AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

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

3. Minutes - To confirm as correct the minutes of the meeting held on 10 January 2018 (Pages 3 - 9)

4. Winter Pressures

   To receive a presentation from the Chief Executive of the Barking, Havering and Redbridge NHS Trust.
5. Update from BHRUT on Sepsis performance, referral to treatment times and A&E performance (Pages 11 - 32)

6. Progress report - The Cancer Prevention, Awareness, and Early Detection Scrutiny Review (Pages 33 - 43)

7. Results of Inspections undertaken by the Care Quality Commission on Local Adult Social Care Services - Quarter 3 (Pages 45 - 49)

8. The Oral Health in Early Years Scrutiny Review - Final Report and Recommendations (Pages 51 - 86)

9. Health and Wellbeing Board Forward Plan (Pages 87 - 95)

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

11. 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.**

12. 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

Wednesday, 10 January 2018
(7:00 - 9:08 pm)

Present: Cllr Peter Chand (Chair), Cllr Adegboyega Oluwole (Deputy Chair), Cllr Jane Jones, Cllr Eileen Keller and Cllr Chris Rice

Also Present:

Apologies: Cllr Sanchia Alasia, Cllr Hardial Singh Rai and Cllr Linda Reason

27. Declaration of Members' Interests

There were no declarations of interest.

28. Minutes - To confirm as correct the minutes of the meeting held on 13 November 2017

The minutes of the meeting held on 13 November 2017 were confirmed as correct.


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 outlined the key points of the CQC State of Care report, reflected on the Council’s own local assessment of the state of care in the borough, and presented the challenges and our local approach to improving quality and standards in the adult care provider market.

The Commissioning Director, Adults’ Care and Support (CDACS) provided a presentation to the Committee which included the following areas:

- Overview
- National Picture
This report was published several months ago although it was difficult to draw specific conclusions but it was important to nurture good relationships between all levels and all providers and seek to retain staff and improve standards. There was a challenge to improve and he noted that there were no providers identified as being outstanding.

It was noted that Private nursing home staff were not paid as high as NHS rates although improvements have been made in Nursing homecare, one quarter required improvement in that sector.

Members welcomed the report and noted that some supported living was identified as being inadequate. They asked what support was offered by the Council to providers and our residents in such cases. The CDACS said the process of improvement plans were not intended to be punitive but being clear as to the areas where improvements were needed. This might also include the offer to provide temporary management support.

Members noted the national and local performance comparisons following inspections. The CDACS stated that two years ago there was a significant increase in provider costs and the borough were one of the lowest payers although there was no real correlation between CQC and how much was being paid for services; there was a dialogue with providers to sustain and ensure quality and improve care provision.

Members had been concerned about the performance data following inspections although were subsequently reassured about improvements, however they were worried about staff retention and feedback in the social worker team. They noted that Adults’ Care and Support were also in the process of reviewing the Council’s own internal processes for assuring the quality of work within its social work teams. The CDACS stated that he did not have any significant concerns about the quality of social work routine procedures. He added that a Principal Social Worker
had recently been appointed to assist the team. The Operational Director, Adults Care and Support added that there were five social workers in the team dealing with Residential and Care Homes and it was fully staffed in Adult Social Care. In addition there was no problem or high turnover and that 95% were satisfied with the care received.

30. The Challenges in Primary Care

The Select Committee received a presentation from Sarah See, CCG on “Primary Care Transformation Update”. The areas included in the presentation were:

- Personal Medical Contracts (PMS) being reviewed
- Local context across Barking, Havering and Redbridge
- Financial affordability principles
- Next steps
- CQC Inspections across BHR
- CQC re-inspections across BHR
- CQC support offered to practices
- GP networks
- Diabetes local incentive schemes update
- Results from Barking and Dagenham Phase 1 September 2017
- Resilience scheme
- Workforce
- Primary Care investment: Advice and guidance initiative

Members asked what action was being taken to recruit more General Practitioners into the borough as it was short by about 50 GP’s. Sarah See responded that there would be an allocated number of overseas GPs being recruited. In addition there was engagement with NHS England, who were aware there was a national shortage of GP’s. They were managing this centrally and working with agencies to recruit more GP’s. She added that it would not be possible to recruit for all 50 GP’s short within two years’ time but stated that eleven would be recruited for September 2018. There was an intention that the borough should not be over-reliant on locums to plug the gap. It was noted that the borough had the lowest level of GPs in London and possibly the country.

Members noted that many of the borough’s GPs had now joined a large-scale organisation called the Federation. This had been formed to help cope with rising pressure and policies demanding longer hours and better service. Sarah See responded that there was a national drive for the Federation which was originally set up to help deliver the PM’s Challenge Fund for general practice. Workforce initiative and support practices. It had helped to provide a GP Hub at 2 sites. There were a number of large GP practices in the borough but there was not a “one size fits all” approach to these practices.

Members asked if the Federation initiative could be sustained. Sarah See stated that it provided out of hours services when GP’s practices were closed and was intended to take the pressure off GP centres. There was a review of Urgent Care Services and the CCG were looking to streamline this for patients.

In answer to a question, Sarah See stated that the CCG were keen to increase patient appointments in working hours and availability as part of the Personal
Medical Contracts review (PMS). Members asked why the opening of the new Urgent Care Unit at Queens Hospital on 10 January 2018 had not been sufficiently publicised. Sarah See would liaise with her colleagues at BHRUT and let the Committee receive a response in this matter.

31. **Overview of the current Health Partnership Developments in Barking and Dagenham, Havering and Redbridge, and relationship to London Health Devolution**

The Council was 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 was 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 had been a number of developments over recent months, and the Committee received a presentation by the Commissioning Director, Adults’ Care & Support (CDACS) 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.

The report included the summary version of the London Devolution settlement provided by the Mayor of London’s office, for Members’ information.

The CDACS emphasised that this model provided the opportunity of greater decision making at the local level for those managing front line services and helped shaped the solutions by reducing waste and bureaucracy. This offered democratic accountability to addressing local needs and gave examples of new initiatives at local level e.g. Cornwall Council was working closely with their local CCG.

The CDACS added that there was £1bn in land value by the NHS in London that could be freed up for increasing local NHS resources and the borough needed to ensure it was able to get part of the London share. The model sought to decentralise from NHS England and take decisions as close as possible at the local level.

Members enquired about joining up services by ensuring that patients and users had a voice. The business plan included about engaging with focus groups and bringing together new ideas to involve everyone.
Members asked about recording changes to the evaluation of services. This took place although a communications plan had not yet been realised.

The Select Committee noted the presentation, when it has been delivered and considered the implications for the future work programme for the successor body for HASSC and the Joint Health Overview & Scrutiny Committee.

32. **Draft Report- Oral Health in Early Years Scrutiny Review**

At the HAASC meeting on 20 September 2017, 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?

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

The draft report presented the findings of the scrutiny review and made eight recommendations to improve the oral health of children in the London Borough of Barking and Dagenham.

Members welcomed the report and thanked officers for their hard work on this draft. They looked forward to receiving the final version at the meeting on 21 February. Members also noted that oral health was strongly embedded at health centres at an early age and requested that this should be emphasised and reinforced to a greater degree in the final report.

The Select Committee noted the draft report.

33. **Results of Inspections undertaken by the Care Quality Commission on Local Adult Social Care Services- Quarter 2 207/18**

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

Members noted the report and were concerned about some of the private providers level of care. The Commissioning Director, Adults’ Care and Support (CDACS) explained that issues were not just about resources but also there was a need for good management in such cases. It was noted that there was a need for greater liaison with service providers in such cases. The Council supported residents who may wish to move from poor providing care homes.

Links to the CQC inspection reports were found at Appendix 1 to the report.

The Select Committee noted the report.
34. Health and Wellbeing Board Forward Plan

The Forward Plan was noted.

35. Healthwatch Barking & Dagenham's Enter & View and Project Reports

The Select Committee received the latest Healthwatch update report which included their Enter and View visits between the period August 2017 and November 2017. These included:

- On 18 and 19 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.

- Healthwatch also undertook an Enter and View visit to a GP Practice, Grove Surgery on 14 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. A response from the GP practice would be forwarded to Members once available.

With reference to the oncology report, this had included feedback from service users at Queens Hospital concerning appointments, care received and the relationship between staff and patients, the majority of the latter were receiving radiotherapy. Patients stated that they were pleased with staff at the hospital but were not happy that patients were being called from the hospital corridors where some patients could not hear and the waiting rooms were often cold. There were also concerns about appointment delays where some patients were having to wait up to hours for the drug to come from the pharmacy and there was also no consultation between the reception and the patient if these delays occurred.

Following their oncology visit, Healthwatch had received an action plan from the Trust and Healthwatch would do a follow up visit at a later stage to note how things had improved.

Members welcomed the reports although they were concerned about the potential closure of the oncology unit at King George Hospital. In addition they asked if patients at King George Hospital could be visited by Healthwatch as well as those at Queens Hospital.

The report was noted.

36. Work Programme

The Committee noted the Work Programme and agreed two changes for the meeting being held on 21 February:

1) The report on Mental Health Transformation would be postponed from the meeting and considered at a later stage.
2) Members expressed their concern about winter pressures and the Chief Executive of Barking and Dagenham, Havering and Redbridge University Trust (BHRUT) would be invited to the meeting in order to provide an explanation to the Committee about the winter pressures in BHRUT and what specific actions were being taken to deal with it.
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SEPSIS

Dr Magda Smith – Associate Medical Director & Trust Sepsis Lead

Claire Mullaly – Lead Nurse for Sepsis & Nursing Projects
SEPSIS

• Is a potentially life threatening condition that arises when the body’s response to infection attacks its own organs and tissues

• If not spotted and treated quickly, sepsis can rapidly lead to organ failure and death

Once recognised, the treatment for sepsis is relatively straightforward

Infections which can give rise to sepsis include pneumonia, urine infections, infections in wounds, bites or joints and problems like burst ulcers

• Delivering antibiotics and fluids within the first hour can halt the progression of sepsis and hugely improve outcomes
RECOGNISING SEPSIS

- Abnormal vital signs (temperature; blood pressure; pulse; oxygen levels; conscious levels) are an indicator that the patient should be screened for sepsis

- In our Emergency Departments, when the patient’s observations are entered into our electronic patient system and are abnormal, the system prompts the staff to screen for sepsis

For inpatients, our observation charts instruct the staff to screen for sepsis if vital signs are abnormal

- Once the patient triggers as having sepsis or if sepsis is suspected, a doctor is expected to review the patient within 30 minutes

- Within 60 minutes of sepsis or suspicion of sepsis being identified OUR staff should complete the Sepsis 6
SEPSIS 6 PATHWAY – GIVE 3 / TAKE 3

Give:
• Give oxygen
• Give intravenous antibiotics
• Give intravenous fluids

Take:
• Take blood cultures
• Measure lactate (blood test)
• Measure urine output
HOW WE REAAct

• Our Sepsis training is based on REAct to sepsis - Recognise, Escalate, Act (created by BHRUT and presented nationally at the 2017 Sepsis Conference)

All of our clinical staff are required to complete sepsis elearning training yearly for their area – adults; maternity; paediatrics; neonates

In addition to the e-learning training, our clinical staff receive a face to face sepsis training session to ensure they are aware of the process and equipment available in their local area

• There are 30 Tier 1 Senior Sepsis Trainers and 84 Tier 2 Sepsis Trainers across the Trust
HOW WE REAAct

- We are required to monitor the screening of patients for sepsis and the delivery of antibiotics within one hour.
- In addition to the required monitoring, we also monitor delivery of the remaining aspects of the Sepsis 6.

Compliance is monitored separately for our Emergency Department patients and for Inpatients.

- The majority of our patients with sepsis present in the Emergency Department, with very few developing sepsis as an inpatient.
SEPSIS TROLLEYS
SEPSIS DEATHS BY MONTH

Sepsis Deaths by Month

[Graph showing sepsis deaths by month from Jun-15 to Oct-17]
INPATIENT SCREENING BY QUARTER
2016-2017

- BHRUT
- Target
- NHS England Average

0% - 100%

Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4
2016-2017 | 2017-2018
EDUCATION AND AWARENESS

SIMULATION TRAINING

AWARENESS DAYS
SEPSIS IN CHILDREN (PAEDIATRIC SEPSIS)

• Recognition of sepsis in children is challenging because many children present with symptoms that could indicate a wide variety of illnesses.

• Escalation is particularly important in children to ensure review by a senior clinician to enable appropriate administration of antibiotics.

• REAct to sepsis was first introduced by our Paediatric Emergency Department Consultant.
POSITIVE RECOGNITION FROM NHS ENGLAND

• We’re one of the top trusts for improving our sepsis screening
• We received a letter full of great feedback from NHS England’s Medical Director for Clinical Effectiveness, Celia Ingham Clark, praising how we’ve improved how quickly we are identifying sepsis and getting our patients the treatment they need:

“I’d like to congratulate you and your colleagues for all the hard work and dedication you have shown, which has enabled these improvements to take place”
PLANS FOR THE FUTURE

• Continue to monitor performance with oversight by the Sepsis Steering Group
• Continue to share results in our ED’s directly with our staff to enable rapid improvements
• Expand sepsis training to non clinical staff and allied health professionals
REFERRAL TO TREATMENT

Piers Young
Deputy Chief Operating Officer
HISTORICAL CONTEXT

• Significant issues were identified with how the Trust had historically reported RTT

• Reporting suspended in 2014 - processes improved and data validated

• Robust and credible recovery plan approved by NHSE February 2017

BHRUT delivered 92% in June and July 2017 three months ahead of plan

• Subsequent performance has been narrowly below 92% - November 2017 national Incomplete Standard was 91.5%

• Revised recovery plan developed and being implemented to return to delivering 92% in April 2018
IMPROVING CARE

We have created a system-wide approach to improvements, working together to treat patients who had been waiting too long.

Range of measures including:

- Validation
- Outsourcing
- Theatre productivity
- Enhanced resource
- Demand and capacity work
- GP Pathway Improvement Programme
CLINICAL HARM PROGRAMME

• Review of patients waiting more than 52 weeks to identify risk of harm and ensure they were appropriately and efficiently managed

• Five phases of work covering admitted and non admitted pathways

Over 4689 reviews where no moderate or severe harm was found in patients reviewed
CURRENT RTT PERFORMANCE

18 weeks performance and trajectory

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<td>Actual</td>
<td>76.3%</td>
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<td>Target</td>
<td>72.0%</td>
<td>73.3%</td>
<td>73.9%</td>
<td>76.3%</td>
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<td>National Target</td>
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ON-GOING ASSURANCE

- A Governance and Assurance Framework has been developed with a clear reporting lines
- Assurance and governance is managed through the Planned Care Programme Board
- External assurance is also provided through meetings with NHSE and NHSI
- We also have a weekly Access Board that feeds into the Planned Care Programme Board, chaired by the Deputy Chief Operating Officer
Title: Progress report - The Cancer Prevention, Awareness, and Early Detection Scrutiny Review

Report of the Director of Public Health

Open Report For Decision

Report Author: Sue Lloyd, Public Health Consultant & Masuma Ahmed, Democratic Services Officer

Contact Details:
Tel: 020 8227 2756
E-mail: sue.lloyd@lbbd.gov.uk

Accountable Divisional Director: Matthew Cole, Director of Public Health

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

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

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

Twelve recommendations for action in LBBD were made. The resulting action plan has been implemented. This is an update on actions taken to support the action plan.

Recommendation(s)
HASSC is recommended to review the updated action plan and agree any gaps and future actions.

Reason(s)
These actions support the vision of the Health and Wellbeing Strategy to improve the health and wellbeing of residents and reduce health inequalities at every stage at people’s lives.
1. Introduction and Background

1.1 In the municipal year 2017/18, the Health & Adult Services Select Committee (HASSC) undertook an in-depth scrutiny review into cancer prevention, awareness, and early detection.

2. Proposal and Issues

2.1 The Cancer scrutiny review report made 12 key recommendations to the Health and Wellbeing Board and partners to help improve the health and cancer awareness and early intervention and raise the profile of cancer awareness in the borough. The review answered the following 3 questions:

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

3 Progress report

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

3.2 The scrutiny report made 12 recommendations:

1. The Health and Wellbeing Board (HWB) acts to reduce the prevalence of smokers in the borough, to levels comparable with London;
2. The HWB sets out to the HASSC what action it is taking to reduce the number of overweight and obese individuals in the borough, to levels comparable with London;
3. The HWB acts to increase residents’ awareness of the how lifestyle, including exposure to the sun, can affect the likelihood of developing cancer, the signs and symptoms of cancer and the importance of early diagnosis, and screening;
4. The National Awareness and Early Detection Initiative informs the commissioners on what action it is taking to target specific ‘at risk’ groups;
5. The Barking & Dagenham Clinical Commissioning Group (BDCCG) ensures that GPs are auditing and acting on audit information to ensure that patients enter the cancer pathway appropriately, and cancer is diagnosed at as early a stage as possible;
6. The BDCCG, in partnership with Macmillan and Cancer Research UK, acts to increase the proportion of residents returning bowel cancer screening kits, within the next year;
7 The HWB, along with MacMillan and Cancer Research UK, acts to raise awareness of the importance of screening and to increase uptake of breast and bowel screening in the borough to a level comparable with England within the next year;

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

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

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

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

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

3.3 The progress plan against these 12 actions is attached as Appendix 1.

4. Reading List

4.1 Officers and members will draw on the following papers throughout the review to inform the report and assist with producing recommendations:


5. Financial Implications

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

9.1 This report is mainly for information, providing an update on scrutiny review and action plan for cancer prevention, awareness, and early detection in the London Borough of Barking and Dagenham. As such, there are no financial implications arising directly from the report.

6. Legal Implications

6.1 Implications completed by: Dr. Paul Feild Senior Governance Lawyer
There are no specific legal implications arising from this report at this time

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

List of appendices:

HASSC DRAFT Cancer Scrutiny Report
<table>
<thead>
<tr>
<th>Cancer Awareness and early intervention Recommendation</th>
<th>Action</th>
<th>Target Date</th>
<th>Lead Agency</th>
<th>February 2018 update</th>
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<tbody>
<tr>
<td>1. The Health and Wellbeing Board (HWB) takes action to reduce the prevalence of smokers in the borough, to levels comparable with London;</td>
<td>Collate and review current implementation of lifestyles behaviour advice interventions including smoking cessation</td>
<td>December 2017</td>
<td>LBBD Andy Knight, Commissioning Lead, Healthy Lifestyles</td>
<td>LBBD – Mathew Cole – Review of smoking cessation offer in progress and will be complete by May 2018. Post review it is intended to recommission a re-designed service from April 2019. The RGCP’s online learning for Very Brief Advice has been promoted to local GP’s.</td>
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<td></td>
<td>Share the best practice and local examples of implementation</td>
<td>January 2018</td>
<td>BHR / B&amp;D CCG Louise Mitchell, Commissioning Manager</td>
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<td></td>
<td>Promote RGCP’s online learning for Very Brief Advice (VBA) for lifestyle issues inc. smoking.</td>
<td>December 2017</td>
<td>LBBD Andy Knight, Commissioning Lead, Healthy Lifestyles</td>
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<td></td>
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<td>LBBD – Matthew Cole – the Healthy Weight Strategy is being implemented deliverables include: Mayesbrook pilot Mayesbrook pilot evaluation (behaviour change) Great Weight Debate Healthy Weight Alliance National Childhood Measurement Programme</td>
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<tr>
<td>2. The HWB sets out to the HASCC what action it is taking to reduce the number of overweight and obese individuals in the borough, to levels comparable with London</td>
<td>Support Healthy Weight Strategy action plan</td>
<td>September 2017</td>
<td>LBBD Andy Knight, Commissioning Lead, Healthy Lifestyles</td>
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<tr>
<td></td>
<td>Monitor implementation and outcome of Healthy Weight Strategy action plan</td>
<td>December 2017</td>
<td>LBBD Andy Knight, Commissioning Lead, Healthy Lifestyles</td>
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### Cancer Awareness and early intervention Recommendation

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<th>Lead Agency</th>
<th>February 2018 update</th>
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<tr>
<td>Work with key stakeholders to agree a local strategy and budget.</td>
<td>September 2017</td>
<td>LBBD Andy Knight, Commissioning Lead, Healthy Lifestyles</td>
<td>LBBD – Matthew Cole- collaborative papers on signs and symptoms have been reviewed and local comms plans for BHR agreed.</td>
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<tr>
<td>Review collaborative paper on signs and symptoms</td>
<td>November 2017</td>
<td>BHR / B&amp;D CCG Louise Mitchell – Commissioning Manager</td>
<td>BHR CCGs – Macmillan GPs, CRUK and Clinical Directors continue to undertake sessions to raise awareness of signs and symptoms with both GPs (Education event held in November 2017) and the general public, particularly focussing on hard to reach groups.</td>
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Macmillan funding obtained to support rollout of two modules of the primary care toolkit which include elements on early diagnosis.

Bowel screening uptake information shared with practices quarterly.

Due to improved cancer waiting times (CWT) performance by Trusts in North East London, national transformation funding is being released to NEL. Funding will be available for raising awareness of signs and symptoms within the general population and a plan is being developed by the UCLH Cancer Collaborative currently.

Cancer Lead and CRUK Facilitator have made contact with BDCVS to plan a programme of engagement with local community groups around cancer awareness, screening and lifestyle issues.
<table>
<thead>
<tr>
<th>Cancer Awareness and early intervention Recommendation</th>
<th>Action</th>
<th>Target Date</th>
<th>Lead Agency</th>
<th>February 2018 update</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. The National Awareness and Early Detection Initiative informs the commissioners on what action it is taking to target specific ‘at risk’ groups;</td>
<td>Review and report on action to target ‘at risk’ groups in the borough</td>
<td>March 2018</td>
<td>LBBD Matthew Cole, Director of Public Health</td>
<td>The NAEDI project has now finished, the actions in this plan support the NAEDI objectives of awareness and early detection. As the project is no-longer live it is not targeting specific ‘at risk’ groups.</td>
</tr>
<tr>
<td>5. The Barking &amp; Dagenham Clinical Commissioning Group (BDCCG) ensures that GPs are auditing and acting on audit information</td>
<td>Review practice profiles for each GP area Identify outliers for targeted approach during 2017-18 Access and analyse ‘routes to diagnosis’ particularly via A&amp;E data to target practice work CRUK facilitators to work with practices to encourage review of internal systems Encourage Barking and Dagenham practices to complete audits / SEAs to understand patients’ diagnosis via A&amp;E</td>
<td>September 2017</td>
<td>BHR / B&amp;D CCG Louise Mitchell – Commissioning Manager</td>
<td>Practice profiles have been reviewed, however targeted areas have been agreed with input from CRUK, Clinical Director leads and Macmillan rather than solely visiting practices. During the first half of 2017, the Cancer Lead, Macmillan GP and CRUK Facilitator led discussions with 28 of the 35 practices in Barking and Dagenham based on audits and SEAs completed for a Local Incentive Scheme on cancer. These discussions focussed particularly on cases of delay or where the patient had been diagnosed with cancer via A&amp;E. In these cases, participants were invited to examine the patient notes in detail to establish if there was any way that the A&amp;E presentation could have been avoided and diagnosis made earlier. CRUK facilitator is undertaking training with reception based staff in relation to raising awareness of cancer – this is being well received. SEA audits undertaken as part of LIS in place during 206/17 – the results of which have been presented at the BHR Cancer Collaborative and shared with BHRUT</td>
</tr>
<tr>
<td>Cancer Awareness and early intervention Recommendation</td>
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<td>Target Date</td>
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<td>February 2018 update</td>
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</tbody>
</table>
| 6. The BDCCG, in partnership with Macmillan and Cancer Research UK, takes action to increase the proportion of residents returning bowel cancer screening kits, within the next year; | Begin process to develop an NEL-wide strategy with key stakeholders | December 2017 | NEL CSU Katherine Kavanagh Commissioning Manager BHR / B&D CCG Louise Mitchell Commissioning Manager Cancer Research UK Jane Burt Macmillan | Screening is one element within the BHR Cancer Collaborative action plan – please also see notes regarding raising awareness which includes screening services. As set out above, national transformation funding is also being released to NEL to fund initiatives to increase uptake of bowel screening. The following actions have been developed into a bid for Q4 release of funding: -  
  - establish which of the 7 CCGs in NEL (including BHR) want a service to provide phone calling from practices to non-responders to bowel screening invitations - and within each CCG, whether all practices are to be targeted  
  - cost and write a contract specification for calling non-responders to cover all participating CCGs including number of practices, numbers to be contacted, metrics  
  - include a sustainability function (with KPI) in the contract; e.g. set up systems, train practice staff, secure partnership working with CRUK facilitators and bowel screening health promotion specialist(s) to enable continuation at the end of the contract (up for discussion on the feasibility of an outcome measure attributable to the provider)  
  - prepare a JD for a bowel screening health promotion support role in outer NEL, to recruit if funding is confirmed for 2018/19.  
  - CRUK and the cancer leads plan to engage community groups on benefits of screening. |
<table>
<thead>
<tr>
<th>Action</th>
<th>Target Date</th>
<th>Lead Agency</th>
<th>February 2018 update</th>
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</thead>
<tbody>
<tr>
<td><strong>7</strong></td>
<td>Begin process to develop an NEL-wide strategy with key stakeholders</td>
<td>December 2017</td>
<td>NEL CSU Katherine Kavanagh Commissioning Manager BHR / B&amp;D CCG Louise Mitchell – Commissioning Manager Cancer Research UK Jane Burt Macmillan LBBD – Matthew Cole – comms plan in place to raise awareness of the importance of screening uptake for breast and bowel cancer in the borough. BHR CCGs - Screening is one element within the BHR Cancer Collaborative action plan – please also see notes regarding raising awareness which includes screening services. It should be noted that improvements in uptake rates have been seen for bowel screening. The planned engagement with community groups by the Cancer Lead and CRUK Facilitator will include promotion of all screening programmes. Other comments as above.</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>Develop a GP education strategy</td>
<td>January 2018</td>
<td>NEL CSU Katherine Kavanagh Commissioning Manager BHR / B&amp;D CCG Louise Mitchell – Commissioning Manager Cancer Research UK Jane Burt CRUK BHR CCGs - Screening is one element within the BHR Cancer Collaborative action plan – please also see notes regarding raising awareness which includes screening services (see above) Cervical screening is mentioned at all practice visits. The programme of engagement with community groups will also include promotion of the benefits of cervical screening. All practices have been advised of the option to undertake re-accreditation for experienced sample takers through online training.</td>
</tr>
<tr>
<td>Cancer Awareness and early intervention Recommendation</td>
<td>Action</td>
<td>Target Date</td>
<td>Lead Agency</td>
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<tr>
<td>9. The Committee urges NHS England to make the Cancer Dashboard available within one year;</td>
<td>Review and report on action to target ‘at risk’ groups in the borough</td>
<td>September 2017</td>
<td>BHR / B&amp;D CCG Louise Mitchell – Commissioning Manager NHS England</td>
</tr>
<tr>
<td>10. The HWB takes action to raise awareness of the importance of the Health Check and reduce the variation in Health Check uptake between GP practices;</td>
<td>Review current performance Create joint action plan, CCG and PH, to improve quality and uptake of NHS health checks</td>
<td>September 2017 September 2017</td>
<td>LBBDD Matthew Cole, Director of Public Health BHR / B&amp;D CCG Louise Mitchell – Commissioning Manager Primary care networks Network managers</td>
</tr>
<tr>
<td>11. NHS England provides assurance to it that residents will continue to have in-borough access to breast screening; and</td>
<td>Begin process to develop an NEL-wide strategy with key stakeholders</td>
<td>September 2017</td>
<td>NEL CSU Katherine Kavanagh Commissioning Manager BHR / B&amp;D CCG Louise Mitchell – Commissioning Manager NHS England</td>
</tr>
</tbody>
</table>
### HASCC Cancer Review Action Plan

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Action</th>
<th>Target Date</th>
<th>Lead Agency</th>
<th>February 2018 update</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. The BDCCG, working through the North-East London Cancer Commissioning Board, assures the Committee of the action it is taking to increase awareness of the signs and symptoms of cancer.</td>
<td>Begin process to develop an NEL-wide strategy with key stakeholders</td>
<td>September 2017</td>
<td>BHR / B&amp;D CCG Louise Mitchell – Commissioning Manager</td>
<td>BHR CCGs - Screening is one element within the BHR Cancer Collaborative action plan – please also see notes regarding raising awareness which includes screening services. Funding has been released for Q4 in relation to early diagnosis – details as above.</td>
</tr>
</tbody>
</table>
Title: Results of inspections undertaken by the Care Quality Commission on local adult social care services in Quarter 3, 2017/2018

Report of the Commissioning Director, Adults’ Care and Support

<table>
<thead>
<tr>
<th>Open Report</th>
<th>For Information</th>
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<tbody>
<tr>
<td><strong>Report Author:</strong> Annette Bidmead, Quality Assurance &amp; Service Review Manager</td>
<td><strong>Contact Details:</strong> Tel: 020 8227 2290 E-mail: <a href="mailto:annette.bidmead@lbbd.gov.uk">annette.bidmead@lbbd.gov.uk</a></td>
</tr>
</tbody>
</table>

**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 3 of 2017/18: (1 October 2017– 1 December 2018). 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 3 2017/2018**

2.1 There were five providers where reports were published during quarter 3, each of these met the requirements for an overall rating of 'Good'.

2.2 The providers rated 'Good' and details of the inspections and reports are:

- **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 improvement 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 rated overall ‘Good’. The report was published on 12th October 2017.

- **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.

- **Church Elm Lane – Blueboard Care Services** – this is a domiciliary care agency, providing personal care to primarily older people living in their own homes. At the time of the CQC inspection they were providing a service to four people. CQC carried out this first inspection on 29th November and published the report on 19th December. They achieved a ‘Good’ rating in all five areas.

- **Home Sweet Home Care Limited** – this is a domiciliary care agency providing personal care to people living in their own homes. At the time of the CQC inspection they were providing a service to nineteen people. This CQC inspection took place on 12th October 2017 and the report was published on 17th November 2017. They achieved a ‘Good’ rating in all five areas. They were previously inspected in July 2016 where two breaches of regulations were found; no effective staff recruitment process and a failure to notify CQC of allegations of abuse. However, the report reflects that the issues have been addressed.

- **Pacific Care Services London** – this is a domiciliary care agency providing support with personal care to people living in their own homes. At the time of the CQC inspection there were five people using the service. This CQC inspection took place on 26th October 2017 and the report was published on 17th November 2017. They achieved a ‘Good’ rating in all five areas. They were previously registered at another location and last inspected in January 2014 where they were compliant with all regulations.

3. **Consultation**

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

4. **Implications**

**Risk Management**

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

4.2 Where problems are identified, quality assurance staff will work with the provider to plan and deliver improvements, including where necessary the actions contained 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.
4.3 For those providers who do not adequately comply with the action plan recommendations within the timeframe, CQC will issue a warning notice which is in the public domain and alert other authorities using that provider to use caution when commissioning services from them. There is considerable impact for the provider if this course of action is taken. Ultimately, CQC have the option available to them to suspend the provider’s registration or take legal action.

5. **Customer Impact**

5.1 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**

5.2 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**

5.3 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.

6. **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.

7. **List of appendices:**

Appendix 1: Quarter 3 2017/2018 CQC Reports
<table>
<thead>
<tr>
<th>Provider name</th>
<th>Name of Service</th>
<th>Report date</th>
<th>Inspection date</th>
<th>CQC Rating with link to report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evita Care Ltd</td>
<td>Homecare (UK) Dagenham</td>
<td>24&lt;sup&gt;th&lt;/sup&gt; October 2017</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; October 2017</td>
<td>Good</td>
</tr>
<tr>
<td>Pacific Care Services London</td>
<td>17&lt;sup&gt;th&lt;/sup&gt; November 2017</td>
<td>26&lt;sup&gt;th&lt;/sup&gt; October 2017</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Home Sweet Home Care Limited</td>
<td>17&lt;sup&gt;th&lt;/sup&gt; November 2017</td>
<td>12&lt;sup&gt;th&lt;/sup&gt; October 2017</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Blueboard Care Services</td>
<td>Church Elm Lane</td>
<td>19&lt;sup&gt;th&lt;/sup&gt; December 2017</td>
<td>29&lt;sup&gt;th&lt;/sup&gt; November 2017</td>
<td>Good</td>
</tr>
<tr>
<td>Bluebird Care</td>
<td>12&lt;sup&gt;th&lt;/sup&gt; October 2017</td>
<td>22&lt;sup&gt;nd&lt;/sup&gt; September 2017</td>
<td>Good</td>
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</table>
**HEALTH AND ADULT SERVICES SELECT COMMITTEE**

**21 February 2018**

<table>
<thead>
<tr>
<th>Title: The Oral Health in Early Years Scrutiny Review – Final Report and Recommendations</th>
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**Report of the Director of Public Health**

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<tr>
<th>Open Report</th>
<th>For Decision</th>
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<tbody>
<tr>
<td><strong>Report Author:</strong> Mary Knower, Public Health Strategist, &amp; Masuma Ahmed, Democratic Services Officer</td>
<td><strong>Contact Details:</strong> Tel: 020 8227 2998 E-mail: <a href="mailto:mary.knower@lbld.gov.uk">mary.knower@lbld.gov.uk</a></td>
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<tr>
<th>Accountable Director: Anne Bristow, Strategic Director, Service Development and Integration</th>
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**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?  
iii. What are the best ways of getting the right messages out to parents about looking after their children’s oral health?

This final 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 final scrutiny report and approve the recommendations for taking forward to the Health and Wellbeing Board (HWBB) later in 2018.

**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
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 **Final 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; this should include very early oral health promotion by health visitors to help prevent tooth decay from sweetened dummies, prolonged use of milk in bottles and other sweet foods.

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 **Final 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 **Final 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](http://www.pediatricdentistryorthodontics.com)
7. **Financial Implications**

7.1 *Implications completed by: Katherine Heffernan, Service Finance Group Manager:*

This report is mainly for information and sets out to present the findings of scrutiny review and recommendations to improve the oral health of children in the London Borough of Barking and Dagenham. As such, there are no financial implications arising directly from the report.

8. **Legal Implications**

8.1 *Implications completed by: Dr. Paul Feild Senior Governance Lawyer*

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

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

None.

**List of appendices:**

Appendix 1  Final 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@lbbd.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 Oluwole  
(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
List of Recommendations arising from this Review 1

1. Background to the Review 2

2. Scoping and Methodology 3

3. Introduction – Oral Health in Early Years 5

4. The Incidence of Dental Disease in Children in Barking & Dagenham and Access to Services 9

5. Why are Children in Barking & Dagenham more likely to have Dental Disease than Children in other London areas? 16

6. Next Steps 24

Thanks 25
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 has 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 equates to around **1,200 five-year-olds** in Barking and Dagenham having dental decay, if the proportion had 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 affected 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**

**Figure 3 – showing tooth decay**

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 can spread 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. Tooth misalignment makes it harder to adequately clean the teeth because food debris gets more easily trapped, thereby increasing the risk of tooth decay. Prolonged dummy or thumb sucking over a period of time can also cause misalignment of teeth.

**Figure 4 – Baby bottle tooth decay**

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**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**

### Baby Teeth

<table>
<thead>
<tr>
<th>Tooth Type</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 (Cuspid)</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 (Cuspid)</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 undertaken 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**

Proportion of three and four-year-olds with dental disease

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

- No dental disease
- 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 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 2016 report on the prevalence and severity of dental decay in 5-year olds by Public Health 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, as shown in figure 8 below.

**Figure 8**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Experience of dental decay</th>
<th>Average decayed teeth at 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>30.49%</td>
<td>1.5</td>
</tr>
<tr>
<td>White</td>
<td>24.39%</td>
<td>0.7</td>
</tr>
<tr>
<td>Black</td>
<td>23.11%</td>
<td>0.7</td>
</tr>
</tbody>
</table>


**Oral Health Survey 2013**

4.4 A survey amongst three-year old children in 2013 showed that dental health in Barking and Dagenham had improved on the 2010 figures. However, as Figure 9 shows it was still worse compared to children’s dental health in London and England. The graph 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.
4.5 Members were informed that a national dental survey in 2015\(^3\) found that almost one-third (31.4\%) of five-year-olds had tooth decay in Barking and Dagenham.

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.

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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)

Barking & Dagenham: 18%
London: 14%
England: 12%

Figure 12

<table>
<thead>
<tr>
<th>London Borough/London/England</th>
<th>% of 5-year-olds with experience of decay in NE London</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tower Hamlets</td>
<td>35.5%</td>
</tr>
<tr>
<td><em>Barking &amp; Dagenham</em></td>
<td>31.4%</td>
</tr>
<tr>
<td>Waltham Forest</td>
<td>29.8%</td>
</tr>
<tr>
<td>Newham</td>
<td>28.3%</td>
</tr>
<tr>
<td>Hackney and City of London</td>
<td>27.0%</td>
</tr>
<tr>
<td>Redbridge</td>
<td>23.7%</td>
</tr>
<tr>
<td>Havering</td>
<td>20.0%</td>
</tr>
<tr>
<td>London</td>
<td>27.2%</td>
</tr>
<tr>
<td>England</td>
<td>24.7%</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 13 below).

Figure 13

![Graph showing % children accessing dental services by age](image)

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 facilitate 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.

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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 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/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; but also 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.*
Knowledge and attitude toward teeth:

- Some parents think caring for milk teeth isn’t important as the teeth will fall out.

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.
• 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 as 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 year’s services include a requirement to promote oral health; this should include very early oral health promotion by health visitors to help prevent tooth decay from sweetened dummies, prolonged use of milk in bottles and other sweet foods.
Visit to the Westbury Day Nursery to meet with Pre-School Staff

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.

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.
The recommendations arising from this session are as 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 proposed an 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;*

- *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 indicative of 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 than 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 which 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\(^5\) 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 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 these 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 always 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; dentists have more of a preventative role to play, if they can get families to attend their practices.

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.

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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
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
- Masuma Ahmed: Democratic Services Officer
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@lbbd.gov.uk.

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

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

<table>
<thead>
<tr>
<th>Edition</th>
<th>Publication date</th>
</tr>
</thead>
<tbody>
<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>Decision taker/Projected Date</th>
<th>Subject Matter</th>
<th>Open / Private (and reason if all / part is private)</th>
<th>Sponsor and Lead officer / report author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Wellbeing Board: 13.3.18</td>
<td>Barking and Dagenham Pharmaceutical Needs Assessment (PNA) : Community</td>
<td>Open</td>
<td>Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (<a href="mailto:matthew.cole@lbbd.gov.uk">matthew.cole@lbbd.gov.uk</a>)</td>
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<tr>
<td></td>
<td>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.</td>
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<td></td>
<td>The London Boroughs of Barking and Dagenham (LBBD), Havering (LBH) and Redbridge (LBR) awarded the contract for the production of three PNA’s to PHAST CIC (one for each borough) in May 2017</td>
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<td></td>
<td>The Board will be asked to agree the final completed PNA.</td>
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<td></td>
<td>• Wards Directly Affected: All Wards</td>
<td></td>
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<tr>
<td>Health and Wellbeing Board: 13.3.18</td>
<td>Cancer Scrutiny Report - Action Plan - Progress Report</td>
<td>Open</td>
<td>Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (<a href="mailto:matthew.cole@lbbd.gov.uk">matthew.cole@lbbd.gov.uk</a>)</td>
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<td></td>
<td>Further to minute 21, 6 September 2017, the report will provide the 6 month update on the Cancer Action Plan that was written, with partners, in response to the HASSC scrutiny review of cancer early awareness and detection.</td>
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<td></td>
<td>The report will provide the Board with details of the actions that have been put in place to increase early awareness and detection rates of cancer, and the progress toward achieving the targets.</td>
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<td></td>
<td>• Wards Directly Affected: All Wards</td>
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<tr>
<td>Health and Wellbeing Board: 13.3.18</td>
<td>Oral Health in Early Years: Scrutiny Review 2017/18 : Community</td>
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<td></td>
<td>The Board will be asked to note and approve the recommendations made by the Health and Adult Services Select Committee (HASSC) review and approve the next stage of an implementation plan.</td>
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<td></td>
<td>• Wards Directly Affected: All Wards</td>
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<table>
<thead>
<tr>
<th>Health and Wellbeing Board: 13.3.18</th>
<th>Children and Young People's Mental Health Transformation Plan: 2017 Refresh</th>
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<tbody>
<tr>
<td></td>
<td>The Children and Young People's Mental Health Transformation Plan was first produced in 2015 and is refreshed annually. The 2017 Refresh will be presented to the Board to provide an update on progress and to seek the Board’s ongoing commitment to the delivery of the plan.</td>
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<td>• Wards Directly Affected: All Wards</td>
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<tr>
<td></td>
<td>The Board will be provided with the Health and Wellbeing Outcomes Framework Report and the performance information for Quarter 3 2017/18.</td>
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<td></td>
<td>• Wards Directly Affected: All Wards</td>
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<table>
<thead>
<tr>
<th>Health and Wellbeing Board: 13.3.18</th>
<th>Healthwatch - Annual Survey and Work Programme Update</th>
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<tbody>
<tr>
<td></td>
<td>The Board will be provided with an update on the Healthwatch Work Programme and key aspects of the Annual Healthwatch Survey for discussion.</td>
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<tr>
<td></td>
<td>• Wards Directly Affected: All Wards</td>
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<tr>
<td>Health and Wellbeing Board: 13.3.18</td>
<td>Update on the work of the BHR Integrated Care Partnership</td>
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<td></td>
<td>The report will inform the Board of the current work of the BHR Integrated Care Partnership.</td>
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<td>• Wards Directly Affected: All Wards</td>
</tr>
<tr>
<td>Health and Wellbeing Board: 13.3.18</td>
<td><strong>Health and Wellbeing Strategy Approach</strong>: Community</td>
</tr>
<tr>
<td></td>
<td>To present for the Board’s consent and discussion an outline of how health and wellbeing strategy and planning will be developed across the Partnership in the changing health landscape.</td>
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<td>• Wards Directly Affected: All Wards</td>
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<tr>
<td>Health and Wellbeing Board: 12.6.18</td>
<td><strong>Domestic and Sexual Abuse Strategy</strong>: Community</td>
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<tr>
<td></td>
<td>The report will present the Board with the draft Domestic and Sexual Abuse Strategy.</td>
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<td></td>
<td>The Board will be asked to discuss and approve the Domestic and Sexual Abuse Strategy.</td>
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<td>• Wards Directly Affected: All Wards</td>
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</table>
**Health and Wellbeing Board: 12.6.18**

<table>
<thead>
<tr>
<th>Older Peoples Housing Strategy</th>
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<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>
</tr>
<tr>
<td>- Wards Directly Affected: All Wards</td>
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<th>Open</th>
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<tbody>
<tr>
<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>
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 (CEO 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 Haverying 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)
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