>
<td>97</td>
<td>1</td>
<td>2.8</td>
<td>6</td>
<td>17.1</td>
</tr>
<tr>
<td>Havering</td>
<td>45</td>
<td>44</td>
<td>97</td>
<td>6</td>
<td>13.6</td>
<td>6</td>
<td>13.6</td>
</tr>
<tr>
<td>Redbridge</td>
<td>44</td>
<td>44</td>
<td>100</td>
<td>1</td>
<td>2.2</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td>123</td>
<td>98.4</td>
<td>8</td>
<td>6.4</td>
<td>23</td>
<td>18.5</td>
</tr>
</tbody>
</table>

## CQC: Re-inspections in Barking and Dagenham

Status following re-inspection of practices originally rated ‘inadequate’ or ‘requires improvement’.

<table>
<thead>
<tr>
<th>Practice name</th>
<th>Address</th>
<th>Original CQC rating</th>
<th>New CQC rating at 08 Nov 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five Elms Medical Practice</td>
<td>Five Elms Lane, RM9 5TT</td>
<td>Inadequate</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Hedgemans Surgery</td>
<td>92 Hedgemans Road, RM9 6HT</td>
<td>Requires improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Victoria Medical Centre</td>
<td>1 Queen's Road, IG11 8GD</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Valence Medical Centre</td>
<td>561-563 Valence Avenue, RM8 3RH</td>
<td>Requires improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Abbey Medical Centre</td>
<td>1 Harpour Road, IG11 8RJ</td>
<td>Inadequate</td>
<td>Good</td>
</tr>
<tr>
<td>Heathway Medical Centre</td>
<td>Broad Street Resource Centre, RM10 9HU</td>
<td>Inadequate</td>
<td>Good</td>
</tr>
<tr>
<td>Markyate Surgery</td>
<td>Markyate Road, RM8 2LD</td>
<td>Inadequate</td>
<td>No updated report published/available</td>
</tr>
<tr>
<td>Becontree Medical Centre</td>
<td>645 Becontree Avenue, RM8 3HP</td>
<td>Requires improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Urswick Medical Centre (Dr Alkaisy)</td>
<td>Urswick Road, RM9 6EA</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>The Surgery (Drs Afser &amp; Arif)</td>
<td>620 Longbridge Road, RM8 2AJ</td>
<td>Inadequate</td>
<td>Requires improvement</td>
</tr>
</tbody>
</table>
CQC: support offered to practices

- **Template policies and procedures** – include confidentiality, correspondence, dealing with medical device and safety alerts, repeat prescribing, recruitment, significant event review template, and complaints procedure

- **Access to online training resource** – includes complaints handling, equality and diversity, fire safety, health and safety, infection control, and manual handling

- **Face to face training and workshops in 2017** – includes infection control (clinical and non-clinical staff), safeguarding, fire safety, health and safety, chaperone training, and CPR

- **Support programme for practices rated ‘requires improvement’ (2017)** – provides practical support to help practices make improvements and achieve a ‘good’ rating at re-inspection
  - Independent organisation was commissioned to lead the programme (led by a former Medical Director)
  - Final summary report will be taken to the Primary Care Commissioning Committee in January 2018, and a workshop will be held to review the findings (HWBB Chair / Vice Chair will be invited to participate).
GP networks

- Three networks established - meet monthly as part of the GP protected time initiative:
  1. North (Chadwell Heath)
  2. East (Dagenham)
  3. West (Barking – Thames)

- Each network has an elected Chair and Vice Chair

- Networks, in collaboration with acute consultants, working to implement the national ‘Advice and Guidance’ initiative between secondary and primary care

- Network council is now established, and network leads are able to undertake a leadership development programme commissioned by the CCG from UCL Partners.
Diabetes local incentive schemes update

• Diabetes continues to be a key network priority

• CCG commissioned a local incentive scheme on diabetes prevention and improvement - clinically focused for GPs with financial incentives for achieving indicators

• There are contractual agreements for all practices for delivery

• Key performance indicators include requirements that practices:

  1. Establish a pre-diabetic register for patients at risk of developing diabetes
  2. > 50% of patients on pre-diabetic register are screened annually
  3. > 50% of patients with diabetes (type 1 and type 2) receive the eight NICE recommended care processes
  4. A 7% increase in patients with controlled HbA1c (haemoglobin)
  5. A 10% increase in recording newly diagnosed patients with type 2 diabetes
  6. Improvement in record keeping of a structured education programme
  7. Audit patients having unplanned admissions related to diabetes and discuss findings at locality/network meetings.
Results from B&D: Phase 1, Sep 2017*

Quality improvement indicator: According to NICE guidance, all practices to improve number of patients receiving eight care processes.

Results:
• 20 practices met the 60% target completion rate on 30 September 2017.

Results (Oct 16-Oct 17):
Increase from baseline of 2,948 (24%) to 7,558 (60%) in the number of patients receiving eight care processes (UK average is 53.7%).

*These results are being validated. Expected that total numbers will rise adjusting for BHRUT issues.
Quality improvement indicator: According to NICE guidance, all practices to create a pre-diabetes register from existing patients that is 4% of the practice population size.

Results:
• All practices now have a pre-diabetes register
• 23 practices have met the target of 4% of the practice population.
• Demographics and local factors are likely to have a bearing where this level was not achieved. This is being investigated with relevant practices.

Results (Oct 16-Oct 17):
Increase from baseline of 1,258 (Oct 16) to 10,583 (Sep 17) in the number of patients identified as being at-risk of diabetes.
• Practices nominated for resilience funding in two ways this year:
  1. Self-nomination
  2. CCG nomination - the CCG and LMCs reviewed the local data and agreed list of practices to be put forward

• STP 2017/18 resilience allocation - £352,013

• 18 practices across B&D were successful; B&D will receive £53,697 of the STP resilience allocation (15%)

• Examples of how the funding is being used:
  • Training and development for staff, including mentoring and coaching
  • Support with making the changes required by CQC, i.e. short term funding for additional nursing/GP hours
  • Funding to support practices developing business cases for mergers
  • Support with recruitment and retention (e.g. agency fees).
## Workforce

**General Practice Forward View intention**

<table>
<thead>
<tr>
<th>BHR plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workflow optimisation – Medical Assistants, Phase 1</strong></td>
</tr>
<tr>
<td>BHR CCGs have commissioned BHR GP Solutions (GPS) to implement a <strong>medical assistants programme</strong> across BHR to assist GPs with workload (based on Brighton and Hove model). Four practices in B&amp;D have been involved in this programme.</td>
</tr>
<tr>
<td><strong>GP recruitment</strong></td>
</tr>
<tr>
<td>BHR CCGs have successfully bid for funding from NHSE to support the <strong>recruitment of 21 GPs from overseas.</strong></td>
</tr>
<tr>
<td><strong>Clinical pharmacists</strong></td>
</tr>
<tr>
<td>BHR GPS is piloting a <strong>clinical pharmacist (CP) programme</strong> – nine CPs have been recruited.</td>
</tr>
<tr>
<td><strong>Physician associates</strong></td>
</tr>
<tr>
<td>Plans are currently being developed with funding needing to be identified. Plan to jointly roll-out with Waltham Forest CCG.</td>
</tr>
</tbody>
</table>
Workforce, cont.

- CCGs have begun discussions with Health Education England (HEE) on increasing the number of GP trainees in BHR. Plans include:
  - Increasing the number of GP trainers
  - Developing a hub and spoke model, so that trainers in other CCGs could support new trainers in BHR
  - According to HEE data there are currently nine trainees in B&D, with five active training practices

- Community Education Providers Network, the CCGs and the GP Federations are developing plans for the recruitment of General Practice Nurses
  - Two practice education facilitators have been recruited to support 10 new to General Practice Nursing (GPN) posts that have recently been recruited
  - Four advanced nurse practitioner posts have also been recruited

- CCGs have completed a review of GPN in BHR which has identified nurse vacancy gaps, and training and leadership requirements
  - Review will lead to recommendations for the local delivery of the national GPN workforce plan.
Primary care investment: Advice and guidance initiative

Objective:
• GPs will have quicker access to specialist advice from hospital consultants for their patients for eight clinical areas (gynaecology, cardiology, rheumatology, ENT (ear, nose and throat), urology, respiratory, neurology and haematology).

Achieved by:
• GPs and consultants will agree the most appropriate clinical areas for GPs to seek specialist advice
  • Will support the implementation of the new Commissioning for Quality and Innovation national goals for advice and guidance for hospitals (goal of 80% of requests responded to within two working days)
• Assumption that consistent use of advice and guidance will reduce the need for 10% of current GP referrals, resulting in 8% reduction in outpatient first attendances
• CCGs will commission GP Federations to deliver at scale primary care to implement advice and guidance. Both CCGs and Federations will monitor the activity and the number of referrals accepted by hospitals to understand impact.
Primary care investment: Advice and guidance initiative, cont.

Phase 2:

• Agree clinical thresholds in each of the aforementioned clinical areas, ensuring consistent approach across all practices

• Agree, develop and implement out-of-hospital services for those clinical areas where it makes sense for patients to have care closer to home
  • CCGs will commission services from Federations to support the development of providers and ensure whole population coverage
  • Assumption this could result in as much as 20% reduction in outpatient first attendances.
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HEALTH AND ADULT SERVICES SELECT COMMITTEE

10 January 2018

Title: Overview of Current Health Partnership Developments in Barking & Dagenham, Havering and Redbridge, and relationship to London Health Devolution

Report of the Commissioning Director, Adults’ Care & Support

Open Report For Discussion

Wards Affected: All Key Decision: No

Report Author: Contact Details:
Mark Tyson 020 8227 2785
Commissioning Director, Adults’ Care & Support mark.tyson@lbbd.gov.uk

Summary:
The Council is committed to working as part of the Integrated Care Partnership for Barking & Dagenham, Havering and Redbridge, together with local NHS commissioners and providers and the neighbouring local authorities. This is seen as the key delivery mechanism for the opportunities presented by the London Health Devolution settlement and, indeed, previous work done by the BHR Partnership has helped to shape what is in the Devolution agreement.

There have been a number of developments over recent months, and the Committee will receive a presentation by the Commissioning Director, Adults’ Care & Support, which provides an overview of the current work.

This will include:

- The way in which the work is arranged across Barking & Dagenham, Havering and Redbridge, including the structures and governance, and connections to democratic processes;
- The London Health Devolution settlement, what it contains and what it may mean for Barking & Dagenham;
- Current work priorities for the partnerships, including two workstreams planned which will see how releasing providers from their current contracts can improve diabetes care, and the services people receive to support their rehabilitation on discharge from hospital.
Ahead of the presentation, this report includes the summary version of the London Devolution settlement provided by the Mayor of London’s office, for Members’ information.

**Recommendation(s)**
The Health and Adult Services Select Committee are recommended to:

- Note the presentation, when it has been delivered; and
- Consider the implications for the future work programme for HASSC and the the Joint Health Overview & Scrutiny Committee.

**Reason(s):**
The partnership across Barking & Dagenham, Havering and Redbridge has been well-established and has successfully led work on improving some key elements of the health and care system, including specialist services such as mental health and learning disability, and the system for admission and discharge from hospital (particularly for those with complex conditions or frailty).

Increasingly this is the planning vehicle for changing health and social care, and all of the local authorities and health bodies are considering how they can share functions and priorities, and work together to better deliver services to the population. Therefore, understanding how decisions are made, and how the structures relate to the existing councils, clinical commissioning groups and NHS trusts. This item will help set out that landscape, as well as how London Devolution may help to move things forward faster.

**Appendices**

- **Appendix 1:** London Health Devolution: What it means for London
Title: The Oral Health in Early Years Scrutiny Review – Draft Report and Recommendations

Report of the Director of Public Health

Open Report

Report Author: Mary Knower, Public Health Strategist, & Masuma Ahmed, Democratic Services Officer

Contact Details:
Tel: 020 8227 2998
E-mail: mary.knower@lbld.gov.uk

Accountable Divisional Director: Matthew Cole, Director of Public Health

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

Summary:

At the 20 September 2017 HASSC meeting, it was agreed that the following three key questions should form the Terms of Reference of the oral health mini-scrutiny review:

i. What are the reasons for young children in Barking and Dagenham having poor oral health?

ii. What is the quality of services that are available to residents and what do they deliver to improve oral health?

What are the best ways of getting the right messages out to parents about looking after their children’s oral health? This draft report presents the findings of the scrutiny review and makes 8 recommendations to improve the oral health of children in the London Borough of Barking and Dagenham.

Recommendation(s)

The HASSC is recommended to review the appended draft scrutiny report and the draft recommendations and provide commentary to officers at the meeting to help inform the final version of the report.

Reason(s)

It is good scrutiny practice to provide members of the Committee, as well as interested members of the public, an opportunity to comment on draft scrutiny reports.

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

1.1 For 2017/8, the HASSC agreed that Oral Health in Early Years would be the topic on which to undertake a scrutiny review on. Due to the number of meetings scheduled for the year and the last meeting being scheduled for 21 February 2018, it was agreed that the review would be a ‘mini’ one, as opposed to an in-depth review.

1.2 Whilst considering the possible topic options for scrutiny review, Members noted that in 2012/13 dental extraction was the highest cause of hospital admissions for children in London and 18% of Barking and Dagenham children had experienced dental disease, compared with figures of 13.6% for London and 11.7% for England; The oral health survey of 2015 revealed that 9.9% of 5-year-olds in Barking and Dagenham (compared with 8.2% in London and 5.6% in England) experienced an aggressive form of dental caries. Also noted was that the numbers of children with dental disease rise significantly between the ages of 3 and 5 years of age. For these reasons, it was agreed that Oral Health in Early Years met the criteria for a good topic for scrutiny review.

2. Title and Terms of Reference

2.1 At the 20 September 2017 HASSC meeting, it was agreed that the following three key questions should form the Terms of Reference of the review:

   i. What are the reasons for young children in Barking and Dagenham having poor oral health?
   ii. What is the quality of services that are available to residents and what do they deliver to improve oral health?
   iii. What are the best ways of getting the right messages out to parents about looking after their children’s oral health?

2.2 In the next sections, the findings and the potential recommendations of the scrutiny review are set out, for members’ consideration.

3. What are the reasons for young children in Barking and Dagenham having poor oral health?

   Members noted that:

3.1 Some parents think caring for milk teeth isn't important as the teeth will fall out.
3.2 For some parents, there still exists a ‘dread’ factor in going to the dentist, often borne from their own childhood experience which they then pass on to the child.
3.3 Some foods that have a significantly high sugar content are consumed as part of a normal diet in some Asian communities, which can badly affect children’s teeth.
3.4 Lack of routine with tooth brushing, particularly at night time and lack of awareness that milk given in bottles at night also adds to dental decay.
3.5 Borough demographics of some transient families and families in hostels or living in very challenging situations make it difficult for them to care adequately for their children’s teeth.
3.6 **Draft recommendations are that:**

1. The Health and Wellbeing Board (HWB) takes action to support an integrated approach to oral health promotion across all children’s services and that contract specifications for all early years’ services include a requirement to promote oral health.

2. The Committee urges NHS England to actively support the teaming up of dentists with children’s centres to encourage engagement with dental services from an early age, so that dental disease can be detected early and children get used to going to the dentist.

3. The HWB is asked to monitor and report back on the progress of the oral health strategy, including the results of the ‘Teeth for Life’ (tooth-brushing) project.

4. **What is the quality of services that are available to residents and what do they deliver to improve oral health?**

**Members noted that:**

4.1 The current dental NHS contract provides no incentive to increase activity and provide for more patients, once the stipulated contract activity is achieved.

4.2 There are dentists in the borough who have not completed their contract activity.

4.3 Oral health in early years has improved over the years but this can be attributed to the promotion of fluoride toothpaste and that dentists have more of a preventative role to play, if they can get families to attend their practices. go to the practice.

4.4 **Draft recommendations are that:**

4. The Committee urges NHS England to implement the initiative proposed by the Chief Dental Officer and increase dental activity by 2%, so that dentists can see children at 1 year of age.

5. The Committee urges NHS England to actively support those dentists who underperform in activity to utilise their spare capacity to target young families to engage with their dental service.

6. The Integrated Commissioning Board look at the impact of dental emergencies on paediatric A & E attendance and challenge the system (Clinical Commissioning Groups) as to what is being done to address this.

5. **What are the best ways of getting the right messages out to parents about looking after their children’s oral health?**

**Members noted that:**

5.1 Some parents think that taking their children to the dentist will be expensive when it is free.

5.2 It can be a challenge to get information across to communities for whom English is not the first language. People may not understand that they are entitled to free dental care and other benefits.
5.3 Draft recommendations are that:

7. The HWB, in collaboration with the British Dental Association, takes action to raise awareness of the importance of taking young children to the dentist and that it is a free service. This could include communication through images to help address the need for information in languages other than English.

8. The HWB supports action around food outlets, cafes and restaurants as part of the drive to decrease sugar consumption and improve oral health; for example, the ‘Sugar Smart’ campaign;

6. Reading List

6.1 Officers and members drew on the following papers throughout the review to inform the report and assist with producing recommendations:

Improving Oral Health in Barking and Dagenham: Oral Health Promotion Strategy 2016-2020


Paediatric Dentistry Orthodontics
http://www.pediatricdentistryorthodontics.com

7. Implications

7.1 There are no implications arising directly from this report at this time.

Background Papers Used in the Preparation of the Report:

None.

List of appendices:

Appendix 1 Draft HASSC Oral Health in Early Years Scrutiny Report
Report of the
Health and Adult Services
Select Committee:
Oral health in early years:
Scrutiny Review 2017/18

Contact:
London Borough of
Barking and Dagenham
Scrutiny
Democratic Services
Law and Governance

scrutinyinbox@lbdd.gov.uk
Lead Member’s Foreword

The Health and Adults Services Select Committee (HASSC) is a scrutiny committee of the London Borough of Barking and Dagenham. The Committee scrutinises health and social care outcomes for the borough’s residents to improve outcomes. We do this by working with partners to improve services and hold decision makers to account.

In 2017/18, as the Chair of the Committee, I oversaw a small-scale scrutiny review into oral health in early years. Local authorities have a responsibility for improving health, including the oral health of their populations. One of the recommendations from the Oral Health Strategy of January 2017 was to focus on the oral health of children as it is inextricably linked with the general health of the child and with health inequalities.

We therefore chose to review oral health in early years, because it would offer the opportunity to look at how we can address dental disease early in the child’s life, where the greatest difference can be made, but also enables us to focus on the most deprived communities. This enables us to target resources where they are most needed.

We know that tooth decay was the most common reason for hospital admissions in children aged five to nine years old in 2013/14 and that despite some improvement in the figures, surveys undertaken in the last two years reveal the continued poor state of children’s dental health in the Borough, compared to the national picture. From 2016 figures we know that 1,200 children in Barking and Dagenham experienced dental disease; this can affect a child’s ability to eat, speak, socialise and learn normally, as well as causing distress and pain.

During the course of the review, the Committee had the opportunity to go out into the community and see and hear for themselves the experience of parents and to also meet staff in the field who were responsible for children’s oral health promotion. The committee heard about and witnessed the good work that professionals are doing on a daily basis to promote good oral health, but also learnt about the challenges parents face in regard to caring for their children’s teeth. The views of an expert were also sought and it was useful for the Committee to meet with the Chair of the Local Dental Committee and discuss the salient issues and challenges.

We want Barking and Dagenham to become a place where a healthy lifestyle, including good dental health is normal from the start, and where people who want to make healthier lifestyle choices, are supported to do so. This report sets out the local picture for young children’s oral health and makes recommendations that involve multi-agency action to support parents and families and that seek to embed effective oral health promotion at the most important stages of children’s growth and development.

Councillor Peter Chand
Lead Member, Health & Adult Services Select Committee 2016/17 – 2017/18
Members of the HASSC 2017/18

The HASSC members who carried out this Review were:

Councillor P Chand  
(Lead Member)

Councillor A Oluwolde  
(Deputy Lead Member)

Councillor S Alasia

Councillor J Jones

Councillor E Keller

Councillor H S Rai

Councillor L Reason

Councillor C Rice

Councillor J White
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<td>5</td>
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<tr>
<td>4. The Incidence of Dental Disease in Children in Barking &amp; Dagenham and Access to Services</td>
<td>9</td>
</tr>
<tr>
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<td>16</td>
</tr>
<tr>
<td>6. Next Steps</td>
<td>24</td>
</tr>
<tr>
<td>Thanks</td>
<td>25</td>
</tr>
</tbody>
</table>
List of Recommendations arising from this Review

For ease of reference, the recommendations arising from this Review are provided below.

The Health and Adults Services Select Committee (HASSC) recommends that:

1. The Health and Wellbeing Board (HWB) takes action to support an integrated approach to oral health promotion across all children’s services and that contract specifications for all early years’ services include a requirement to promote oral health;

2. The Committee urges NHS England to actively support the teaming up of dentists with children’s centres to encourage engagement with dental services from an early age, so that dental disease can be detected early and children get used to going to the dentist;

3. The HWB is asked to monitor and report back on the progress of the oral health strategy, including the results of the ‘Teeth for Life’ (tooth-brushing) project;

4. The HWB supports action around food outlets, cafes and restaurants as part of the drive to decrease sugar consumption and improve oral health; for example, the ‘Sugar Smart’ campaign;

5. The Committee urges NHS England to implement the initiative proposed by the Chief Dental Officer and increase dental activity by 2%, so that dentists can see children at 1 year of age.

6. The Committee urges NHS England to actively support those dentists who underperform in activity to utilise their spare capacity to target young families to engage with their dental service;

7. The HWB, in collaboration with the British Dental Association, takes action to raise awareness of the importance of taking young children to the dentist and that it is a free service. This could include communication through images to help address the need for information in languages other than English

8. The Integrated Care Board look at the impact of dental emergencies on paediatric A & E attendance and challenge the system (Clinical Commissioning Groups) as to what is being done to address this.
1. Background to the Review

Why did the Health and Adult Services Select Committee (HASSC) choose to undertake a mini review on Oral Health in Early Years?

1.1 The Council’s scrutiny committees decide what topic to undertake a ‘mini’ review on based on the ‘PAPER’ criteria. The section below explains why according to these criteria, ‘Oral Health in Early Years’ was a good topic to review.

**PUBLIC INTEREST**

Although results of a national oral health survey of 3-year-old children in 2013 showed that oral health had improved compared to the 2010 survey, Barking and Dagenham still had worse oral health than the London and England averages. There is evidence to show that oral health in early years can negatively impact on oral health in later life, and therefore members agreed that this was an area of public interest.

**ABILITY TO CHANGE**

Members felt that Oral Health in Early Years was an area where the Committee could potentially add value by reviewing the reasons for poor oral health in early years, considering the quality of services available to residents to improve and treat oral health, and considering what further could be done to get the right messages out to parents and children about looking after children’s oral health.

**PERFORMANCE**

The 2013 survey showed that:
- 18% of Barking and Dagenham children had experienced dental disease (estimated to affect between 540 and 940 of 3-year-olds), compared with figures of 13.6% for London and 11.7% for England;
- Tooth decay was the most common reason for hospital admissions in children aged five to nine years old in 2013/14;
- In 2014/15 hospital trusts spent £35 million on extraction of multiple teeth for under 18s.

Based on the above data, members agreed that Oral Health in Early Years was an area where performance needed to be significantly improved.

**EXTENT OF THE ISSUE**

A national dental survey in 2015 found that almost one-third (31.4%) of five-year-olds had tooth decay in Barking and Dagenham.

Based on 2016 mid-year population estimates, this would equate to around **1,200 five-year-olds** in Barking and Dagenham having dental decay, if the proportion has remained constant since the survey.

**REPLICATION**

The HASSC members noted that there is an Oral Health Strategy, but that this review would seek to supplement that and not duplicate it, and also to ask the Health and Wellbeing Board to report back on the Strategy’s impact and progress.
2. **Scoping & Methodology**

2.1 This Section outlines the scope of the Review which includes the areas the HASSC wished to explore and the different methods the HASSC used to collate evidence for potential recommendations.

**Terms of Reference**

2.2. Having received a scoping report at its meeting on 20 September 2017, the HASSC agreed that the Terms of Reference for this Review should be:

i. What are the reasons for young children in Barking and Dagenham having poor oral health?

ii. What is the quality of services that are available to residents and what do they deliver to improve oral health?

iii. What are the best ways of getting the right messages out to parents about looking after their children’s oral health?

**Overview of Methodology**

2.3 The Review gathered evidence during the Committee’s meetings held between 20 September 2017 and 16 November 2017. Details of stakeholders and their contributions to this Review are outlined below.

**Presentation by Public Health on ‘Oral Health and Young People’**

2.4 On 20 September 2017, the Council’s Public Health team delivered a presentation which considered:

- 2010 oral health survey (Barking and Dagenham): three to four-year olds;
- 2013 oral health survey (national): three-year olds and five-year olds;
- Percentage of 5-year olds with experience of decay in North East London;
- Percentage of 3 and 5-year olds with experience of decay (local, London and England);
- Dental services and dental access;
- Percentage of children accessing dental services (by age and ward)
- Hospital admissions for dental extractions;
- Preventing dental decay in young children;
- Return on investment; and
- What is Barking and Dagenham doing?

**Meeting with Parents of young children and staff at Gascoigne Children’s Centre**

2.5 Members of the HASSC had a lively meeting with parents of young children and staff at Gascoigne Children’s Centre on 6 October 2017 to talk to them about their awareness of the importance of oral health in early years and their experience of accessing and using local dental services.
Meeting with pre-school staff at the Westbury Day Nursery

2.6 Members of the HASSC met with pre-school staff at the Westbury Day Nursery on 6 November 2017 and discussed with staff their perception of the support available to parents of young children to help them promote their child’s oral health.

Meeting with the Chair of the Local Dental Committee

2.7 On 16 November 2017 members met with the Chair of the Local Dental Committee to talk about the quality of dental health services for young children in the borough and what more local organisations could do to raise awareness of the importance of oral health in early years.

Research

2.9 During the Review, Council Officers considered the following pieces of research and evidence:

Improving Oral Health in Barking and Dagenham: **Oral Health Promotion Strategy 2016-2020**


Paediatric Dentistry Orthodontics
http://www.pediatricdentistryorthodontics.com

Institute of Dentistry, Barts and The London School of Medicine and Dentistry, Queen Mary University of London. **The Oral Health of Three- Four-Year Old Children in outer North East London 2008 - 2010**
3. Introduction – Oral Health in Early Years

What do we mean by Oral Health in Early Years and Why is it Important?

3.1 Oral health refers to the physical condition and hygiene of an individual’s teeth, gums, supporting bone and soft tissues of the mouth, tongue and lips. The World Health Organisation defines good oral health as being free from diseases and disorders that affect the oral cavity. ¹

3.2 Good oral health is important for general health and wellbeing and development. In contrast, poor oral health can affect an individual’s ability to eat, speak, smile and socialise normally, due to embarrassment about the appearance of one’s teeth, and can restrict food choices. Poor oral health can aggravate existing health conditions. It can also be an indicator of neglect or difficult social circumstances. Oral health problems include gum (periodontal) disease, tooth decay (dental caries), tooth loss and oral cancers.

3.3 There is a strong association between oral health and deprivation. According to the Faculty of Dental Surgeons report of 2015, the variation of tooth decay prevalence is particularly alarming among three-year-olds, with approximately 34 per cent suffering in Leicester, compared with just 2 per cent in south Gloucestershire.

3.4 Oral diseases can have a considerable impact on a child’s general health and wellbeing. Poor oral health is associated with being underweight and a failure to thrive. It also affects a child’s ability to sleep, speak, play and socialise with other children. Children with dental problems may not be able to gain the full benefit of their education due to increased school absenteeism and hospital appointments, leading to decreased academic performance.

Figure 1 – anatomy of a tooth

¹ Public Health England 2014 Local authorities improving oral health: commissioning better oral health – An evidence-informed toolkit for local authorities
What can potentially happen as a result of poor Oral Health in Early Years?

3.5 Our mouths are full of bacteria; hundreds of different types live on our teeth, gums, tongue and other places in our mouths. Some bacteria are helpful. But some can be harmful such as those that play a role in the tooth decay process. Tooth decay is the result of an infection due to certain types of bacteria that use sugars in food to make acids.

When a tooth is exposed to acid frequently, for example, if you eat or drink often, especially foods or drinks containing sugar and starches, the repeated cycles of acid attacks cause the enamel to continue to lose minerals. Tooth decay can be stopped or reversed at this point. Enamel can repair itself by using minerals from saliva, and fluoride from toothpaste or other sources. But if the tooth decay process continues, more minerals are lost. Over time, the enamel is weakened and destroyed, forming a cavity. A cavity is permanent damage that a dentist then must repair with a filling.

Figures 2 and 3 show comparison between healthy teeth and tooth decay.

**Figure 2 – Normal teeth, gum and bone**

![Normal teeth, gum and bone](image)

**Figure 3 – showing tooth decay**

![Tooth decay and Abscess](image)

3.6 Children’s primary (baby) teeth are more susceptible to decay than permanent (adult) teeth owing to differences in their chemical composition and physical properties. Primary teeth have thinner and often less resilient enamel that does not provide as much protection from bacteria.
Infants and toddlers’ primary teeth can be affected by an aggressive form of decay called early childhood caries. The disease is associated with the frequent consumption of sugary drinks in baby bottles or sipping cups as it occurs in the upper front teeth and spreads rapidly to other teeth. ² (See Figure 4).

Dental caries in baby teeth often means dental caries in permanent teeth; this is because abscesses and infection in baby teeth can spread to the permanent teeth that are developing inside the gums. Also, during the course of tooth development, children will usually have permanent teeth sitting alongside baby teeth, so again, this increases the spread of decay from the baby teeth to the permanent ones. Where baby teeth have to be extracted because of decay, these children are more likely to develop orthodontic problems as the premature loss of primary teeth can affect the alignment of permanent teeth. Prolonged dummy or thumb sucking, which can also cause misalignment of teeth, makes it harder to adequately clean the teeth because food debris gets more easily trapped.

**Figure 4 – Baby bottle tooth decay**

What should parents be doing to ensure good Oral Health in their children?

It is never too early to start looking after children’s’ teeth and adult dental problems almost always start in childhood, so the establishment of good routines in the early years are key to having healthy adult teeth. Such routines should be based around keeping sugary foods to the minimum and twice daily brushing by the parent/carer from the time that the first tooth appears, which is usually by the time the child has reached 1 year. A pea-sized amount of toothpaste should be used, and the child should be taught to spit out the excess toothpaste rather than rinse, so that the fluoride from the toothpaste stays in the mouth giving maximum protection for the teeth. This is also the right time to start taking a child to the dentist, so that the progress of the baby teeth can be monitored, and the dentist can keep a check for the onset of any dental decay.

² RCS Faculty of Dental Surgery 2015: The state of children’s oral health in England
All the baby teeth, which are 20 in total, will have usually erupted by the time a child is about 3 years old, but it is a process that varies greatly between children. (See Figure 5 below).

Figure 5 – Diagram showing complete set of First Teeth

<table>
<thead>
<tr>
<th>Baby Teeth</th>
<th>Age Tooth Comes In (months)</th>
<th>Age Tooth Is Lost (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Upper Teeth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Incisor</td>
<td>9.6</td>
<td>7.0</td>
</tr>
<tr>
<td>Lateral Incisor</td>
<td>12.4</td>
<td>8.0</td>
</tr>
<tr>
<td>Canine (Cusp)</td>
<td>18.3</td>
<td>11.0</td>
</tr>
<tr>
<td>First Molar</td>
<td>15.7</td>
<td>10.0</td>
</tr>
<tr>
<td>Second Molar</td>
<td>26.2</td>
<td>10.5</td>
</tr>
<tr>
<td><strong>Lower Teeth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Molar</td>
<td>26.0</td>
<td>11.0</td>
</tr>
<tr>
<td>First Molar</td>
<td>15.1</td>
<td>10.0</td>
</tr>
<tr>
<td>Canine (Cusp)</td>
<td>18.2</td>
<td>9.5</td>
</tr>
<tr>
<td>Lateral Incisor</td>
<td>11.5</td>
<td>7.0</td>
</tr>
<tr>
<td>Central Incisor</td>
<td>7.8</td>
<td>6.0</td>
</tr>
</tbody>
</table>
4. The Incidence of Dental Disease in Children in Barking & Dagenham and Access to Services

Members received information on the extent of dental disease in children in the Borough and how it compares with the incidence of dental disease nationally and London, which is discussed in this Section.

Oral Health Survey 2010

4.1 An oral health survey of nearly 1000 three to four-year-old children living in Barking and Dagenham, Redbridge and Waltham Forest was carried out by the Institute of Dentistry; Barts and The London School of Medicine and Dentistry, and Queen Mary, University of London in 2008 - 2010.

4.2 Figure 7 shows results from the survey in 2010 which found that 28% of three and four-year olds in Barking and Dagenham 2010 had dental disease.

Figure 7

![Pie chart showing proportion of children with dental disease]

Of those children with dental disease, approximately 91% had disease that was untreated.

4.3 As well as comparisons between boroughs and genders, the survey also looked at comparisons between ethnic groups. With regard to tooth decay, the survey found that 30.49% of Asian children had experienced dental decay, compared to 24.39% of white children and 23.11 black children. In terms of sugar consumption, greater numbers of Asian children exceeded The World Health Organisation’s (WHO) daily sugar intake recommendation, compared to black or white three-four-year old children.
children and additionally, the parents of Asian children were more likely to report toothbrushing less than twice a day than the parents of White children or Black children.

A report on the prevalence and severity of dental decay in 2015 by the National Dental Epidemiology Programme for England continued to show that nationally, Asian children at five years of age had an average of 1.5 decayed teeth in comparison to an average of 0.7 decayed teeth in White and Black children.

**Oral Health Survey 2013**

4.4 A survey amongst three-year-olds in 2013 showed that dental health in Barking and Dagenham had improved on the 2010 figures. However, as Figure 8 below shows, it was still worse compared to children’s dental health in London and England.

**Figure 8** shows that 18% of Barking and Dagenham children had experienced dental disease, compared with figures of 13.6% for London and 11.7% for England.

![Figure 8](image)

*Source: Improving Oral Health in Barking and Dagenham: Oral Health Promotion Strategy 2016-2020*

**2015 Oral Health Survey**

4.5 Members were informed that a national dental survey in 2015 found that almost one-third (31.4%) of five-year-olds had tooth decay in Barking and Dagenham.

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As figure 10 shows, this was significantly higher than England (24.7%), but not London (27.2%).

Based on 2016 mid-year population estimates, this would equate to around 1,200 five-year-olds in Barking and Dagenham having dental decay, if the proportion has remained constant since the survey.

9.9% of five-year-olds in Barking and Dagenham (compared with 8.2% in London and 5.6% in England) experience an aggressive form of dental decay.

**Figure 10**

![Bar chart showing percentage of 5-year-olds with tooth decay in LBBD, London, and England.](image)


Note: Figures rounded to nearest 50.

### Comparison figures of dental decay in 3 and 5-year-olds

Members were informed about the rise of dental decay between the ages of 3 and 5 years.

Figure 11 shows comparison figures for dental decay in three and five-year olds in the Borough, in comparison to London and England. In each case it shows that decay rises quite significantly between the ages of 3 and 5 years of age.

Figure 12 shows the incidence of decay in five-year-old in Barking and Dagenham, as compared to other areas in North East London.
Figure 11

% of 3- and 5-year-olds with experience of decay

3-year-olds surveyed in 2013; 5-year-olds surveyed in 2015

<table>
<thead>
<tr>
<th>Location</th>
<th>Age 3</th>
<th>Age 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking &amp; Dagenham</td>
<td>18</td>
<td>31</td>
</tr>
<tr>
<td>London</td>
<td>14</td>
<td>27</td>
</tr>
<tr>
<td>England</td>
<td>12</td>
<td>25</td>
</tr>
</tbody>
</table>


Figure 12

% of 5-year-olds with experience of decay in NE London

<table>
<thead>
<tr>
<th>Location</th>
<th>% with obvious dental decay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tower Hamlets</td>
<td>35</td>
</tr>
<tr>
<td>Barking &amp; Dagenham</td>
<td>31</td>
</tr>
<tr>
<td>Waltham Forest</td>
<td>31</td>
</tr>
<tr>
<td>Newham</td>
<td>27</td>
</tr>
<tr>
<td>Hackney and City of London</td>
<td>25</td>
</tr>
<tr>
<td>England</td>
<td>25</td>
</tr>
<tr>
<td>Redbridge</td>
<td>20</td>
</tr>
<tr>
<td>Havering</td>
<td>20</td>
</tr>
</tbody>
</table>

Accessing Local Dental Services

4.7 Barking and Dagenham has 57 dentists per 100,000 population, more than both London and England. There are 27 dental practices including community/special care dental clinics. There are also more units of dental activity (UDA)* per 100,000 population (168,123) compared with London (142,365) and England (158,977). 45.5% of children resident in Barking and Dagenham accessed dental services in the 12 months to March 2017. This figure is similar to London (see figure 6 below).

Figure 13

<table>
<thead>
<tr>
<th>% children accessing dental services by age</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months to March 2017</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Age group (years)</td>
</tr>
<tr>
<td>0-2</td>
</tr>
<tr>
<td>3-5</td>
</tr>
<tr>
<td>6-9</td>
</tr>
<tr>
<td>10-14</td>
</tr>
<tr>
<td>15-19</td>
</tr>
</tbody>
</table>

Source: NHS Digital 2017

Other Available Sources of Advice

The Barking and Dagenham Oral Health Promotion Strategy identified the following sources of advice that are currently available to families in the Borough:

4.8 Early Years – Children Centres and Nurseries promoting good oral health

These centre programmes target families attending children’s centres and children’s centre staff, and involve a variety of oral health initiatives that facilitates the national drive to reduce dental disease among children. The local strategic objective is to improve oral health outcomes for the more vulnerable groups in our communities by focusing on children living in communities of relative deprivation, and children with learning difficulties.

The programme involves training staff in children’s centres and identifying a nominated lead for oral health. The oral health lead for children’s centres is

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responsible for identifying and nominating Oral Health Champions (OHCs) that will be assigned to individual children’s centre/cluster/managers.

OHCs are responsible for:

- Implementing the standardisation of the oral health leaflets throughout all centres;
- Responding to oral health enquiries from families attending centres;
- Sign-posting to local General Dental Practitioners (GDP)/ community dental service;
- Oral health sessions, displays and campaigns for the centre; and
- Working with clinical teams to arrange outreach check-up programmes for all red and amber families and signposting green families to GDP.

4.9 Early Years Training Programme:

The training programme facilitates the national drive to reduce early onset of dental disease among children using people who work with early years and aims to target Health Visitors, School Nursing Teams, Children Centres, Community/Nursery Nurses, Foster Care and Child Minder Leads.

Training objectives are to enable participants to:

- Recognise the factors that contribute to poor oral health;
- Understand how good oral health contributes to overall health and wellbeing;
- Understand that dental diseases are mainly preventable;
- Understand the role of fluoride in prevention;
- Realise the importance of early and regular dental attendance; and
- Apply information learnt to promote oral health within their work role.

4.10 Teeth for Life Project

This is a pilot, commissioned by Public Health, which will run for a year to help teach pre-school children the importance of tooth brushing and how to brush properly. Sixty-one pre-schools/day nurseries have agreed to take part in the programme whereby toothbrushes and tooth paste are supplied for each child. Staff at each of the participating centres have been given training so that they can implement the programme correctly.

There are about three pre-schools not taking part; reasons were to do with their capacity to take on a new project and others were concerned about how they would manage the toothbrushing as they had large numbers of children attending their setting. However, these pre-schools may engage in the project at a later stage.

Health visitors are also involved in supporting the project, but already undertake oral health promotion as part of their contact with families when children are one year old and two and a half years old; this includes the handing out of a baby toothbrush. Parents are encouraged to refer to the red child health book and complete the pages where they can mark off that their child’s teeth have come through.
Health visitors are also responsible for families who are not registered with a GP and who are living in the area temporarily, which may include those in hostel accommodation and other places of residence that are temporary or transitory.
5. Why are Children in Barking & Dagenham more likely to have Dental Disease than Children in other London areas?

5.1 This section discusses the possible reasons behind why the rates of dental disease are higher in the borough than the London and national averages.

5.2 Members found that there are a variety of factors that are likely to be contributing to a high burden of dental disease in early years in Barking and Dagenham because of what we already know about the health demographics in the Borough and by what was evidenced by their visits to the Children’s Centre and the Day Nursery, and meeting with the Chair of the Local Dental Committee. Below we discuss in further detail, members’ findings from these visits.

Visit to Gascoigne Children’s Centre to meet with Parents and Staff

5.3 Members of the HASSC scrutinised the experience of children in the borough through their parents and Children Centre staff. Below we highlight some of the statements made (by staff and parents) during this session which gave members an indication of the key issues that may be contributing to poor oral health in early years in the borough.

Key messages from the Visit

There was some lack of awareness or understanding about how best to look after children’s teeth: for example,

- The importance of taking care of baby teeth, fuelled by the myth that these are going to fall out anyway, so they do not really matter; as one parent remarked -

  'Looking after milk teeth isn’t important as they fall out'.

- The importance that diet plays in promoting healthy teeth and about the factors that increase the risk of tooth decay.

- The importance of providing a healthy diet, limiting sugary food and drink and especially not giving milk in bottles at night: as one member of staff commented -

  'One message that still does not appear to have been made clear is the negative impact of bottle feeding children milk at night whilst they are sleeping – that the sugars from the milk can cause tooth decay.'
Mem bers took from this sessi on that:

- The importance of taking your child to the dentist from an early age;
- That visits to dentists are free for children and for the mother during pregnancy and for a year after having a baby; some parents commented -

‘Going to the dentist is expensive!’

‘I think there should be an oral health week and businesses should be encouraged to attend our malls and centres to give out advice and free check-ups for parents and children.

- The importance of brushing twice a day from a very early age and the importance of routine. As evidenced from talking to the Children’s Centre staff, a significant proportion of families lack routines with their children and this affects the care of teeth: for example children may fall asleep before the parent or carer gets round to brushing their teeth, or if the children resist teeth brushing, the parent may leave it to avoid conflict. It is one of the aims of Children Centre staff to help and encourage families to establish routines and thereby include dental care as part of that, but staff cannot reach those families who do not engage with the centres. As staff remarked -

‘We find that the parents who struggle to establish a routine for their children seem least equipped to support their child’s oral health. It is very important for services to advise parents of the importance of establishing a routine for their child to provide normality and wellbeing for the child.’

There was also strong consensus amongst the Centre staff that health visiting staff should discuss the importance of oral health with parents from the outset and give advice on when to take the baby to the dentist and how to look after his or her teeth when they emerge. Staff commented -

‘Health clinics are crucial as at this stage parents are very receptive to new messages. The majority of parents want to speak to the health visitor and even the most vulnerable will attend these clinics.

Knowledge and attitude toward teeth:
- Some parents think caring for milk teeth isn't important as the teeth will fall out
• Some parents think that taking their children to the dentist will be expensive – when it is free
• Some parents avoid conflict by not being firm in requiring their children to brush their teeth.

Knowledge about and attitude towards dentists:
• For some parents, there still exists a ‘dread’ factor in going to the dentist, often borne from their own childhood experience which they then pass on to the child.

Healthy Eating:
• Evidence suggests that in certain sectors of the local population, such as certain Asian communities, some foods that have a significantly high sugar content are consumed as part of normal diet and there may be a lack of awareness about just how badly these can affect children’s teeth.

Borough Demographics
• Demographic changes in the borough, which include a transient population, has meant that there is a significant proportion of families that face a range of very challenging circumstances (housing problems or domestic violence, for example), who may not always engage with services that can help them; and
• There will be families who are being housed in hostels around the borough and who may lack the resources to care for their children’s teeth adequately. This is a continuing challenge and there is further work to be done on how we effectively engage and support those families who are the most vulnerable in the borough, particularly as we seek to realise the Borough Manifesto of ‘No-one Left Behind’.

Recommendations arising from this session are below.

RECOMMENDATION 1
The Committee recommends that the Health and Wellbeing Board takes action to support an integrated approach to oral health promotion across all children’s services and that contract specifications for all early years services include a requirement to promote oral health.
RECOMMENDATION 2
The Committee recommends that NHS England actively supports the teaming up of dentists with children’s centres to encourage engagement with dental services from an early age, so that dental disease can be detected early and children get used to going to the dentist.

Visit to the Westbury Day Nursery to meet with Pre-School Staff

5.5 Members of the HASSC scrutinised children’s experience of pre-school in a meeting with pre-school staff. They met to discuss their experiences of oral health in early years and consider the advice given by the Centre.

Key messages from the Visit

- The nursery encourages oral health as part of a broader health promotion focus, for example- healthy eating, no sweets or fruit juice, and only water and milk;

- Most parents react positively to this approach but not always - sometimes children are sent with biscuits for breakfast or some are sent with bottles. Staff have to educate the parents rather than the children;

- Some parents react with cringing at the mention of dentists, so obviously some people hold personal feelings which may affect their attitudes towards dental care.

- Only 2/3 parents said they didn’t want their children taking part in the tooth brushing project.

The recommendations arising from this session are below.
RECOMMENDATION 3
The Committee recommends that the Health and Wellbeing Board monitors and reports back on the progress of the oral health strategy, including the results of the ‘Teeth for Life’ (tooth-brushing) project.

RECOMMENDATION 4
The Committee recommends that the Health and Wellbeing Board supports action around food outlets, cafes and restaurants, as part of the drive to decrease sugar consumption and improve oral health; for example, the ‘sugar smart’ campaign.
Meeting with the Chair of the Local Dental Committee

5.6 Members of the HASSC met with the Chair of the Local Dental Committee, Mr Bhawnesh Liladhar to discuss the potential reasons for poor oral health in early years in the Borough and what more can be done to address the causes.

Key messages from the Meeting

- **Often, the first visit to the dentist is when child is in pain, so negative association with dentists is made that endures;**

- **The current dental NHS contract provides no incentive to increase activity and provide for more patients, once the stipulated contract activity is achieved;**

- **But there are dentists in the borough who have not completed their contract activity;**

- **The possible reasons for higher rate of decay in Asian children is a lack of awareness in the community of importance of good oral care habits and diet is often higher in sugar than in other communities;**

- **The new Chief Dental Officer has a potential initiative to increase the NHS contract value by 2% allocated for seeing children at 1 year specifically;**

- **A potential way to encourage dentists who have not completed their contract activity level is to twin these practices with children’s centres so that they can provide preventative advice to parents and treat children where necessary; and**

- **Borough demographics have changed a lot over past decades and English may not be the first language. This combined with fear means people don’t go or take their children to the dentist.**
5.7 Members noted that approximately 45% of the population do not visit the dentist as often as they should. Often, the child’s first visit to the dentist is when they are in pain, which is not the best time as this is when they will need treatment. The single most common reason for the hospital attendance by children aged between five and nine is tooth decay, which is a telling statement on how much prevention work there is to do and how much extra is being spent, which could be avoided.

5.8 The national contract, commissioned by NHS England, is set up in a way that limits the numbers of patients that can be seen each year by dentists who hold NHS contracts. The outcome of this is that if a dental service sees more that the numbers of allocated patients they will not receive payment for this. As dental surgeries are small businesses this could have knock on effects for keeping the service running and employing staff. In LBBD there are some dentists that do not achieve the amount of activity that has been set for them, so there is potential for teaming these dentists up with Children’s Centres or schools and thereby increasing their activity.

5.9 Mr Liladhar informed the Members that the new Chief Dental Officer has proposed to the Government that increasing the NHS contract value by 2% could increase dentists’ capacity and enable them to see children at the age of 1 year, as has been recommended by NICE and is supported by dentists nationally.

5.10 In answer to why Asian children have a higher rate of tooth decay than other children (see section 4.3), Mr Liladhar commented that people from the Asian communities are much less likely to visit the dentist; only doing so, if they are in pain. The survey of 2010 did provide some evidence of this in that the percentage of Asian children who last visited a dentist in response to a dental problem was higher than Black or White children. There may be a lack of awareness of what constitutes good oral care habits, for in this community, for example, many parents do not brush their teeth at night (when evidence shows that doing so is very important), and these habits are then passed on to children. Furthermore, the diet in these communities can be very high in sugar so the combination means a greater incidence of dental decay in children.

5.11 Mr Liladhar commented that in his experience, it can be a challenge to get information across to communities for whom English is not the first language. People may not understand that they are entitled to free dental care and other benefits. This issue is further complicated if residents need a translator at a dentist, they must pay themselves. Sometimes the parent asks their child to translate, which is not ideal as the dentist cannot have confidence that everything has been translated correctly, and that they have the required consent. There are information leaflets in some dental practices, but these are all in English.

5.12 Mr Liladhar commented oral health in early years has improved over the years but this can be attributed to the promotion of fluoride toothpaste and that dentists have more of a preventative role to play, if they can get families to attend their practices. go to the practice.

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5 Institute of Dentistry, Barts and The London School of Medicine and Dentistry, Queen Mary University of London. The Oral Health of Three- Four-Year Old Children in Outer North-East London 2008 - 2010
5.13 Finally, Mr Liladhar commented that the level of poverty and deprivation in Barking and Dagenham is a key factor in the oral health of children in the borough, in terms of lack of awareness and lack of engagement with dental services.

This session led members to recommend that:

**RECOMMENDATION 5**
The Committee recommends that NHS England implement the initiative proposed by the Chief Dental Officer and increase dental activity by 2%, so that dentists can see children at 1 year of age.

**RECOMMENDATION 6**
The Committee recommends that NHS England actively support those dentists who underperform in activity to utilise their spare capacity to target young families to engage with their dental service.

**RECOMMENDATION 7**
The Committee recommends that the Health and Wellbeing Board, in collaboration with the British Dental Association, takes action to raise awareness of the importance of taking young children to the dentist and that it is a free service. This could include the provision communication through images to help address the need for information in languages other than English.

**RECOMMENDATION 8**
The Committee recommends that the Integrated Care Board look at the impact of dental emergencies on paediatric A & E attendance and challenge the system (CCGs) as to what is being done to address this.
6. Next Steps

6.1 This report and its recommendations will be submitted to the Health and Wellbeing Board and relevant health partners, who will decide whether to agree the recommendations. An action plan will be drawn up describing how the recommendations will be implemented. In approximately six months’ time, a monitoring report explaining the progress of the implementation of the recommendations and whether anything could be said of the early impact they have had will be produced.
The HASSC would like to extend its thanks to the following for contributing to this Review:

- The Early Intervention Worker, Locality Manager and Senior Locality Manager at Gascoigne Children’s Centre;
- Mr B Liladhar, Chair of the Local Dental Committee; and
- The Nursery Manager and Early Years Advisory Teachers at the Westbury Day Nursery

Members also thank the following Council officers for their support during this Review:

- Mary Knower: Public Health Strategist; and
- Masuma Ahmed: Democratic Services Officer
HEALTH AND ADULT SERVICES SELECT COMMITTEE

10 January 2018

Title: Results of inspections undertaken by the Care Quality Commission on local adult social care services in Quarter 2, 2017/2018

Report of the Commissioning Director, Adults’ Care and Support

Open Report For Information

Report Author: Annette Bidmead, Quality Assurance & Service Review Manager

Contact Details: Tel: 020 8227 2290 E-mail: annette.bidmead@lbld.gov.uk

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

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

Summary:

This report is an overview of CQC inspection reports, published during Quarter 2 of 2017: (1 July – 30 September 2017). The following report provides an overview of the inspections as well as the actions that have been taken. The report covers CQC inspection reports on providers in the Borough and those providing services to our residents outside the Borough.

Links to the CQC inspection reports can be found in Appendix 1.

Recommendation(s)

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

Reason(s)

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

1. Introduction and Background

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

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

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

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

1.3 Alternatively, a provider may be given no rating where the outcome is under appeal, their business is suspended or there was only one person using the service at the time of the inspection. There are no services locally where this has been the case.

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

2. CQC Findings Quarter 2 2017/2018

2.1 Of the seven providers inspected, five met the requirement for an overall rating of ‘good’, one provider was rated as ‘requires improvement’ and one was rated as inadequate.

2.2 The five providers rated ‘good’ and the date on which they were inspected were:

- **Homecare UK (Dagenham) – Evita Care Ltd** – this is a domiciliary care provider registered to provide support with personal care to people living in their own homes. At the last inspection on 22nd December 2016 CQC found a breach of regulation relating to pre-employment checks. During the latest inspection on 3rd October 2017 improvements had been made. The report was published on 24th October and was rated Good in all five areas.

- **Lynwood** – this is a care home providing accommodation and support for adults with learning disabilities. The maximum capacity of the service is eight people. At the time of the CQC inspection the service was fully occupied. At the last inspection in July 2016 there were 6 breaches of the Health & Social Care Act 2008 and CQC issued two warning notices as a result. This rating of Good is a marked improvement. This service received an unannounced inspection from CQC on 7th June 2017, and the report was published on 1st August 2017 and was rated Good in all five areas.
• **Outlook Care – Maplestead Road** – this is accommodation for six adults who require nursing or personal care, they support people with mental health and substance misuse issues. At the time of the CQC inspection there were three people using the service. The service was previously inspected in February 2016 and rated Good and was again rated Good at the latest inspection on 30th June 2017, the report was published on 31st July 2017.

• **Colin Pond Court - Triangle Community Services Ltd.** – this service provides support with personal care to older people living in sheltered accommodation provided by Anchor Housing Trust. At the time of the inspection ten adults were using the service, some of whom had dementia. The service was inspected on 15th June 2017 and the report was published on 21st July giving an overall rating of Good. Previous CQC inspection was carried out in June 2015 and found the provider was in breach of regulation 12 of the Health & Social Care Act 2008. They did not always make appropriate referrals to health care professionals. On this inspection it was found that this breach had been addressed.

• **Bluebird Care** – this is a domiciliary care provider and is one of LBBD’s contracted homecare providers. At the previous inspection of this service in August 2015 it was rated Good. There was one requirement because the service had failed to notify CQC of allegations of abuse. During the latest inspection on 22nd September 2017 this issue had been addressed and the service remained Good. The report was published on 12th October 2017.

3. **Providers requiring improvement (Quarter 2)**

**Fred Tibble Court – Triangle Community Services Ltd.**
Rating – Requires Improvement

3.1 This service provides support with personal care to older people living in sheltered accommodation provided by Hanover Housing Association. They provide support with personal care to older people who live in an extra care housing service. At the time of inspection there were 18 people using the service, some of whom had dementia.

3.2 The CQC inspection was undertaken on 24th May 2017 and the report was published 11th July 2017. The inspection found that three areas (Safe, Responsive and Well-Led) required improvement.

- **Safe** – Concerns were raised regarding risk assessments not including sufficient information about how to mitigate risks people faced.
- **Responsive** – the CQC gave a required improvement rating because care plans did not contain personalised information about supporting people with their assessed needs.
- **Well-Led** – the CQC found that quality assurance and monitoring systems were in place. However, they had failed to address issues of concern identified regarding risk assessments and care plans.

3.3 Contract monitoring meetings have taken place with QA and commissioning.
• Quality Assurance are working with Triangle Community Services Ltd to ensure they are carrying out the necessary actions to improve their service.

4. **Providers rated as inadequate (Quarter 2)**

**Barking (Metropolitan Care Services)**
Rating – Inadequate

4.1 This is a domiciliary care agency located in Longbridge Road, Barking. LBBD do not have any placements with this provider. Redbridge had 22 placements at the time of the CQC inspection. This service was registered with CQC in November 2016. The inspection was carried out on 15th June 2017 and the report was published on 27th July 2017.

4.2 The service was rated ‘inadequate’ in four areas and ‘requires improvement’ in one.

- **Safe:** Inadequate – relatives told CQC they did not feel people were safe when receiving care, risk assessments did not contain enough information to tell staff how to mitigate risks, medicines were not managed in a safe way and staff did not know how to respond to medicines errors, staff knowledge and understanding of safeguarding adults was poor.
- **Effective:** Inadequate – staff did not receive the training or support they needed to perform their roles, the service was not seeking consent in line with legislation and guidance, people were not always supported to eat and drink enough to maintain a balanced diet. Care plans did not include information about people’s dietary needs and preferences. Care plans did not contain enough information about people’s healthcare needs to ensure people were supported to maintain their health.
- **Caring:** Requires improvement – relationships between people and care workers were negatively affected by frequent changes in care workers. People were not supported to express their views and be involved in their care plans. The service did not explore people’s relationship histories or preferences with them.
- **Responsive:** Inadequate – needs assessments were not completed with people or their relatives, care plans lacked details about how to support people and contained no information about people’s preferences. People and relatives told us support was not provided at a time that was in line with their preferences. Relatives reported to CQC that they had made complaints, and these had been resolved. The provider had not maintained any records of complaints made.
- **Well-led:** Inadequate – the provider had not identified or addressed issues with the quality and safety of the service. They had not completed audits or checks to ensure that records were up to date and in line with best practice. People and relatives did not think the service was well run.

4.3 LBBD Quality Assurance have liaised with Redbridge QA and Contracts teams regarding the issues raised by CQC as all the care packages provided are with their reablement service. Redbridge Contracts team have now made the decision to suspend any further placements. LBBD QA have recommended to move to suspension of placements, once authorised, we will be writing to all local authorities via ADASS. A letter will be written to the provider informing them of the decision and inviting them to a meeting with Quality Assurance and Commissioning teams.
5. **Consultation**

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

6. **Implications**

**Risk Management**

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

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

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

7. **Customer Impact**

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

**Safeguarding Children and Vulnerable Adults**

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

**Health Issues**

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

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

Information on the regulation approach taken by CQC, on the website at: www.cqc.org.uk.
9. **List of appendices:**

Appendix 1: Quarter 2 2017/2018 CQC Reports
<table>
<thead>
<tr>
<th>Provider name</th>
<th>Name of Service</th>
<th>Link to report</th>
<th>Report date</th>
<th>Inspection date</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evita Care Ltd</td>
<td>Homecare (UK) Dagenham</td>
<td><a href="http://www.cqc.org.uk/location/1-1123272658">http://www.cqc.org.uk/location/1-1123272658</a></td>
<td>24th October 2017</td>
<td>3rd October 2017</td>
<td>Good</td>
</tr>
<tr>
<td>Dharshivi Limited</td>
<td>Lynwood</td>
<td><a href="http://www.cqc.org.uk/location/1-114143405">http://www.cqc.org.uk/location/1-114143405</a></td>
<td>1st August 2017</td>
<td>7th June 2017</td>
<td>Good</td>
</tr>
<tr>
<td>Outlook Care</td>
<td>Maplestead Road</td>
<td><a href="http://www.cqc.org.uk/location/1-124583683">http://www.cqc.org.uk/location/1-124583683</a></td>
<td>31st July 2017</td>
<td>30th June 2017</td>
<td>Good</td>
</tr>
<tr>
<td>Triangle Community Services Ltd</td>
<td>Colin Pond Court</td>
<td><a href="http://www.cqc.org.uk/location/1-1698526298">http://www.cqc.org.uk/location/1-1698526298</a></td>
<td>21st July 2017</td>
<td>15th June 2017</td>
<td>Good</td>
</tr>
<tr>
<td>A &amp; D Hammonds Ltd</td>
<td>Bluebird Care</td>
<td><a href="http://www.cqc.org.uk/location/1-731634273/reports">http://www.cqc.org.uk/location/1-731634273/reports</a></td>
<td>12th October 2017</td>
<td>22nd September 2017</td>
<td>Good</td>
</tr>
<tr>
<td>Triangle Community Services Ltd</td>
<td>Fred Tibble Court</td>
<td><a href="http://www.cqc.org.uk/location/1-189037049">http://www.cqc.org.uk/location/1-189037049</a></td>
<td>11th July 2017</td>
<td>24th May 2017</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Metropolitan Care Services</td>
<td>Barking</td>
<td><a href="http://www.cqc.org.uk/location/1-2869391206">http://www.cqc.org.uk/location/1-2869391206</a></td>
<td>27th July 2017</td>
<td>15th June 2017</td>
<td>Inadequate</td>
</tr>
</tbody>
</table>
THE FORWARD PLAN

Explanatory note:

Key decisions in respect of health-related matters are made by the Health and Wellbeing Board. Key decisions in respect of other Council activities are made by the Council’s Cabinet (the main executive decision-making body) or the Assembly (full Council) and can be viewed on the Council’s website at http://moderngov.barking-dagenham.gov.uk/mgListPlans.aspx?RPId=180&RD=0. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the full membership of the Health and Wellbeing Board is listed in Appendix 1.

Key Decisions

By law, councils have to publish a document detailing “Key Decisions” that are to be taken by the Cabinet or other committees / persons / bodies that have executive functions. The document, known as the Forward Plan, is required to be published 28 days before the date that the decisions are to be made. Key decisions are defined as:

(i) Those that form the Council’s budgetary and policy framework (this is explained in more detail in the Council’s Constitution)
(ii) Those that involve ‘significant’ spending or savings
(iii) Those that have a significant effect on the community

In relation to (ii) above, Barking and Dagenham’s definition of ‘significant’ is spending or savings of £200,000 or more that is not already provided for in the Council’s Budget (the setting of the Budget is itself a Key Decision).

In relation to (iii) above, Barking and Dagenham has also extended this definition so that it relates to any decision that is likely to have a significant impact on one or more ward (the legislation refers to this aspect only being relevant where the impact is likely to be on two or more wards).

As part of the Council’s commitment to open government it has extended the scope of this document so that it includes all known issues, not just “Key Decisions”, that are due to be considered by the decision-making body as far ahead as possible.

Information included in the Forward Plan

In relation to each decision, the Forward Plan includes as much information as is available when it is published, including:

- the matter in respect of which the decision is to be made;
- the decision-making body (Barking and Dagenham does not delegate the taking of key decisions to individual Members or officers)
• the date when the decision is due to be made;

Publicity in connection with Key decisions

Subject to any prohibition or restriction on their disclosure, the documents referred to in relation to each Key Decision are available to the public. Each entry in the Plan gives details of the main officer to contact if you would like some further information on the item. If you would like to view any of the documents listed you should contact Tina Robinson, Democratic Services Officer, 5th Floor, Roycraft House, 15 Linton Road, Barking, IG11 8HE (telephone: 020 8227 3285, email: tina.robinson@lbld.gov.uk.

The agendas and reports for the decision-making bodies and other Council meetings open to the public will normally be published at least five clear working days before the meeting. For details about Council meetings and to view the agenda papers go to http://moderngov.barking-dagenham.gov.uk/ieDocHome.asp?Categories and select the committee and meeting that you are interested in.

The Health and Wellbeing Board’s Forward Plan will be published on or before the following dates during the Council municipal year, in accordance with the statutory 28-day publication period:

<table>
<thead>
<tr>
<th>Edition</th>
<th>Publication date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2018 edition</td>
<td>18 December 2017</td>
</tr>
<tr>
<td>March 2018 edition</td>
<td>12 February 2018</td>
</tr>
<tr>
<td>June 2018 edition</td>
<td>14 May 2018</td>
</tr>
</tbody>
</table>
Confidential or Exempt Information

Whilst the majority of the Health and Wellbeing Board’s business will be open to the public and media organisations to attend, there will inevitably be some business to be considered that contains, for example, confidential, commercially sensitive or personal information.

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the meetings listed in this Forward Plan may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. Representations may be made to the Council about why a particular decision should be open to the public. Any such representations should be made to Alan Dawson, Democratic Services Manager, 5th Floor, Roycraft House, 15 Linton Road, Barking, IG11 8HE (telephone: 020 8227 2348, email: committees@lbbd.gov.uk).

Key to the table

Column 1 shows the projected date when the decision will be taken and who will be taking it. However, an item shown on the Forward Plan may, for a variety of reasons, be deferred or delayed.

It is suggested, therefore, that anyone with an interest in a particular item, especially if he/she wishes to attend the meeting at which the item is scheduled to be considered, should check within 7 days of the meeting that the item is included on the agenda for that meeting, either by going to http://moderngov.barking-dagenham.gov.uk/ieListMeetings.aspx?CId=669&Year=0 or by contacting contact Tina Robinson, Democratic Services Officer, 5th Floor, Roycraft House, 15 Linton Road, Barking, IG11 8HE (telephone: 020 8227 3285, email: tina.robinson@lbbd.gov.uk).

Column 2 sets out the title of the report or subject matter and the nature of the decision being sought. For ‘key decision’ items the title is shown in bold type - for all other items the title is shown in normal type. Column 2 also lists the ward(s) in the Borough that the issue relates to.

Column 3 shows whether the issue is expected to be considered in the open part of the meeting or whether it may, in whole or in part, be considered in private and, if so, the reason(s) why.

Column 4 gives the details of the lead officer and / or Board Member who is the sponsor for that item.
<table>
<thead>
<tr>
<th>Health and Wellbeing Board: 16.1.18</th>
<th>Suicide Prevention Strategy: Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>In November 2016, a Mental Health Strategy for LBBD was agreed. Since then LBBD and Havering have partnered in the development of a suicide prevention strategy and localised action plans.</td>
<td></td>
</tr>
<tr>
<td>The Board will be asked to approve the Suicide Prevention Strategy, including the action plan and future monitoring.</td>
<td></td>
</tr>
<tr>
<td>- Wards Directly Affected: All Wards</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and Wellbeing Board: 16.1.18</th>
<th>Joint Strategic Needs Assessment (JSNA) 2016/17: Refresh</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Joint Strategic Needs Assessment is the outline document written with Health and Wellbeing partners to provide information about the services that benefit the health and wellbeing of residents in Barking and Dagenham.</td>
<td></td>
</tr>
<tr>
<td>The Board will be provided with the refresh update of the Joint Strategic Needs Assessment for 2016/17, for information and discussion.</td>
<td></td>
</tr>
<tr>
<td>- Wards Directly Affected: All Wards</td>
<td></td>
</tr>
</tbody>
</table>
### Local Account 2016/17 Adults’ Care and Support in Barking and Dagenham: Community

The Local Account is the annual statement on the current state of adult care and support services in Barking and Dagenham. This document is for residents and service users in the borough.

The Board is required to sign off this annual statement.

- Wards Directly Affected: All Wards

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### Deed of Variation for the Barking and Dagenham Section 75 Agreement for the Better Care Fund 2017-18: Financial

It is a requirement for the Better Care Fund pool fund between the Council and the Clinical Commissioning Group to be supported by a Section 75 (S.75) Agreement.

Following submission of the BCF plan and its full assurance by NHS England at the end of October 2017, the Board will be asked to note the provision of the Deed of Variation and to retrospectively approve this, and the expenditure incurred, for the current financial year.

The Board will also be advised of the work being undertaken on the new Section 75 agreement that is being development for the financial year 2018-19.

- Wards Directly Affected: All Wards
<table>
<thead>
<tr>
<th>Health and Wellbeing Board: 16.1.18</th>
<th>Healthwatch: Programme of Work 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthwatch Barking and Dagenham (HWBD) is the local champion for users of health and social care services across the Borough. Since August 2017 the programme has been managed by LifeLine Projects, and specifically the Faith Action national team. The Board will be provided with information on the new provider structure and the areas of work scheduled between 1 August 2017 and 31 March 2018 and will be asked to consider and comment on the different project areas.</td>
<td></td>
</tr>
<tr>
<td>• Wards Directly Affected: All Wards</td>
<td></td>
</tr>
<tr>
<td>Open</td>
<td>Nathan Singleton, Director of Families and Young People (Tel: 020 8597 2900) (<a href="mailto:NathanSingleton@lifelineprojects.co.uk">NathanSingleton@lifelineprojects.co.uk</a>)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and Wellbeing Board: 13.3.18</th>
<th>Domestic and Sexual Abuse Strategy: Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>The report will present the Board with the draft Domestic and Sexual Abuse Strategy. The Board will be asked to discuss and approve the Domestic and Sexual Abuse Strategy.</td>
<td></td>
</tr>
<tr>
<td>• Wards Directly Affected: All Wards</td>
<td></td>
</tr>
<tr>
<td>Open</td>
<td>Mark Tyson, Commissioning Director, Adults' Care &amp; Support (Tel: 020 8227 2875) (<a href="mailto:mark.tyson@lbbd.gov.uk">mark.tyson@lbbd.gov.uk</a>)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and Wellbeing Board: 13.3.18</th>
<th>Older Peoples Housing Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board will be provided with an update on the Older Peoples Housing Strategy 2017-2025, commissioned to Campbell Tickell, and will be asked to consider and comment on its key findings and recommendations; both aspirational and deliverable.</td>
<td></td>
</tr>
<tr>
<td>• Wards Directly Affected: All Wards</td>
<td></td>
</tr>
<tr>
<td>Open</td>
<td>Taslima Qureshi, Interim Head of Commissioning, Adults Care and Support, James Goddard, Group Manager, Housing Strategy, Mark Tyson, Commissioning Director, Adults' Care &amp; Support (Tel: 020 8794 8238), (Tel: 020 8227 2875) (<a href="mailto:Taslima.Qureshi@lbbd.gov.uk">Taslima.Qureshi@lbbd.gov.uk</a>), (<a href="mailto:james.goddard@lbbd.gov.uk">james.goddard@lbbd.gov.uk</a>), (<a href="mailto:mark.tyson@lbbd.gov.uk">mark.tyson@lbbd.gov.uk</a>)</td>
</tr>
</tbody>
</table>
The Pharmaceutical Needs Assessment (PNA) is a statutory document required to be produced by every local authority’s Health and Wellbeing Boards (HWB) every three years. The PNA assesses the pharmacy needs of the local population and provides a framework to enable the strategic development and commissioning of community pharmacy services to help meet the needs of the local individual population.

The London Boroughs of Barking and Dagenham (LBBD), Havering (LBH) and Redbridge (LBR) have recently (May 2017) awarded the contract for the production of three PNA’s to PHAST CIC (one for each borough)

The HWB will be asked to sign-off the final PNA upon its completion.

- Wards Directly Affected: All Wards
Membership of Health and Wellbeing Board:

Councillor Maureen Worby, Cabinet Member for Social Care and Health Integration (Chair)
Councillor Sade Bright, Cabinet Member for Equalities and Cohesion
Councillor Laila M. Butt, Cabinet Member for Cabinet Member for Enforcement and Community Safety
Councillor Evelyn Carpenter, Cabinet Member for Educational Attainment and School Improvement
Councillor Bill Turner, Cabinet Member for Corporate Performance and Delivery
Anne Bristow, Strategic Director for Service Development and Integration and Deputy Chief Executive
Matthew Cole, Director of Public Health
Nathan Singleton, Healthwatch Barking and Dagenham (Lifeline Projects)
Dr Waseem Mohi, Chair of Barking and Dagenham Clinical Commissioning Group (Deputy Chair of the H&WBB)
Dr Jagan John, Clinical Director (Barking and Dagenham Clinical Commissioning Group)
Conor Burke, Accountable Officer (Barking and Dagenham Clinical Commissioning Group)
Bob Champion, Executive Director of Workforce and Organisational Development (North East London NHS Foundation Trust)
Dr Nadeem Moghal, Medical Director (Barking Havering and Redbridge University Hospitals NHS Trust)
John Cooze, Partnership Inspector for Barking and Dagenham Area. (Metropolitan Police)
Ceri Jacob, Director Commissioning Operations NCEL (NHS England - London Region) (non-voting Board Member)
HEALTH AND ADULT SERVICES SELECT COMMITTEE

10 January 2018

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

Report of Healthwatch Barking and Dagenham

Open Report | For Information
---|---
Report Author: Manisha Modhvadia  
Healthwatch Officer | Contact Details:  
Tel: 0800 298 5331  
E-mail: Manisha.Modhvadia@healthwatchbarkinganddagenham.co.uk

Accountable Director: Felicity Smith, Healthwatch Manager

Summary:

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

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

Appended to this report are the reports arising from Healthwatch’s Enter and View visits between the period August 2017 and November 2017. Below is an outline of each:

- On 18th and 19th September 2017 HealthWatch Barking and Dagenham carried out and Enter and View of Oncology services at Queens Hospital. The visit was carried out as a result of feedback received from service users. Attached is the full report and the response from the service provider.

- Healthwatch also undertook an Enter and View visit to a GP Practice, Grove Surgery on 14th November 2017. This visit was carried out after a number of residents were unhappy with the service being provided. Although the practice is based in Redbridge there are a number of Barking and Dagenham residents registered with the GP. At the time of writing this report Healthwatch were in process of concluding the findings, therefore were unable to give details of the findings. A verbal update will be given at the meeting.

Recommendation(s)

The Health and Adult Services Select Committee (HASSC) is recommended to note the reports and provide any comments to the Healthwatch representative at the meeting.
Reason(s)

It is good practice for Healthwatch to share its information about health services with the HASSC to support the Committee in its ‘critical friend’ function.

Background Papers Used in the Preparation of the Report:

None.

List of appendices:

Oncology Enter and View Report
Enter and View
Oncology Department // Radiotherapy
Queen’s Hospital, Romford
18th-19th September 2017
Enter and View

Oncology Department with a focus on Radiotherapy

Queen’s Hospital, Romford
18th & 19th September 2017
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1 Introduction

1.1 Details of visit

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<td>Oncology Department</td>
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<td>Date and Time</td>
<td>18th and 19th September 2017</td>
</tr>
<tr>
<td>Authorised Representatives</td>
<td>Manisha Modhvadia (Lead Officer)</td>
</tr>
<tr>
<td></td>
<td>Val Shaw (Authorised Representative)</td>
</tr>
<tr>
<td>Author of report</td>
<td>Manisha Modhvadia</td>
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<td>Dagenham RM8 3QS</td>
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<td><a href="mailto:Manisha.modhvadia@healthwatchbarkinganddagenham.co.uk">Manisha.modhvadia@healthwatchbarkinganddagenham.co.uk</a></td>
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<td>0800 298 5331</td>
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1.2 Acknowledgements

Healthwatch Barking and Dagenham would like to thank the service provider, service users, visitors and staff for their contribution during the visit.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visit.
2 What is Enter and View?

- The Health and Social Care Act 2012 allows local Healthwatch to carry out Enter and View visits.

- Healthwatch representatives are recruited and trained to carry out visits to observe specific settings and give feedback.

- During a visit information is gathered through the experiences of service users, their relatives/friends and staff to collect evidence of the quality and standard of the services being provided.

- Enter and View visits can happen if people tell us there is a problem with a service but, equally they can occur when services have a good reputation.

- The visits enable us to share examples of best practice and make recommendations where improvements are needed from the perspective of people who experience the service first-hand.

- An opportunity to give authoritative, evidenced based feedback to organisations responsible for delivering and commissioning services.

- The visits assist local Healthwatch to alert Healthwatch England or the Care Quality Commission to concerns about specific service providers of health and social care.

If you are interested in finding out more about Enter and View visits or Healthwatch Barking and Dagenham then please visit: www.healthwatchbarkinganddagenham.co.uk

2.1 Purpose of Visit

Our purpose was to observe and engage with patients who access the services within the Oncology department, with a focus on the radiotherapy service. The main areas being looked at were:

- Appointments
- Care and treatment
- Facilities and Environment
- Communication between staff and patient
2.2  **Strategic drivers**

This visit was undertaken as a direct result from the feedback received from the local community.

The following areas were highlighted by members of the public:

- appointments being re-arranged at short notice within the radiotherapy department.
- long waits for people who are undergoing chemotherapy treatment.
- no communication between receptionists and patients in regards to any delays to see the oncologists.
- people praising the staff from all three services.

2.3  **Methodology**

Before the visit

- Enter and View Representatives undertook a pre-meeting to look at the feedback that was provided by the community.

- The information was used to devise a questionnaire reflecting the issues identified. The questions would be used as prompts to speak to patients on the day of the visit (This can be found in Annex A).

- A date was set for the visit and notification sent to the patient experience team at the trust outlining the intentions of the visit. A response was received from the hospital trust acknowledging the advance notice.

Day of the visit

- Representatives were escorted to the Oncology department by the Head of Radiotherapy.

- Representatives had the opportunity to speak with the manager, nurse and an oncologist to ask questions about the provision on the department.

- Representatives were show around the department and then left to speak with service users, family members and staff.
To enable respondents to give their views without the fear of their personal details being shared or have an impact on the services they receive, Healthwatch explained the below as part of the Enter and View visit:

- Participation is voluntary, and individuals are not required to answer any questions that they do not want to.
- Participation or non-participation will not affect access to the service they are currently receiving.
- Information collected would be kept strictly confidential.
- Business cards were offered in case patients wanted to make contact after the visit.
3 Summary of findings

Healthwatch Barking and Dagenham authorised representatives undertook the visit to speak with patients about their experiences of the services received on the Oncology department. We spoke to 42 patients on the day of the visit.

Evidence gathered from the visit shows that the experience of patients was primarily positive. There were no negative responses in regard to our questions about the treatment received from staff.

All the patients spoken to on the day, felt their needs were met with respect and dignity: with the facilities and staff being sufficient for the task.

However, feedback indicates there is room for improvement within each service.

- **Radiotherapy service**: staff calling patients from the corridor resulting in some individuals not hearing their name.

- **Chemotherapy Service**: patients are given appointment times, yet there were delays in receiving treatment. It was highlighted that waits could be 2 hours or more.

- **Consultant appointments**: no communication between the receptionists and patients when there are delays in clinics.
4 Service Provision

General information

Facilities offered include:

- There is a car park for cancer patients. All oncology patients can park for free, and are given a parking card for the duration of their treatment.
- Separate reception desk for radiotherapy and chemotherapy patients.
- Waiting areas are separate for consultant appointments, chemotherapy and radiotherapy patients.
- Phlebotomy service specifically for oncology patients.
- Macmillan information center within the Oncology department.
- Complementary therapy room within the Oncology department.

Radiotherapy department

- Open Monday to Friday.
- Treatment appointments are from 8am-6pm.
- An on call service is available if patients feel unwell after hours.
- 90 radiotherapy appointments per day.
5 Findings

5.1 Radiotherapy department

Interaction between staff and patients including care and treatment

Healthwatch representatives wanted to explore the experiences that patients and relatives had when interacting with hospital staff.

Whilst speaking to patients it became evident that they were happy with the service being provided. All patients spoke very highly and positively about staff. Whilst radiotherapists and support staff were described as caring, understanding and kind, the receptionist was referred to as being friendly and someone who tried to remember everyone’s names.

Patients highlighted care on the department as being excellent. Staff were seen smiling and laughing with patients, which brought a positive vibe to the environment. Family members told us that staff were always ready to answer questions and were approachable.

We had the opportunity to watch a radiotherapy session being undertaken and noticed staff communicating with the patient to ensure they were comfortable.

Healthwatch Representatives observed interaction between the staff and patients and noticed the positive attitude of staff.

“Radiologists are good, understanding and try and make you feel comfortable.”

“Staff are very good, the receptionist is always smiling and the radiographers try their best to make you feel at ease.”

During the visit 13 patients told us they did not always hear staff calling their name. Healthwatch Representatives observed radiographers and supporting staff calling patients names from the corridor. This contrasted with the hospitals deaf aware quality mark, although all the individuals spoken to were not deaf.
Healthwatch Representatives had the opportunity to see an educational presentation as part of the pre-assessment stage for men who were diagnosed with prostate cancer.

After the presentation, patients told us they found it very informative and helpful.

Family members also commented that the session gave them a good breakdown of what to expect and a better understanding of what the treatment would consist of.

The staff member who delivered the session offered to send copies to the patients by email.

“It’s a good way of showing us the steps that we need to take to make the treatment as effective and for our well-being.”

“Very informative and gives me all the points and information I need.”

“I am happy with the session, there is a lot of information to take in, but it’s all relevant, I will now be able to relate a bit more to my husband about what he needs and how he is feeling.”

**Facilities and environment**

Changing facilities are situated next to the main waiting area and gowns are made available for those who need to change. Women of a smaller build highlighted the need for adjustable gowns as the ones provided were all one size.

Feedback from patients shows that the facilities are adequate.

We spoke to 37 patients and 13 of those expressed that the temperature of the department was cold. People told us they thought it was because the environment had to be cold for the radiotherapy treatment to work.
The department was clean, well maintained and adequately signposted. Each waiting area had a sign up which made it easier for patients to know where to wait. Patients knew which subwait area to go to as it was noted on their appointment letter.

Although patients were appreciative of the water dispenser, individuals who needed their bladder full for the radiotherapy felt the water was too cold and room temperature water should be made available.

The corridors were free of obstructions and there were lots of pictures mounted on the walls along the corridors.
Appointments

We asked patients their opinions on:

- waiting times to be seen
- cancellations
- notification of changes to their appointment time

Patients are given appointment schedules, these consist of the dates and times as well as which clinic they would be treated in.

The intention of the team is to ensure each individual feels comfortable therefore each session is booked within the same clinic. This also helps staff to get to know the patient and their needs.

If one clinic is running late, there is flexibility to move patients around. Staff will only do this if individuals are happy with being treated by a different team.

Staff informed us that the old radiotherapy machines are being replaced gradually.

Patients expressed the inconvenience of this, but highlighted the benefits the new equipment would bring for people using the service.

“Sometimes I get a call in the morning, as the machine isn’t working and am told to come in later, this is inconvenient but the machines are getting replaced which is a good thing.”

“It’s a positive step forward, I get frustrated, but at least they are doing something about it.”
**Staff**

We spoke to one Radiographer on the visit, she told us about how the team ensures the service is patient focused.

“We have briefing meetings every morning so the whole team is aware of the patients we will be treating and issues we need to be aware of, for example there is one patient who suffers from anxiety, she does not like being moved to another clinic and if there is delay she would rather wait to be treated by the team she knows, therefore we do not move her.

Every patient is different: whilst some are positive, others are fearful. It’s about having the right approach for each individual.”

We also spoke to a Bookings administrator:

“One aspect of my job is booking appointments. Having good communication with the chemotherapy department works very well, especially when patients are having both treatments. I need to ensure people who have booked patient transport are scheduled to have their treatment on time, so they don’t miss their ride home. Patients have been very understanding when I have called to rearrange their appointment time due to the treatment machines being replaced”
5.2  Chemotherapy service

Although the main focus for the visit was Radiotherapy. Healthwatch Representatives also spoke to 5 people receiving chemotherapy.

All 5 patients praised the staff within the Chemotherapy department and described them as being caring and kind. Positive comments were made about the care provided and attitude of the staff, this included patients commenting on some staff being cheerful and happy and speaking politely to patients.

Feedback gathered from the day highlights the long waits patients face when waiting for the chemotherapy. When patients enquired about the delays, they were told that the department were waiting for the chemotherapy to be sent by the pharmacist. Some people said they waited for two hours or more.

Healthwatch would be interested in knowing what is causing the delay. If it’s about the chemotherapy being made fresh, there needs to be a system in place where patient’s treatment time is not prolonged.

“We can be waiting for two hours or more, I know it needs to be fresh, but they should begin to make it earlier as truly who is going to purposely not turn up for their chemotherapy?”

“It’s always delayed and when I ask, I get told they are waiting to receive it for the pharmacist. This is the case most of the time; maybe they need a pharmacist specifically for chemotherapy.”

I bring my relative for the treatment. As it’s always late, I called to check if there was going to be a delay. I was told ‘no everything is on time’, I came and then we waited nearly 2 hours.
5.3 **Oncologists appointments**

Particular themes were highlighted whilst speaking to patients in relation to their consultant appointments.

Patients were happy with the interaction they had with oncologists and felt clinical procedures were explained in a way they understood.

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“The consultant could not be more helpful”

---

“Every little bit is explained, anything I ask I get an answer for.”

---

One person mentioned that rather than receiving a letter notification about their appointment, they were sent a text. This issue was resolved once they spoke to the appointments team.

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**WAITING ROOM**

Patients told us there is no communication from staff if a clinic is running late. Some of those felt that when they do ask how long the wait is, staff are not very appreciative of this.

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Healthwatch representatives saw a display board which had information for the patients and there was also magazines and newspaper for those who were waiting to be seen.
5.4 Macmillan service

Patients and family members both felt having the Macmillan Center on site was an asset for service users.

“Having the center on site, has worked really well for mum. When we first found out that she has cancer, we weren't ready to take in any information, but afterwards we did make use of the center. There is a wealth of information which was really helpful. The Macmillan nurse was also open to answer questions and assist.”

“When I was diagnosed with cancer the Macmillan nurse contacted me directly; the cancer has now returned and I have had no contact. I know I can make the contact but sometimes it's all too much and that first call can help and it's a reminder of what is available.”

There is a display of head gear within the center which is open to patients to have a look at and place an order.

“It gives people the chance to have a look and try them before making a choice. We also have information on the wig service.”

Macmillan Nurse
6 Recommendations

Evidence from patients and family members highlight the great staff that work within all three departments. Throughout the visit, staff were praised by patients highlighting good attitudes, caring mentalities and kindness. This should be highlighted as good practice within the trust and used as an example to improve other areas.

Recommendations for the Radiotherapy Department

- **Calling names:** staff approach patients directly in the area they are waiting rather than calling from the corridor.
- **Water dispenser:** senior staff should look for a solution that means room temperature water can be made available.
- **Temperature of department:** have a notice on in the waiting area informing patients and family members about the temperature of the ward so people can come prepared.

Recommendations for the Oncology consultants

- **Inform patients of waiting times:** A small notice near the receptionist’s area letting people know if there is a delay.

Recommendations for the Chemotherapy Department

- **Delays for chemotherapy:** Senior staff need to review the length of time patients are waiting for chemotherapy to arrive on the ward.
Sent via email
manisha.modhvadia@healthwatchbarkingand dagenham.co.uk

Manisha Modhvadia
Healthwatch Barking and Dagenham

20 December 2017

Dear Manisha,

Enter and View Visit – Oncology and Radiotherapy 18 & 19 September 2017

I am writing to thank you for your recent report on our Oncology and Radiotherapy Department at Queen’s Hospital, following your enter & view visit on 18 and 19 September 2017.

We very much appreciate comments and support from our local Healthwatch community and therefore welcome the findings and recommendations detailed in your report. Please see enclosed our action plan and comments based on your report.

Should you require any additional information, please do not hesitate to contact the patient experience team via email at PatientExperience@bhrhospitals.nhs.uk and they will be happy to assist you.

Yours sincerely,

Matthew Hopkins
Chief Executive

Enclosures
1 INTRODUCTION

Healthwatch Barking and Dagenham is the local consumer champion for both health and social care. Their aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally. Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Barking & Dagenham has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

2 HEALTHWATCH REPORT

The visit was completed to the Oncology and Radiotherapy department on 18 and 19 September 2017. This response should be read with the report. The visit was announced and was to observe and discuss appointments, care and treatment, facilities and communication between staff and patients.

3 BHRUT RESPONSE TO HEALTHWATCH BARKING & DAGENHAM REPORT

We would like to thank Healthwatch Barking & Dagenham for presenting their findings in relation to this visit and for the recommendations made. We have outlined below the Trust response to each recommendation.

RADIOThERAPy

Calling names from the corridor:
It is recognised that calling patients from the corridor is not professional and does not meet the standards expected by the Trust or the service. Patients with hearing difficulties will be disadvantaged as they will not be aware that their name is being called. This will be raised at the radiotherapy monthly staff meeting and team leaders will be asked to monitor this. It is recognised that this recommendation would be relevant to services across the hospitals and therefore a reminder will be made to all staff via the Trust electronic newsletter.

Temperature of the department:
The department is aware of concerns regarding the temperature however, this cannot be adjusted due the requirements of the machinery used within the area. We will put posters in the main waiting areas informing patients that the treatment room / CT scanner room can feel cold. Staff will endeavour to cover patients up as much as the treatment position allows.

Water dispenser:
This has been discussed with the procurement team who have advised that a new water dispenser will be in place before the end of the year and will include an ambient water temperature setting.

ONCOLOGY

Keeping patients informed:
This is disappointing to hear, as overall the feedback from the visit was very positive. The service will ask staff to keep the notice board updated and to ensure they communicate with patients in sub waiting areas.

Delays in chemotherapy sent to department:
We are aware of the challenges around patients waiting for their chemotherapy treatment and a working group has been initiated to look at ways in which we can improve the service offered.
CONCLUSION

We would like to take the opportunity to thank Healthwatch Barking & Dagenham for undertaking this Enter and View visit and for the feedback provided in the report. We are aware of some of the issues identified and are managing these as part of the on-going aim to improve patient experience in relation to our Oncology and Radiotherapy Department. The Trust hopes that the enclosed action plan provides Healthwatch Barking & Dagenham with the assurance that these recommendations have been taken on board.
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<td>Radiotherapy</td>
<td>Calling names from the corridor</td>
<td>Stuart McCaigly</td>
<td>08/12/17</td>
<td>The importance of appropriate communication has been raised at the monthly radiotherapy staff meeting on Friday 8&lt;sup&gt;th&lt;/sup&gt; December and Team Leaders will be asked to monitor this.</td>
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<td>Temperature of the room</td>
<td>Stuart McCaigly</td>
<td>31/12/2017</td>
<td>The temperature of the rooms cannot be adjusted due to the requirements of the treatment machines. We will put posters in the main waiting areas informing patients that the treatment room / CT scanner room can feel cold. Staff will endeavour to cover patients up as much as the treatment position allows.</td>
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<td>3</td>
<td>Radiotherapy</td>
<td>Water dispenser</td>
<td>Stuart McCaigly</td>
<td>31/12/2017</td>
<td>Procurement have confirmed that the water dispenser will be replaced by the end of the year with one that includes an ambient water setting.</td>
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<td>Oncology</td>
<td>Informing patients when there are delays in seeing the consultants</td>
<td>Jodi Brooking</td>
<td>31/12/2017</td>
<td>Outpatient nurses will liaise with reception staff to ensure that the notice board behind reception is kept updated. Patients in sub waiting areas to be kept informed.</td>
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<td>Oncology</td>
<td>Delays in chemotherapy sent to department and patients receiving treatment</td>
<td>Liz Crees</td>
<td>31/03/2018</td>
<td>A Chemotherapy Working Group has been initiated to look at ways in which we can improve the service offered to patients. This is a multi-disciplinary group with clinical, nursing, pharmacy and management representatives. Part of this work is to look at delays in patients receiving chemotherapy. A waiting time audit has been recently completed, and the reasons for delays will be investigated and actioned.</td>
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The questions below, were used as prompts by Healthwatch Representatives during the visit.

- Which Treatment do you attend for?
  - Radiotherapy
  - Chemotherapy

- How would you describe the front line staff?

- How would you describe the professional who undertakes the treatment?

- Have you been given a number to call if you have any problems in relation to your treatment? (out of hours)

- What is your opinion on the way the service deals with cancellations or changes they make to your appointment?

- Are you told about any delays? Yes, always Yes, sometimes Never or rarely There were no delays

- What is the environment like of the department? (the waiting room, treatment area)

- Are the facilities on the ward adequate?

- Do you feel the changing facilities / arrangements allow you to maintain your dignity?

- Additional comments
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<th>Chair’s pre-meeting date</th>
<th>Deadline for final versions</th>
<th>Relevant Cabinet Member</th>
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<td><strong>BHRCCGs’ Consultation on Community Urgent Care Proposals – this will now take place after the local elections in 2018.</strong></td>
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<td>Mental Health Provision in Barking and Dagenham</td>
<td>BDCCG</td>
<td>Mon 22 Jan</td>
<td>Mon 29 Jan</td>
<td>Mon 5 Feb</td>
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<td>Update from BHRUT on Sepsis performance, referral to treatment times and A&amp;E performance</td>
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<td>Results of Inspections undertaken by the Care Quality Commission on Local Adult Social Care Services – Quarter 3</td>
<td>Commissioning Director, Adults’ Care &amp; Support, LBBD</td>
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<td></td>
<td>Final report – Oral Health in Early Years Scrutiny Review</td>
<td>Chair</td>
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Notes:
There are HASSC member ‘sub-group’ sessions in addition to the meetings above in relation to the mini scrutiny review on Oral Health in Early Years. Please contact Democratic Services for more information.