Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 9 November 2021 - 6:00 pm
Council Chamber, Town Hall, Barking

Date of publication: 1 November 2021

Chris Naylor
Chief Executive

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Membership

Cllr Maureen Worby (Chair)	LBBD (Cabinet Member for Social Care and Health Integration)
Dr Jagan John	Barking & Dagenham Clinical Commissioning Group
Elaine Allegretti	LBBD (Strategic Director, Children and Adults)
Cllr Saima Ashraf	LBBD (Cabinet Member for Community Leadership and Engagement)
Cllr Sade Bright	LBBD (Cabinet Member for Employment, Skills and Aspiration)
Cllr Evelyn Carpenter	LBBD (Cabinet Member for Educational Attainment and School Improvement)
Melody Williams	North East London NHS Foundation Trust
Matthew Cole	LBBD (Director of Public Health)
Melissa Gilmour	Metropolitan Police
Sharon Morrow	Barking & Dagenham Clinical Commissioning Group
Kathryn Halford	Barking Havering & Redbridge University NHS Hospitals Trust
Nathan Singleton	Healthwatch - Lifeline Projects Ltd.

Standing Invited Guests

Cllr Paul Robinson	LBBD (Chair, Health Scrutiny Committee)
Narinder Dail	London Fire Brigade
Brian Parrott	Independent Chair of the B&D Local Safeguarding Adults Board
Vacant	London Ambulance Service
Vacant	Independent Chair of the B&D Local Safeguarding Children Board
Vacant	NHS England London Region

AGENDA

STANDING ITEMS

1. Apologies for Absence

2. Declaration of Members' Interests

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

3. Minutes - To confirm as correct the minutes of the meeting on 9 March 2021 (Pages 3 - 6)

4. Minutes - To confirm as correct the minutes of the meeting on 15 June 2021 (Pages 7 - 12)

5. Minutes - To confirm as correct the minutes of the meeting on 14 September 2021 (Pages 13 - 18)

BUSINESS ITEMS

6. Covid-19 Update in the Borough (Page 19)

7. Healthwatch Tender (Pages 21 - 30)

8. Barking and Dagenham (B&D) Update Report on 2021/22 Adult Mental Health Investment and Long Term Plan Progress (Pages 31 - 78)

9. Safeguarding Adults Board Annual Report 2020-21 (Pages 79 - 121)

10. BHR Health and Care Academy Launch (Pages 123 - 129)

11. Forward Plan (Pages 131 - 136)

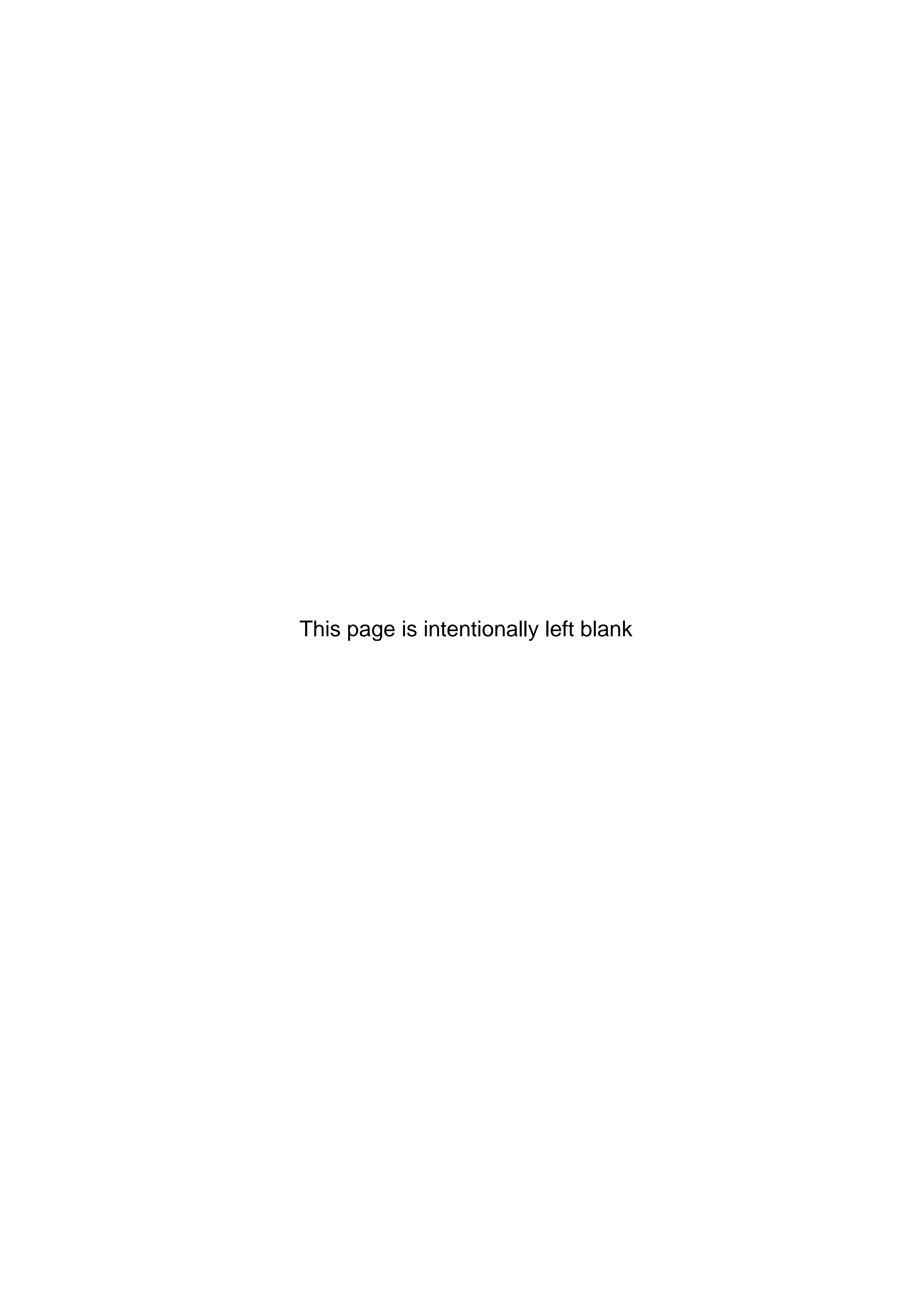
12. Any other public items which the Chair decides are urgent

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

Private Business

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

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

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

Participation and Engagement

- To collaboratively build the foundations, platforms and networks that enable greater participation by:
  - Building capacity in and with the social sector to improve cross-sector collaboration
  - Developing opportunities to meaningfully participate across the Borough to improve individual agency and social networks
  - Facilitating democratic participation to create a more engaged, trusted and responsive democracy
- To design relational practices into the Council's activity and to focus that activity on the root causes of poverty and deprivation by:
  - Embedding our participatory principles across the Council's activity
  - Focusing our participatory activity on some of the root causes of poverty

Prevention, Independence and Resilience

- Working together with partners to deliver improved outcomes for children, families and adults
- Providing safe, innovative, strength-based and sustainable practice in all preventative and statutory services
- Every child gets the best start in life
- All children can attend and achieve in inclusive, good quality local schools
- More young people are supported to achieve success in adulthood through higher, further education and access to employment
- More children and young people in care find permanent, safe and stable homes
- All care leavers can access a good, enhanced local offer that meets their health, education, housing and employment needs
- Young people and vulnerable adults are safeguarded in the context of their families, peers, schools and communities

- Our children, young people, and their communities’ benefit from a whole systems approach to tackling the impact of knife crime
- Zero tolerance to domestic abuse drives local action that tackles underlying causes, challenges perpetrators and empowers survivors
- All residents with a disability can access from birth, transition to, and in adulthood support that is seamless, personalised and enables them to thrive and contribute to their communities. Families with children who have Special Educational Needs or Disabilities (SEND) can access a good local offer in their communities that enables them independence and to live their lives to the full
- Children, young people and adults can better access social, emotional and mental wellbeing support - including loneliness reduction - in their communities
- All vulnerable adults are supported to access good quality, sustainable care that enables safety, independence, choice and control
- All vulnerable older people can access timely, purposeful integrated care in their communities that helps keep them safe and independent for longer, and in their own homes
- Effective use of public health interventions to reduce health inequalities

Inclusive Growth

- Homes: For local people and other working Londoners
- Jobs: A thriving and inclusive local economy
- Places: Aspirational and resilient places
- Environment: Becoming the green capital of the capital

Well Run Organisation

- Delivers value for money for the taxpayer
- Employs capable and values-driven staff, demonstrating excellent people management
- Enables democratic participation, works relationally and is transparent
- Puts the customer at the heart of what it does
- Is equipped and has the capability to deliver its vision

MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 9 March 2021
(6:00 - 7:33 pm)

Present: Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Saima Ashraf, Cllr Sade Bright, Cllr Evelyn Carpenter, Matthew Cole, Sharon Morrow, Nathan Singleton and Melody Williams

Also Present: Brian Parrott

95. Apologies for Absence

There were no apologies.

96. Declaration of Members' Interests

There were no declarations of interest.

97. Minutes (13 January 2021)

The minutes of the meeting held on 13 January 2021 were confirmed as correct.

98. Covid-19 update including vaccines

The Director of Public Health (DPH) updated the Board who noted that many primary school pupils returned to school on 8 March and secondary school pupils would return by 15th March. The DPH expressed his thanks to parents who, following a letter sent by the DPH asking that they arrange for their children to be tested, volunteered their children resulting in a large number of asymptomatic cases being detected.

The Senior Intelligence and Analysis Officer (SIAO) then gave a presentation to the Board and highlighted the following:

- Most London boroughs had been given an amber RAG Rating;
- Most London boroughs had seen a fall in cases;
- Barking and Dagenham continued to maintain a relatively high test rate compared to other boroughs and this was due to more testing of secondary school age young people as referenced by the DPH above.

In addition, the GP Confederation released figures showing that the percentage of persons registered with their GP within Barking and Dagenham who still required the first dose of the vaccine was:

- 80+ years 6.62%
- 75-79 years 11.29%
- 70-74 years 12.14%
- Shielding 36.84%
- 65-69 years 28.28%
- Underlying health conditions (under 65 years) 47.91%

On the 4 March 2021, the infection rate in the Borough was 60.6 per 100,000 people which meant that Barking and Dagenham continued to have a red RAG rating. However, this represented an 85% reduction since 4th January 2021. Eastbury and Thames wards recorded the highest cases rates in the 14 days prior to 4 March.

There were seven Covid-19 related deaths in the week ending 26th February which continued the downward trend. Unfortunately, there had been 531 Covid-19 related deaths in Barking and Dagenham since the pandemic began.

The DPH cautioned that, whilst the overall trend was one of decline, it was likely that cases would fluctuate as the lockdown was eased. The DPH stressed the importance of the public adhering to lockdown procedures and taking all precautions. The DPH also warned that one of the legacies of the pandemic would be the worsening of health inequalities.

The Chair acknowledged that Covid-19 would continue to be a major challenge for the Council going forward and would be a major theme for the Board in the forthcoming 2021-2022 municipal year.

The Board noted the update.

99. Safeguarding Children Partnership Annual Report

The Interim Head of Commissioning at Children's Commissioning (IHC) presented the report to the Board.

The priorities for 2019-2020 were focused on reducing knife crime, gang culture, exploitation, domestic violence and minimising neglect at the pre-birth stage. The report also discussed the partnership arrangements and comments by each of the working group chairs was included in the report.

The IHC focused on the work undertaken to build strong foundations by moving responsibilities from the Safeguarding Children's Board to a partnership model and how this would work within the wider children's protection system.

The Director of People and Resilience (DPR) added that the report set out the start of a new journey with the purpose of reinvigorating how the Council would deal with the protection of vulnerable children. The DPR then highlighted the plan to recruit an independent scrutineer. The aim would be to recruit someone who had a connection to lived experience in order to enhance the inclusion of the voices and experiences of vulnerable children into the Council's protocols and approaches.

The DPR noted that Covid-19 had resulted in challenges owing to restrictions on socialising as well as a rise in domestic violence and neglect nationally. However, the Council was making more use of virtual meetings and the restoration of school classes would also help in dealing with these challenges.

The Committee noted the annual report.

100. IAPT and Community Solutions

The Head of Special Programmes at Community Solutions (HSP) updated the Board. Work to undertake joint working between staff in Talking Therapies and Community Solutions began at the end of 2020. Owing to Covid-19 there had been increased use of the Community Solutions Hubs and residents were presenting with issues related to issues such as housing, money and mental health. It was felt that close working between these two services would enable the development of a holistic response and social prescribing.

The HSP added that Covid-19, whilst illustrating the need for cooperation, also posed challenges since it limited the opportunity to work from office locations. The HSP added that plans had been made post pandemic and that Barking Learning Centre and Dagenham Heathway would be used as locations for the provision of joint services.

The HSP also highlighted the following:

- Joint training would be arranged with staff from the two services in relation to information sharing, awareness of presenting issues among clients and to identify low level mental health needs and issues;

- Improving Access to Psychological Therapies (IAPT) staff, by working with Community Solutions, would develop connections to, and greater understanding of, wider preventative support services; and

- Joint working would present further opportunities to strengthen the referral pathways so that it covered both services.

The Integrated Care Director at the North East London Foundation Trust (ICD) added the joint working plan was part of a wider programme of integration of front facing services.

In response to questioning, the HSP clarified that the overall aim was to provide key support and training across the relevant parts of the service, however it was stressed that it would not be at the expense of individual safeguarding requirements. Following further questioning, HSP said there were already good connections in place and the proposals were a further development of these.

101. Community Hubs: Concepts and Offer

The Chair introduced the item stating that the Council aimed to have a Hub in every ward and emphasised that she was personally committed to the plan. The Hubs would differ from ward to ward, based on the specific needs of that ward. The Chair urged the Council’s health partners to take part; in terms of creating ideas for the Hubs and for the set-up of the Hubs themselves.

All Hubs would contain the following four concepts;

- A core information and advice service;
- A differentiated service and/or activity offer;
- A differentiated community offer; and

- A differentiated workforce space offer.

The HSP provided an outline of the Council's plans disclosing that the Council had set itself a deadline of April 2022 for the completion of the rollout of the Hubs. The aim was for the Hubs to be a place where residents could go to raise issues and seek assistance enabling them to access more targeted advice and services.

Though the Hubs would differ depending on local needs that would be evidence based, they would contain a core information and advice service in addition to other council services, as well services provided by health partners.

The HSP explained that the Hubs would enable the Council to better understand local aspirations and needs and they would be adapted to changes in their particular ward. The Hubs would also be linked with the GP Primary Care Networks in the Borough.

The Board expressed their support for the proposal and asked that regular updates on its implementation be provided to the Board.

102. Forward Plan

The Board noted the forward plan.

MINUTES OF THE INFORMAL HEALTH AND WELLBEING BOARD

Tuesday, 15 June 2021
(7:00 - 9:00 pm)

Present: Cllr Maureen Worby (Chair), Cllr Saima Ashraf, Cllr Sade Bright, Cllr Evelyn Carpenter, Matthew Cole, Sharon Morrow and Melody Williams

1. Declaration of Members' Interests

There were no declarations of interest.

2. Minutes (9 March 2021)

The minutes of the meeting held on 9 March 2021 were noted.

3. Covid-19 Update in the Borough

The Director of Public Health (DoPH) updated the Board confirming that cases had increased as the third wave was underway. It was expected that the third wave would peak in mid July or August though the DoPH stated that this would be dependent on the vaccination rates.

The Delta Variant of Covid-19 was 60% more transmittable than other variants and vulnerable people in cohorts that had not been vaccinated had been affected.

The Council and North East London Clinical Commissioning Group (NELCCG) were due to submit its surge vaccination plan to the Government on 16th June in order to facilitate the lifting of all remaining restrictions on 19 July.

Four wards, Longbridge, Goresbrook, Abbey and Heath would be prioritised for surge vaccinations as they presently have a low vaccination rate.

The Senior Intelligence and Analytics Officer (SIAO) provided an update on Covid-19 cases. Cases in Barking and Dagenham had started to rise however the borough had the lowest case rate in London. In relation to variants, the SIAO disclosed that samples that could be tested for genotyping, 84 variants of concern had been identified and the Delta variant, which was the most infectious, accounted for 64 of these indicating its increasing dominance.

The number of cases, per 100,000 people, among 19-24 year olds had increased considerably. An increase in 17-18 age group had also been noted, though the SIAO cautioned that it was a small group.

In relation to Covid-19 related deaths, defined as Covid-19 being recorded on the death certificate, the number of deaths stood at 550 people.

The DoPH stressed that, as Covid-19 cannot be eradicated, approaches to managing infections will have to be undertaken.

The Committee noted the update.

4. Barking and Dagenham Borough Partnership - Roadmap to an Integrated Care System

The Borough Partnership was established as a delivery group as part of integrated care and place based care. Following changes in the structure of CCGs and the move toward integrated care systems, North East London CCG also worked together into 3 groupings: Tower Hamlets, Newham and Waltham Forest (TNW), Barking and Dagenham Havering and Redbridge (BHR), and City and Hackney (C&H).

These groups of boroughs, also known as integrated care partnerships, were designed to act as a bridge between the strategic role of NEL-wide work and the concentrated local relationships delivering transformation in each borough.

The Managing Director of NELCCG (MD) explained the centrality of partnerships to developing integrated care and funding was set aside to draw up roadmaps for implementation and it was intended to establish the partnerships by April 2022.

An event was held in May to discuss the proposals presented by the boroughs and Barking and Dagenham's was the most developed as the Council had been working on the plan for longer. The MD noted that the proposal included examples of already existing collaboration, cautioning that there was still a lot of work to do.

The MD noted that it was intended that the Partnership would manage budgets and staff across all the participating partners. The proposals provided a route to achieving this and the provision of services and how responsibilities would be transferred gradually.

In response to questioning from Cllr Carpenter, the MD emphasised that the structure was drawn up by the partnerships and not NELCCG, so it was not being imposed and that the partnerships would be as flexible to the needs of each borough as is possible and desired.

Clarification was sought in relation to services for children. The MD highlighted that the partnership would enable children needing support to access it without having to go through Child and Adolescent Mental Health Services (CAHMS).

The Board, noting the limited national based guidance, questioned the MD on safeguarding and how this would incorporated into the integrated care partnership. The MD disclosed that a new Director of Quality and Safeguarding had been appointed and would start work in July 2021. The Director, along with the Accountable Officer, would be responsible for ensuring that safeguarding regulations and protocols are upheld and the right systems, which would be borough based, are in place.

The MD stressed that the Borough Safeguarding Board would continue to have a role in the partnerships.

The Board noted the report.

5. Structural Inequalities-Population Analysis

The Head of Insight and Innovation (HII) and the Consultant in Public Health (CPH) presented to the Board. The Council was undertaking a comprehensive analysis of structural inequalities faced by residents and how Covid-19 pandemic has compounded these.

The analysis looked at nine protected characteristics and sought to establish and understand disproportionate effects on residents based on those characteristics. The initial analysis examined structural inequalities based on three of the characteristics; age, gender and race.

The HII showed the board the model that would be used to carry out the analysis and invited the Board to suggest data points that they believed would be helpful promising that they would be considered. The model focused on social conditions, economic dynamics, population age, underlying health conditions, population density and social distancing.

Following questioning from the Board, HII explained that children and young people were included but that the terminology may not make that clear. However, the model structure would enable comparisons to be made when the report was completed. The Chair asked that, in relation to children and young people, obesity rates be made clear and that the rate of uptake of all recommended vaccinations be clearly defined.

In relation to social outcomes, the HII noted that Barking and Dagenham residents, compared to other London boroughs, scored the third worst outcome in London highlighting fuel poverty and child poverty. Regarding health outcomes, Barking and Dagenham had the worst health outcomes in London and that the difference between Barking and Dagenham and Newham, which was second, was 21 points.

An analysis was undertaken in relation to employment, revealing that there had been a considerable change in relation to the black and ethnic minority (BAME) population, aged between 18 and 24 between 2018 and 2019. The HII noted that, prior to the pandemic, young BAME people were more likely to work in sectors that have been affected by Covid-19, whereas a disproportionate number of white young people worked in industries that were relatively unaffected and the HII highlighted construction as one sector. More quantitative research would be undertaken to understand the causes of the discrepancy.

The HII then briefed the Board on mobility during Covid-19 and provided comparative data from Camden and the average for all of London. Barking and Dagenham residents had been more mobile than other London boroughs and during the early stages of the lockdown residents stayed at home, but that by October this had changed and residents largely stayed at home during weekends only.

The HII concluded that the data showed the nature of the employment a typical Barking and Dagenham resident was engaged in, adding that many had to be physically at their place of work. This was in contrast to Camden residents.

The CPH added that the annual public health report would be published in September 2021 and, in addition to the HII's localised analysis, it would include national level data and NHS related analysis examining hospital admissions from an equality perspective. The report would be different from previous years as the

key finding will cover more themes and there would be input from primary care network directors, NELCGG as well as other stakeholders.

The report would also inform the Council's corporate plan.

The Board noted the report.

6. Local Outbreak Plan for Covid-19 Infections

The DoPH highlighted the key points of the plan adding that it been considered by the London assurance process and that the Covid Health Protection Board had approved it.

The Chair gave thanks, and the Board's appreciation, to the public health team for all their work in protecting residents during the Covid-19 pandemic, mitigating challenges and providing support.

The Board noted the plan.

7. Mental health and wellbeing of care staff during Covid-19

The Acting Healthwatch Manager (AHM) presented to the Board, Healthwatch's Report. The report related to research undertaken on behalf of the Council during September and October 2020. Care home residents and staff were asked about their experiences in relation to each other, family members wanting to visit and overall impact on staff.

Care home residents were complimentary overall but best practice, in relation to family visits, varied from care home to care home. Healthwatch recommended improvement in communications.

Phase two of Healthwatch's research related to the impact of Covid-19 on care home staff and their mental wellbeing. 10 case studies where undertaken and, whilst staff where overall satisfied with the support given, domiciliary care staff felt under appreciated and that more information in relation to support and wellbeing would be helpful.

Staff were impacted by long working hours, double shifts, financial issues, access to food, pressure supporting their own family members as well as the death of care home residents.

Healthwatch recommended providing care home staff with details on where they can seek assistance if they have issues such as information about food banks.

The Integrated Care Director at North East London Foundation Trust (NELFT) responded by explaining to the Board that NELFT had been recently commissioned to provide support to the care sector in North East London.

NELFT had launched the 'Keeping Well' service, just before Christmas, for care staff and is free of charge. Staff can access a website for information and where necessary can be given fast tracked access to services such as talking therapies.

The Chair welcomed this development but suggested that communications needed

to be put out to staff, especially in domiciliary care, informing them of the support available.

The Board noted the update.

8. Challenges in accessing dental care during COVID-19

The AHM reported that, during the pandemic, they received enquiries from the public in relation to access to dental care. The AHM noted that NHS appointments, as opposed to private ones, were hard to obtain and that there was confusion in regards to whether registration with dental practices was required. AHM clarified that registration was not required in the way it was required of GP practices. It was observed that only 23% of those who sought an appointment were granted one.

The AHM warned that dental issues, if left untreated, would result in a later need for emergency treatment that, as well as being unpleasant for the patient, is costlier.

In response to questioning from the Board, the AHM disclosed that there had been issues with contracts where once the agreed amount had been spent, dentists declined to see any further NHS patients.

NHS England was responsible for agreeing contracts with dentists and AHM and the MD agreed to liaise to draw up a possible plan of action in dealing with the problems highlighted in the report.

The Board noted the update.

9. Forward Plan

The Board requested that a thorough report be provided in relation to child mental health provision across all health partners, with information on funding and why there was disparities.

The Chair requested that health partners be more proactive in adding items to the forward plan rather than responding to enquires and requests from the Board.

The forward plan was noted.

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

The Chair disclosed that there were ongoing discussions between Barking and Havering and Redbridge University Hospitals NHS Trust (BHRUT) and Barts Health NHS Trust in relation to operational collaboration.

The Chair, noting past problems in BHRUT, acknowledged that it could be a positive development but expressed concern that, in its proposed form, it could be detrimental to the residents of Barking and Dagenham. The Chair noted that whilst BHRUT and Barts would continue to have separate boards they would have the same Chair. A permanent Chief Executive of BHRUT would also be appointed. The Chair noted that two people with particular knowledge of Barking and Dagenham would be leaving.

The Chair added that, in her view, Barking and Dagenham had long been marginalised as there was no hospital in the borough and expressed her opposition to the proposal to open an emergency treatment centre at Mile End Hospital in Tower Hamlets, arguing that it was not convenient for Barking and Dagenham residents.

The Chair also questioned whether the changes were appropriate given that the Covid-19 pandemic was still ongoing.

BHRUT's Chief Nurse (CN) responded that the Chair would be invited to take part in Stakeholder Groups and would be able to articulate her concerns. The CN also said that the appointment of a permanent Chief Executive, given the previously high turnover of senior staff, would provide stability but acknowledged that it may be unsettling.

MINUTES OF INFORMAL HEALTH AND WELLBEING BOARD

Tuesday, 14 September 2021
(7:30 - 9:05 pm)

Present: Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Saima Ashraf, Cllr Sade Bright, John Carroll, Matthew Cole, Nathan Singleton and Melody Williams

11. Apologies for Absence

There were no declarations of interest

12. Declaration of Members' Interests

There were no declarations of interest.

13. Minutes - To note the minutes of the meeting on 15 June 2021

The minutes of the meeting held on 15 June 2021 were noted.

14. Covid-19 Update in the Borough

The Director of Public Health (DPH) updated the Board on the Government's Winter plan. Plan A consisted of vaccination, testing and the general public adhering to guidelines on social distancing. Plan B involved the mandating of masks in certain areas.

The Government had also proposed offering booster jabs to the over 50's and those with long term conditions, as well as offering vaccinations to 12-15 year olds.

The DPH cautioned that, whilst cases were plateauing, the winter period could prove challenging as the impact, notably admissions to intensive care, had not decreased. Public behaviour would determine the outcome.

The Senior Intelligence and Analytics Officer (SIAO) updated the Board on the Covid-19 infection rates highlighting that:

- Barking and Dagenham had the eighth highest rate of infections in London;
- There had been an increase in infections following the start of the school year;
- There had been 558 cases within the seven days leading up to 9 September 2021, which represented a rise of 5%;
- The highest rate of infections was among persons of school and college age, with 17-18 year olds recording the highest rate;
- From 1 March 2020 to 9 September 2021, Longbridge ward had the highest cumulative number of infections;
- Thames ward had the highest number of infections from 27 August 2021 to 9 September 2021;
- The Delta variant was the most common Covid-19 variant;
- Testing rates rose from 30 August 2021 and this contributed to detecting

more cases;
- 560 Covid-19 related deaths had occurred within the Borough since the start of the pandemic; and
- 63.3% of residents had received their first vaccine dose, whilst 54.6% have received their second dose.

The Chair said that the data showed that communications to the public were still required to warn them of the continuing danger. The Deputy Chair concurred and suggested more assistance for Barking and Dagenham College, as well as schools, in emphasising the needs for vaccination and social distancing.

The Chair said that vaccines would be given to children who are in the care of the Council. The Chair, in response to questioning, also confirmed that youth workers would assist as well.

15. Director of Public Health Annual Report

The Consultant in Public Health (CPH) and the DPH updated the Committee.

The context of the report, that was focused on equalities, was explained and the CPH cited previous research that indicated that Black and Minority Ethnic (BAME) groups were disproportionately impacted by, and more likely to die from, Covid-19. Research had also shown than BAME communities were less likely to access services and reported that their experience of such services was disproportionately negative.

Barking and Dagenham's ethnic composition had changed considerably, with the BAME population constituting 65% of the population in 2019. In 2001, the figure was 19%. The CPH also highlighted that, compared to the White European residents, BAME residents were:

- Disproportionately living in older cohabiting households with dependent children;
- Disproportionately overweight, especially black adult women and black children. In the latter case, there was a higher level of obesity among young black boys of school age;
- More likely to develop cancers, with the mean age for BAME men to develop these being ten years less than white men;
- More likely to be diagnosed with diabetes at a younger age than white residents; and
- More likely to experience multimorbidity at a younger age with life expectancy among African and Afro-Caribbean men being, on average, seven years less than white male residents.

A lower proportion of BAME people experiencing multimorbidity lived in households that were receiving housing benefit and council tax benefit.

The CPH disclosed that Barking and Dagenham, along with Newham, had very high levels of structural inequalities compared to the rest of Greater London, with Barking and Dagenham having the worst figure. Social conditions, economic dynamics, population age and underlying conditions, combined with population density, explained the high figure.

The CPH explained that these factors contributed to the impact that Covid-19 had on the Borough's residents and noted that:

- The number of Covid-19 cases among Asian communities was disproportionately higher, with overrepresentation among the Pakistani and Bangladeshi communities. The Asian communities were also overrepresented in relation to Covid-19 hospital admissions;
- Black African and Black Other were underrepresented among Covid-19 cases; and
- The average age of Black African and Black Other admitted to hospital was 73 years, compared to 80 years for White residents.

In relation to the Covid-19 mortality rate:

- The mortality rate for Bangladeshi, Pakistani, other Asian, as well as White Other was higher than for people identifying as White British;
- Pakistanis, Black African and Afro-Caribbean were of a lower average age at the time of death;
- Mortality rates of Adult Social Care Clients had increased by one third, rising from 13% to 17%; and
- 25% of young people were concerned about their mental health during lockdown.

The CPH outlined the further exploratory work that would be undertaken, citing the need to future proof services in the face of changing demographics as well as to reach out to communities where there was a low take-up of services. The CPH added that this would also need to be carried out with the Council's health partners.

A board member, noting the comments of the CPH in relation to youth mental health, disclosed that attempts to secure additional funding from the Integrated Care Service (ICS) had been unsuccessful. The Integrated Care Director (ICD) from NELFT disclosed that additional funding had been granted to Newham and Waltham Forest and this was a decision of the ICS.

The Chair expressed her dissatisfaction with this disclosure, noting that both boroughs received more funding per child than Barking and Dagenham. The Deputy Chair, who sat on the board of NELCCG, said that he would investigate why the award was given.

The Chair then noted that the report showed that bespoke approaches to communities was required rather than a general approach. The Deputy Chair responded that this was being undertaken and noted that the vaccination programme was a good example of joint working. It was intended that this would be expanded.

The Board noted the update.

16. Joint Strategic Needs Assessment

The Principal Manager, Performance and Intelligence (PMPI) updated the Board.

Historically, the JSNA was used to strengthen joint working between the Council and the NHS, inform strategic and operational decision making, reduce inequalities and monitor long term conditions.

The information obtained during the JSNA was also used in planning and commissioning services as well as the community hubs.

The PMPI said that the upcoming JSNA would consist of six chapters relating to:

- Children and young people;
- Maternity;
- Cancer;
- Long Term Conditions;
- Older People; and
- Mental Health

Two new chapters would be included:

- Planned care;
- Urgent and Emergency Care

The project would be undertaken in conjunction with Havering and Redbridge Councils and the PMPI demonstrated to the Board, the various matrix styles that would be used so that, when presenting the report, where more information would be collated, it would be easy to understand and would enable the Board to focus on any particular area.

The PMPI expected the report to be completed by December 2021 and the assessment would be presented to the Board at the meeting scheduled for 12 January 2022.

The Board noted the update.

17. Clinical Strategy Update

The Director of Equality, Diversion and Inclusion (DEDI) at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) updated the Board.

BHRUT began working on their ten-year strategy in 2019/2020 but the work was delayed due to Covid-19. However, work had since restarted and BHRUT was refreshing the strategy.

The DEDI updated the Board on the work that had been carried out prior to Covid-19:

- Managing Demand: demand for acute services was increasing and some of this demand could be better served in alternative settings of care;
- Access quality and safety: Access across many services was poor; however, the quality and safety of services had improved; and
- Enablers: Workforce constraints was a limiter and Covid-19 challenges had impacted on the financial position. Improvement required more efficient use of estate assets and improved use of technology.

The three pillars of the clinical strategy were:

- Running highly reliable hospitals;
- Accelerating borough-based partnerships; and
- Collaborating with NEL Partners.

The strategy was clinically led and would involve engagement with partners, patients, stakeholders and other communities to get their view. Owing to the continuing pandemic, engagement would be done digitally.

The DEDI said that the core elements were:

- Learning lessons from the clinical strategy;
- Impact of Covid-19 and associated ways of working; and
- Policy Developments in relation to government proposals and BHRUT's cooperation with Barts Health.

The aim was to complete the draft strategy by the end of 2021.

The Deputy Chair expressed concern that BHRUT's clinical strategy could differ considerably from Barts Health's strategy, noting that Barts Health also served patients in Barking and Dagenham and emphasised the importance of collaboration.

The Deputy Chair also requested that the strategy embed the health inequalities agenda, which is a priority for Barking and Dagenham. The Deputy Chair then suggested that early intervention also be addressed in the strategy.

The Chief Executive of BHRUT explained that the aim of the strategy was to determine what the population of Barking and Dagenham needed and the actions required by BHRUT to achieve this. However, the Chief Executive cautioned that some services would only be effective if they were provided outside of hospital.

In response to questioning from the Chair, the Chief Executive clarified that a document would be published on the collaboration between BHRUT and Barts Health and what it meant for residents of Barking and Dagenham.

The Board noted the update.

18. Phelebotomy Update

The Director of Transformation (DOT) at NELCCG updated the Board.

The new phlebotomy pilot went live on 1 July 2021 and was an example of collaborative work between NELCCG and NELFT. The pilot would run for one year and aimed to get residents' and patient's feedback. The model had a mix of community services provided by NELFT and services provided by the primary care networks (PCNs). Negotiations with PCNs in Barking and Dagenham were still ongoing. However, four sites in Barking and Dagenham, operated by NELFT, were providing phlebotomy services. Feedback from patients had been positive, with 91% rating the service as 'good' or 'very good.'

However, some classes of patients, such as domiciliary patients, were

underrepresented and action was being taking to include them. The waiting time for blood tests had fallen sharply and resulted in issues being detected earlier.

The Board noted the update.

19. BHR Academy Formal Launch Agenda

The Academy Programme Lead (APL) at BHRUT updated the Board and took the Board through the formal launch agenda.

The academy would formally launch on 23 September 2021. The academy would enable career pathways for staff and would assist in harmonising practices by training staff from local authorities and trusts.

A single training dashboard would enable efficient data management by creating a single platform with which to review, develop and train the entire workforce.

The Board noted the update.

20. Forward Plan

The Board noted the forward plan

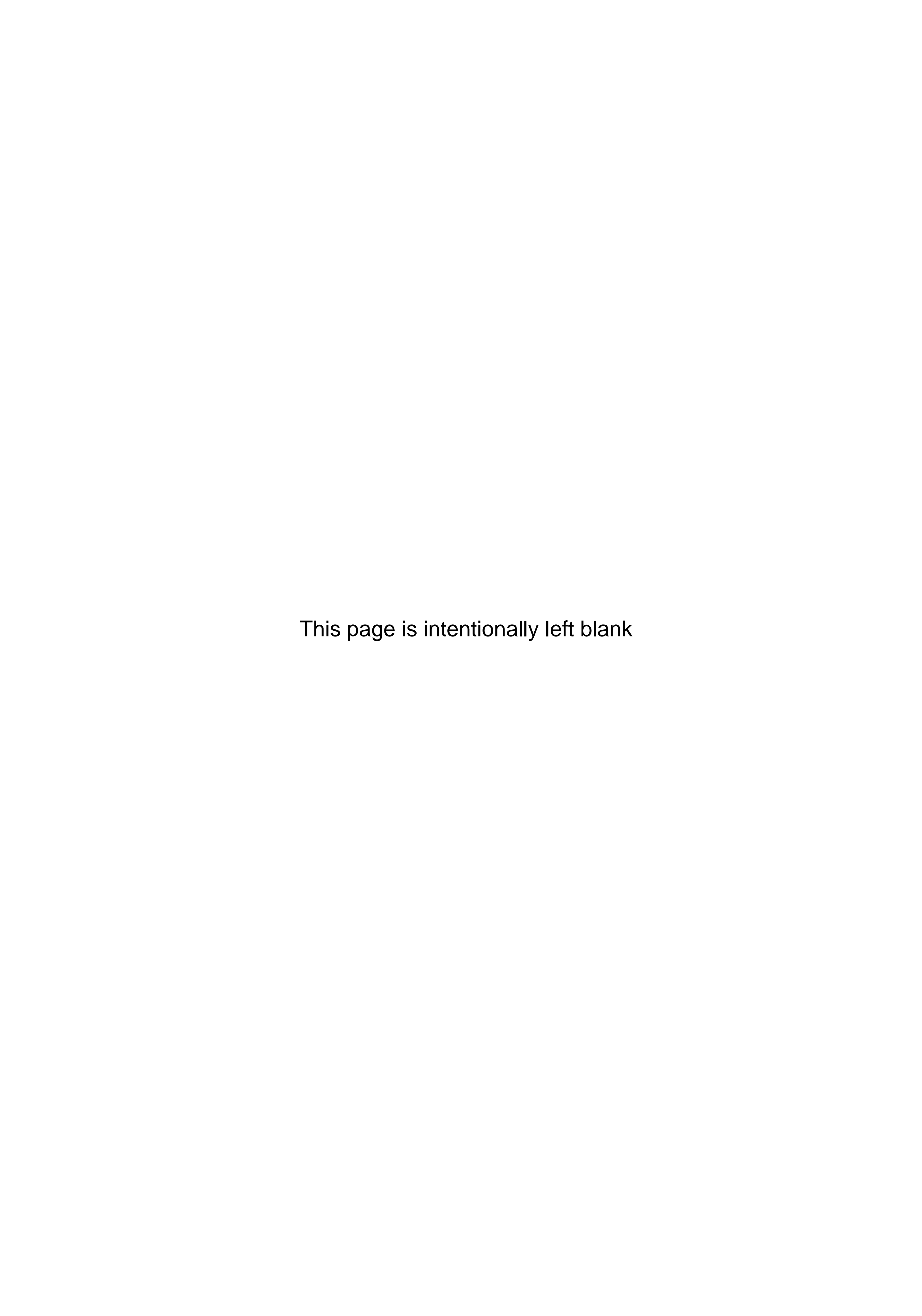
21. Any other business

There was no other business

HEALTH AND WELLBEING BOARD

9 November 2021

Title: Covid-19 Update in the Borough	
Report of the Director of Public Health	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Author: Bianca Hossain, Senior Intelligence and Performance Officer	**Contact Details:** E-mail: bianca.hossain@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham	
Summary: Since the beginning of the pandemic, over 32,000 borough residents have tested positive for Covid-19 and there have been more than 575 Covid-19 related deaths. The board will be presented with the latest information regarding the Covid-19 situation in the Borough, including the geographic and demographic spread of the virus and progress made with vaccination.	
Recommendation(s) The Health and Wellbeing Board is recommended to review and provide feedback on the presentation.	
Reason(s) It is good practice to keep the Health and Wellbeing Board informed of the current Covid-19 situation in the Borough.	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HEALTH AND WELLBEING BOARD

9 November 2021

Title: Healthwatch Tender	
Report of the Cabinet Member for Social Care and Health Integration	
Open Report	**For Decision**
Wards Affected: All	**Key Decision:** Yes
Report Author: Sonia Drozd, Lead Commissioner, Health	**Contact Details:** Tel: 020 8227 5455 E-mail: sonia.drozd@lbbd.gov.uk
Accountable Divisional Director: Chris Bush, Commissioning Director for Care and Support	
Accountable Director: Elaine Allegretti, Strategic Director, Children and Adults	

Summary:

Local authorities are required to commission a local Healthwatch organisation under the Health and Social Care Act 2012. Healthwatch acts as a consumer champion for users of health and social care services. The purpose is to make sure that people know where to go to raise concerns and obtain information about health and social care services and that people's views and experiences are heard, to improve scrutiny of health and social care services and to help local people to influence commissioning decisions.

Healthwatch is a key part of the local health and social care landscape; it has a statutory place on the Health and Wellbeing Board where it can share evidence and feedback on what people think about their health and social care services to system leaders, to ensure that services meet the needs of and are shaped by local communities. It can also enter and view services such as care homes and hospitals, observe what is happening and report back to commissioners. Healthwatch is currently provided by Lifeline, but the contract is due to expire and needs to be recommissioned. The report sets out the reasons behind procuring a new Healthwatch service and the process behind it.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Agree that the Council proceeds with the procurement of a contract for a local Healthwatch in Barking and Dagenham in accordance with the strategy set out in this report.

(ii) Delegate authority to the relevant Chief Officer, in consultation with the relevant Cabinet Member(s), the Strategic Director of Finance and Investment and the Director of Law and Governance, to conduct the procurement and enter into the contract and all other necessary or ancillary agreements with the successful bidder in accordance with the strategy set out in the report.

Reason(s)

The Health and Social Care Act 2012 established a new consumer champion for users of health and social care services called Healthwatch. Local authorities have been required to commission a local Healthwatch organisation from 1 April 2013.

Providing a local Healthwatch for Barking and Dagenham service will give residents a platform to raise complaints or concerns and to influence and challenge how health and social care is delivered.

Having a local Healthwatch service will support the Corporate Plan (2020-2022) with a number of priorities:

Participation and Engagement - Empowering residents by enabling greater participation in the community and in public services. Their voice will help shape services going forward.

Prevention, Independence and Resilience - Children, families and adults in Barking & Dagenham live safe, happy, healthy and independent lives. Having health and social care services that are fit for purpose will ensure that our residents can be confident that they are receiving the best treatment when they most need it.

1. Introduction and Background

1.1 The Health and Social Care Act 2012 established a new consumer champion for users of health and social care services called Healthwatch. This service supports the aim of placing residents at the heart of all health and social care service delivery. Local authorities have been required to commission a local Healthwatch organisation from 1 April 2013.

1.2 National guidance specifies the key functions that Healthwatch must deliver; however, leaves the local specification up to local authorities to determine the best model to meet the needs of their local residents.

1.3 The Health and Social Care Act 2012 also states Healthwatch must be an independently constituted corporate body, which is a social enterprise, not for profit, able to carry out corporate functions, employ people and sub-contract where it chooses.

1.4 The national vision for Healthwatch is a body which will give local communities a bigger say in how health and social care services are planned, commissioned, delivered and monitored. Healthwatch will ensure services meet the health and wellbeing needs of local people and groups, and address health inequalities. It will strengthen the voice of local people and groups, helping them to challenge poor quality services.

1.5 In addition, the Care Act 2014 places a new duty on local authorities in relation to the provision of care and support from 1 April 2015. As part of this, an effective local Healthwatch will appropriately challenge and engage.

1.6 Healthwatch Barking and Dagenham has been in place since 1 April 2013. Healthwatch Barking and Dagenham is an independent organisation as required by the Health and Social Care Act 2012 and is delivered through the general governance arrangements of Lifeline.

1.7 The key outcomes for Healthwatch Barking and Dagenham are:

- Increase in the number of residents who know where to go to raise concerns and obtain information about health and social care services;
- Increase in the number of residents who have the opportunity to raise their views and experiences;
- Improved scrutiny of health and social care services; and
- Increase in the number of residents whose experiences have influenced commissioning decisions.

1.8 Under the Healthwatch regulations, local Healthwatch organisations have the power to 'Enter and View' health and social care providers so that authorised representatives can observe matters relating to health and social care services. Organisations must allow authorised representatives to Enter and View and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services. Healthwatch produces a report and recommendations from each Enter and View visit, which is published online and circulated to partners. Enter and View reports are reported in regularly scheduled updates to the Health and Wellbeing Board.

1.9 Healthwatch are also required to produce an annual report, which is submitted to Healthwatch England, published online and is formally received by the Health and Wellbeing Board.

1.10 The contract for Healthwatch Barking and Dagenham includes a performance framework, which requires them to submit regular service, organisational and financial information. As a minimum Healthwatch Barking and Dagenham provides quarterly monitoring reports on performance measures, which are based on service outcomes tied to the key outcomes identified above. Quarterly monitoring meetings by the officer monitoring the contract take place where performance information is discussed. In addition, numerous contacts outside monitoring meetings take place where ad-hoc issues and performance can be discussed.

1.11 The contract for Healthwatch provision ends on 31 March 2022.

1.12 The upcoming end of the current contract for Healthwatch Barking and Dagenham offers an opportunity to assess what Healthwatch has achieved so far and what Barking and Dagenham requires from a local health and social care watchdog in the future.

2. Proposed Procurement Strategy

2.1 Outline specification of the works, goods or services being procured

An award for a three-year contract with the option to extend for further 1+1 years will be made. The successful provider will deliver a local Healthwatch for Barking and Dagenham that will fulfil the following criteria:

- Provide information and advice to the public about accessing health and social care services and choice in relation to those services;
- Ensure the views and experiences of residents are made known to Healthwatch England helping it to carry out its role as national champion;
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern;
- Promote and support the involvement of residents in the monitoring, commissioning and provision of local health and social care services;
- Obtain the views of residents about their experiences of local health and social care services and make those views known to those involved in the commissioning and scrutiny of care services; and
- Make reports and make recommendations about how those services could or should be improved.

2.2 Estimated Contract Value, including the value of any uplift or extension period

The current contract is £115,919 per annum, which is towards the lower end of the spectrum in terms of comparable cost with other Healthwatch organisations in London. The current Healthwatch contract is funded from two sources, the Local Reform and Community Voices Grant (LRCV) and from the Integration and Commissioning budget. It is estimated that the contract value will remain at a similar value with no change to the funding streams. Estimated value for the total contract period, including extension is therefore £579,595.

2.3 Duration of the contract, including any options for extension

Healthwatch Barking and Dagenham will be procured in the first instance for a period of 3 years with an additional extension of one year plus one year dependent on satisfactory performance in line with the specification and available funding.

2.4 Is the contract subject to (a) the (EU) Public Contracts Regulations 2015 or (b) Concession Contracts Regulations 2016? If Yes to (a) and contract is for services, are the services for social, health, education or other services subject to the Light Touch Regime?

No, below threshold of the Light Touch Regime.

2.5 Recommended procurement procedure and reasons for the recommendation

The recommended route for this service is the open procurement procedure for the award of a 3-year contract from 1 April 2022 to 31 March 2025 with the option to extend for a further 1 +1 years. As the procurement is a high value contract but below the procurement threshold under the light touch regime, there will be a formal invitation to tender with an advertisement on the Council website and Contracts Finder and compliance with principles of transparency and equal treatment. The procedure will cover the essentials required including information such as timescales, evaluation methodology and any scope for change / change management procedures.

The Council will issue the contract in line with the Council's standard terms and conditions for the provision of the service with a break and variation clauses. The contracts will include service specification requirements and expected outcomes. Key performance indicators will be outlined in the service specification and agreed with the providers. Performance management will be carried out by the London Borough of Barking and Dagenham (LBBD).

2.6 The contract delivery methodology and documentation to be adopted

The Council's standard terms and conditions will be used for these contracts. The delivery option being adopted from the contract rules is: 15.1.(b) Getting a third party public or private body to provide the goods, services or works on behalf of the Council.

The provider will deliver against the terms of the contract, with objectives, outcomes and performance indicators set out in the service specification and agreed with the provider. Performance management of the service will be undertaken by LBBD by a named contract monitoring officer.

2.7 Outcomes, savings and efficiencies expected as a consequence of awarding the proposed contract

LBBD will fulfil its statutory obligation to commission a local Healthwatch organisation, while the activities of Healthwatch will support the delivery of duties outlined in the Care Act 2014 and the Borough's Joint Health and Wellbeing Strategy.

Whilst there will be no direct savings or efficiencies associated with this contract, there is the opportunity to have the residents' voice shape the future of health and social care services across the Borough. This will ensure that these services are delivering to a high standard and are held accountable to the Health and Wellbeing Board.

Outcomes expected throughout the duration of the contract are:

- Increase in the number of residents who know where to go to raise concerns and obtain information about health and social care services;
- Increase in the number of residents who have the opportunity to raise their views and experiences;
- Improved scrutiny of health and social care services; and
- Increase in the number of residents whose experiences have influenced commissioning decisions.

2.8 Criteria against which the tenderers are to be selected and contract is to be awarded

The criteria on which the tenderers are to be selected are still being considered; however, a 60:30:10 (quality: price: social value) ratio would be favourable. Provision will be made to include a health partner in the evaluation of the bidders and a panel member with lived experience has agreed to be involved.

An indicative timetable for the tender is set out below:

Health and Wellbeing Board	November 2021
Invite to Tender	November/December 2021
Tender Return	January 2022
Evaluation	January 2022
Award decision	January/February 2022
Service mobilisation	February 2022
Contract start	1 April 2022

2.9 How the procurement will address and implement the Council's Social Value policies

The successful provider of this contract will need to satisfy the Council's Social Value commitment. All bidders will be asked to focus on the following three areas:

- **Investment in local people:**
- **Investment in the local economy:**
- **Community participation and engagement:**

They will be asked to demonstrate how they will provide employment opportunities for those individuals who are disadvantaged.
They will be encouraged to work with other providers who have similar social purpose.
Engaging with residents will be a large part of the work of Healthwatch and the bidders will need to be clear on how best to carry this out.

3. Options Appraisal

Option 1: Do Nothing
This option is not viable as the Council has a statutory obligation to commission a local Healthwatch provision. The current Healthwatch contract has been extended for the maximum duration and a re-tender of the service is therefore required.

Option 2: Joint commissioning of a Barking, Havering and Redbridge Healthwatch
Given the increased work around integration being carried out across the Barking, Havering and Redbridge health and care system, options were explored in commissioning an organisation that would provide a Healthwatch across the 3 boroughs. However, there are differences in population demographics across the three boroughs and therefore would bring different local priorities, and coupled with commissioning timeframes not being in line with each other, this option has been rejected, but can be explored again in any future commissioning of the service.

Option 3: Undertake Competitive Open Tender (preferred option)
An open tender allows for Healthwatch Barking and Dagenham to be reshaped to reflect the developments in the health and social care landscape in the coming

years. The open tender route allows for a wider net for potential bidders and is a transparent process which ensures that the most economically advantageous tender to the Council (i.e. with the best price and meeting all the technical requirements of the service) is awarded the contract.

4. Waiver

Not Applicable

5 Equalities and other Customer Impact

The general population of Barking and Dagenham is very diverse in terms of faith, ethnicity, culture, language, gender and sexuality. Providers are expected to develop a diverse workforce and promote sensitive and appropriate service delivery. Healthwatch Barking and Dagenham will be expected to demonstrate a commitment to ensuring that their services meet the diverse needs of the local community.

Healthwatch Barking and Dagenham must be inclusive and diverse in its make-up and will need to operate in different formats and methods of involvement and communication. Healthwatch Barking and Dagenham must provide a service appropriate to people's needs and shall not discriminate under any grounds, in terms either of participation or of obtaining and representing people's views and experiences.

The service being provided works with residents facing challenges in the current economic environment. As such this contract will support the residents in the Borough who are primarily challenged socio-economically and attempt to tackle the existing health inequalities in the Borough.

An Equality Impact Assessment (EIA) will be completed to ensure compliance. The successful bidder will also be expected to complete an EIA.

6. Other Considerations and Implications

6.1 Risk and Risk Management

The following risks have been identified and mitigating actions put in place:

- Delay to procurement (Medium) - Set and follow a realistic timetable.
- No tender received (Medium) - Clear budget identified in line with current spend. Tender to be advertised as set out in the report.
- Contract award decision challenged by unsuccessful provider(s) (Low) - Procure contract in line with Council's contract rules and ensure process followed.
- Provider fails to meet contractual obligations (Medium) - Clear set of outcomes set out in service specification and agreed with provider. Robust and regular performance monitoring and procedures with performance indicators.

6.2 TUPE, other staffing and trade union implications.

TUPE regulations will apply to 1 full time post and a part time post currently within Healthwatch. There are also 20 volunteers who will need to be considered. Terms and conditions of those posts will be made available to bidders.

6.3 Safeguarding Children

Healthwatch Barking and Dagenham must be committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment. Staff and volunteers must be effectively trained in all aspects of safeguarding legislation and practice and follow the pan London multi-agency policy and procedures to safeguard adults and children from abuse. Healthwatch Barking and Dagenham shall prepare its own internal guidelines to protect adults from abuse that is consistent with the multi-agency policy and procedures.

In addition, Healthwatch Barking and Dagenham should have clear policies and procedures for the following:

- Child Protection
- Whistle blowing
- Complaints
- Confidentiality
- Health and Safety

6.4 Health Issues

Healthwatch plays a key role in the health and care system in the Borough and supports the delivery of the Health and Wellbeing Strategy, particularly around raising the concerns of people regarding the many health challenges the Borough faces, raising the profile of public opinion and, through Enter and View, improving the quality of services.

6.5 Crime and Disorder Issues

Not Applicable

6.6 Property / Asset Issues

Not Applicable

7. Consultation

Consultee	Name/Title	Date consulted
Portfolio Holder	Cllr Worby, Cabinet Member for Social Care and Health Integration	7 September 2021
Ward Councillor(s)		
Procurement Board	Hilary Morris	18 October 2021
Corporate Directors	Elaine Allegretti, Strategic Director, Children and Adults	7 September 2021

8. Corporate Procurement

Implications completed by: Francis Parker – Senior Procurement Manager

8.1 The proposed procurement is compliant with the Council's contract rules and the PCR 2015.

8.2 The proposed Open tender process is likely to yield the best value for money and attract the highest level of potential providers.

8.3 The proposed price/quality split is suitable and includes social value.

9. Financial Implications

Implications completed by: Lawrence Quaye- Finance Business Partner

9.1 This report seeks Health and Wellbeing Board approval to tender for the provision of the Healthwatch service, to enhance quality of life of residents and achieve value for money.

9.2 The annual value of the contract based on 2021-22 is £116,000, and there is a budget provision for this expenditure. Any uplift will be contained within existing budget.

10. Legal Implications

Implications completed by: Kayleigh Eaton, Senior Contracts and Procurement Solicitor, Law & Governance

10.1 This report is seeking approval to tender a contract for a local Healthwatch in Barking and Dagenham for a period of 3 years with an option to extend for 2 years on a 1+1 basis.

10.2 The service being procured falls within the services under the Light Touch Regime under the Public Contracts Regulations 2015 (the Regulations). The value of the contract is below the threshold requiring competitive tender under the Regulations. Nevertheless, section 2.5 of this report states that a single stage tender will be used in compliance with the Council's Contract Rules, which will be advertised on the Council website and Contracts Finder.

10.3 Contract Rule 28.8 of the Council's Contract Rules requires that all procurements of contracts above £500,000 in value must be submitted to Cabinet/Health and Wellbeing Board for approval.

10.4 In line with Contract Rule 50.15, Cabinet/Health and Wellbeing Board can indicate whether it is content for the Chief Officer to award the contracts following the procurement process with the approval of Corporate Finance.

10.5 The proposed procurement strategy outlined in the body of the Report appears to be compliant with the requirements of the applicable law and Council's constitution and Contract Rules. The legal team will continue to be on hand to assist and advise as required.

Background Papers Used in the Preparation of the Report: None

List of appendices: None

HEALTH AND WELLBEING BOARD

9 November 2021

Title: Barking and Dagenham (B&D) Update Report on 2021/22 Adult Mental Health Investment and Long Term Plan Progress	
Open Report	**For Information**
Wards Affected: None	**Key Decision:** No
Report Author: Cilla Young / Russell Razzaque	**Contact Details:** cilla.young@nelft.nhs.uk
Lead Officer: Melody Williams, Integrated Care Director Barking & Dagenham and Barnet, North East London NHS Foundation Trust (NELFT)	
Summary The report sets out progress against key elements of the Mental Health Long Term Plan. Areas covered: Community Mental Health Transformation (CMHT), Crisis Care, Improving Access to Psychological Therapies (IAPT), Perinatal, Eating Disorders and Staff Wellbeing	
Recommendations The Health and Wellbeing Board (HWBB) is asked to note the content. Following the information provided, the HWBB should discuss any issues that need further exploration with NELFT representatives.	
Reasons for report To provide the Health and Wellbeing Board with an update on Long Term Plan investment.	

1. Executive Summary

1.1 This report provides an update on 2021/22 adult mental health investment and Long Term Plan progress. It provides an outline and background of the submission made to NHS England/Improvement (NHSE/I) about how we plan to transform local community mental health services and acute pathway, the journey so far and next steps. It also includes more specific Barking and Dagenham Community Mental Health Transformation (CMHT) local progress. The following areas are covered by this update: CMHT, Acute/crisis care, Perinatal, Eating Disorders, IAPT and Staff Wellbeing.

1.2 The CMHT programme plan has made substantial progress, with the Transformation team at full capacity, an agreed governance structure and terms of reference to oversee the work. The planned service transformation,

which will radically change current service provision, bringing a new place-based model of care has been designed and agreed with wide stakeholder input.

The new model brings in new roles and new partnerships with primary care and third sector providers. Recruitment to roles and arrangements with system partners are well underway and in line with planned year one objectives. A crucial part of the changes is the move of the Access and Assessment and Brief Intervention Teams (AABIT) into the Mental Health Wellness Teams.

1.3 Barking, Dagenham and Barnet Integrated Care Directorate (BDB ICD) has been focusing on place-based care, moving towards locality-based care in the three Barking and Dagenham localities: North, East and West. The Community Mental Health Transformation will support the move towards locality based/place-based care.

Over the three-year transformation programme, Barking and Dagenham will develop three Neighbourhood Teams, which will be called Mental Health Wellness Teams (MHWTs). Each MHWT will support two Primary Care Networks (PCNs) creating coterminous locality-based services.

2. Recommendations

2.1 It is recommended that the Board notes and supports the work of the CMHT programme activities and progress made against the Long Term Plan commitments.

3. Reason

It is recommended that the HWBB note and support these plans to ensure that plans to improve provision of local mental health services move in line with national recommendations, the NELFT CMHT programme plans and submission to NHSE/I commitments and the NHS Long Term Plan vision in order for local service users to benefit from improved service provision and gain improved health outcomes.

4. Background and context

4.1 The NHS community mental health framework was developed by NHS England as part of the NHS Long Term Plan. The framework outlines the need for a new place-based community mental health model, recognising that community mental health services have long played a crucial yet under-recognised role in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities since the establishment of generic community mental health teams (CMHTs) for adults 30 years ago.

The new model of care is now in need of fundamental transformation and modernisation and requires the following in order to deliver improved outcomes to service users:

- “Radical change in the design of community mental health care.”

- “A new focus on people whose needs are deemed too severe for IAPT services but not severe enough to meet secondary care thresholds”
- “Personalised and trauma-informed care”
- “Maximised continuity of care”
- Access to Individual Placement and Support (IPS) will be doubled, enabling people with severe mental illnesses to find and retain employment
- Deliver against STP-level plans to eliminate all inappropriate adult acute out of area placements (Therapeutic Acute Mental Health Inpatient Care)

4.2 NHS England Long Term Plan – The People Plan and Mental Health

As part of the NHS England Long Term Plan, the NHS has made a commitment around the health and wellbeing of staff who work within health and care sectors (inclusive of social care). This commitment included specific learning post-Covid pandemic and the degree to which health and care staff have been subjected to the additional pressure and burden of the pandemic response. The following are North East London (NEL) area’s commitment to the People Plan and mental health:

- As part of the investment from the national allocation of mental health investment, a significant funding stream (circa £1.2M for the NEL area) has been used to create the Keeping Well NEL service (KeepingwellNEL@nhs.uk).
- This is one of 5 Keeping Well services across the London region and was the first to go live in December 2020. This service provides an emotional and mental health and wellbeing service to all staff who are employed within the NEL area in health or care settings.
- The service provides a health and wellbeing hub offer and under the direction of the Director of People services in the Integrated Care System (ICS), there are plans to develop this offer further with an increased range of pathway support programmes specifically designed to meet the needs of health and care staff.
- Currently access to the website is in excess of 3500 individual log ins per month, with the range of self-help materials and programmes as well as chat support, specialist assessment and rapid access to onward services being available.
- Most recently the Keeping Well NEL team has focused activity to supporting the care sector, delivering a number of wellbeing summits for care home staff.
- This initiative is receiving a lot of interest, as the care sector is a more challenging sector to engage with in comparison to the health sector due to the nature of the majority of small independent providers versus larger scale employers.
- Work programmes and pilots are shared across the London region as the service grows.

4.3 The NHSE/I CMHT Framework and funding priorities state that:

- People with mental health problems will be enabled to manage their condition or move towards individualised recovery on their own terms,

surrounded by their families, carers and social networks, and supported in their local community.
- Care Program Approach (CPA) is “no longer fit for purpose” – new systems need to be evolved.
- Peer workers need to become integral to all Mental Health (MH) care system.

To enable delivery and transformation of services in line with these recommendations, it is recognised that the process must be provider-led, clinically-led, co-produced and forge and deepen links with Voluntary, Community and Social Enterprise (VCSEs). This will ensure collaboration and use of skills, knowledge and experience of people who deliver and use services.

5. NELFT community MH transformation plans and submission to NHSE/I

NELFT and ELFT (East London NHS Foundation Trust) completed a joint submission of the planned transformation to NHSE/I. ELFT was however an early implementer site and as such, started their transformation journey one year ahead of NELFT. The submission committed to the following structural changes:

- A commitment to “complete re-design of existing primary and secondary care Mental Health provision.” This means “the creation of new blended multidisciplinary Mental Health Wellness Teams (MHWTs). These teams are organised around PCNs and include a full range of Multidisciplinary team (MDT) staffing including peer workers.”
- Across the care pathway, “these teams will provide wraparound support for people with varying levels of need, including those with longer-term and complex requirements.”
- “We have identified PCNs through expressions of interest in each of the four Outer North East London (ONEL) boroughs.”
- We committed to “expanding MHWTs incrementally through 2022/2023 and achieving full coverage by mid-2023/2024”.

We also identified the need for cultural change, a big shift from current pathways as follows:

- Workers will follow service users throughout their care pathway to keep the therapeutic relationship at the centre of care.
- The key principle throughout is “maintaining continuity”.
- We will embed a trauma-informed approach across the PCNs by adopting a person-centred model of care.
- Our Mental Health Wellness Teams (MHWTs) will proactively engage with carers and will be trained on how to hold difficult conversations, supporting carers to navigate services locally and ensuring that carers feel fully supported.
- Changing culture in our mental health workforce to ensure our transformation programme is successful by maintaining morale and encouraging staff to adopt new ways of working while supporting them through the change process.

- A commitment to "training staff to work relationally and holistically, maintaining an understanding and awareness of trauma and its importance at all times."
- NELFT has experience in delivering training in Open Dialogue which is a model of mental health care which involves a consistent family and social network approach where all treatment is carried out via a whole system/network meeting, which always include the patients. NELFT will use this training to support the therapeutic team-based approach in the blended teams.

5.1 **Defining our MHWT model and its delivery**

To deliver this commitment, we designed a new model of MHWT to be place-based, holistic and integrated, as recommended by the National Collaborating Centre for Mental Health (NCCMH), as follows:

- Bringing Access, Assessment and Brief Intervention and Community Recover Teams (CRT) functions together – improving continuity and localisation.
- Localised around GP surgeries in Primary Care Networks (PCNs). GPs know who they are dealing with, where they are and how they work.
- One MHWT launched each year in each borough as we build, learn and grow each year. We are planning to launch the first MHWT at each locality by the end of January 2022.
- Lived experience becomes integral to the teams; 7-8 peer workers in each locality (commissioned via the third sector organisation).
- Closer substance misuse liaison for each team; local links being established through subgroups.
- Learning Disabilities Champions and training for each team.
- Specialised Older Adult training to work with non-frail older adult referrals.
- Extra clinical cover to add to physical health monitoring capacity.
- More integrated with local community - peer workers form a bridge to third sector and wider community provision.
- Integrated with families more, by teaching staff more systemic ways of working.

This MHWT model of adult mental health support requires effective and fit for purpose interfaces with specialist areas. To enable this, we considered and ensured the following:

Older Adults:

- The Older Adults (OA) working group developed the OA model over 6 months.
- Some specialised functions remain in borough-wide services, while other aspects (non-frailty) come into MHWT's.
- Needs-based, rather than age-determined.

CAMHS:

- Younger Adults (18 to 25-year olds) group will be scoping where main deficits lie and how we can add to adult offer to avoid the “cliff edge”.
- Part of this will involve aligning ways of working between adults, and children and adolescent mental health services (CAMHS).

Psychology:

- New roles to be embedded in the MHWT’s, such as Band 8a Psychologist, Clinical Assistant Psychologist workers and Family Intervention workers.
- Remainder of secondary care psychology remains outside MHWT’s but there is an interest and broad desire for further integration over time.

6. The Community Mental Health Transformation Programme: Progress and Next Steps

The community mental health transformation team (CMHT) is now at full capacity, with all posts recruited to. This includes a dedicated project manager for each borough (Barking and Dagenham, Havering, Redbridge, Waltham Forest). The NELFT Transformation team structure can be found at Appendix A to this report.

The programme governance structure and meetings have been established, with meetings across key workstreams to deliver the overarching CMHT programme plan.
The NELFT Community Mental Health Transformation Programme Governance Structure and Terms of Reference can be found at Appendix B to this report.

The following are additional CMHT programme achievements (please note this list is not exhaustive):

- Borough steering groups formed and system partners at borough level engaged.
- Agreement has been made, and work commenced to develop 3-year Learning Disability/Autistic Spectrum Disorder (LD/ASD) Strategy.
- Wide clinical and multi-agency engagement and participation in developing the future models of care have been achieved.
- Future clinical models of care for MHWT and OA models have been developed with supporting data analysis carried out.
- Service user (SU) engagement plan produced and implemented, with recent decisions to improve this made following SU feedback. This includes monthly meetings between SUs and Programme Leadership.
- CMHT Programme workstreams are progressing plans to ensure effective interface with MHWT’s are established and agreed with systems and processes including robust record keeping. Additional workstreams are in the process of being set up as follows:

➢ Addressing Inequalities – to ensure that the Programme is addressing inequalities and is in alignment with the Trust-wide work around Addressing Inequalities.

- ➢ RIO (electronic patient records system) Configuration – to prepare for MHWT's staff to maintain accurate patient record keeping.
- We have recruited 21 PCN Mental Health Practitioner (MHP) Roles via the Additional Roles Reimbursement Scheme (ARRS) across BHR. We are in the process of completing and signing service level agreements (SLAs) with PCNs. Recruitment to other MHWT's roles is ongoing.
- We have developed and agreed the Training plan for all MHWT's staff. Open Dialogue training commenced on 18 October 2021 with intake representing all localities and ARRS workers. The training matrix and calendar can be found at Appendix C to this report.
- We are in the final stage of signing contracts with the third sector organisations following successful tender bids to deliver MHWT Peer Support Workers (PSW) and PSW Training. We have also started detailed discussions to establish ongoing strong collaborative planning.
- There is a planned programme evaluation which is being led by the Research and Development Department. We are in the process of agreeing the required data capture.
- Following feedback from service users regarding the term "Neighbourhood Team" discussions took place with them and the title "Mental Health Wellness Teams" (MHWTs) was proposed as a more appropriate term to use. We discussed this widely to ensure wider engagement and reached agreement to adopt this new term.
- We have had service pressures due to winter pressures and the Covid-19 pandemic, which were highlighted as having a significant impact on our staff and teams. This therefore affected the planned "go live" of our first MHWT's which was agreed as end of December 2021, but has now been pushed back to the end of January 2022.

In view of achievements to date and to ensure delivery of the year one plans for the NELFT CMHT Programme to go live in Barking and Dagenham by the end of January 2022, the following is a list of priorities:

- Sign all contracts with the third sector for the PSW service;
- Complete recruitment to all planned MHWT posts;
- Continue training of all MHWT staff; and
- Develop and sign off a Communication Plan to improve and expand CMHT programme communication across all stakeholder groups and through a range of media channels.

7. Barking and Dagenham locality CMHT progress

Barking, Dagenham and Barnet Integrated Care Directorate (BDB ICD) has developed a locality Steering Group, with representatives from Service Users, London Borough of Barking and Dagenham (LBBD) Commissioning, LBBD Adult Social Care, NELFT Clinical Staff, NELFT Programme Manager, NEL Clinical Commissioning Group, PCNs Clinical Director and Voluntary Sector organisations, including Mind. This group oversees the local delivery of the programme, ensuring co-production is central to the process.

Prior to the transformation programme, in late 2019/early 2020, a consultation was carried out with Barking and Dagenham Community Recovery Teams (CRT) to move from 2 teams to 3 locality-based teams; however, this

unfortunately had to be put on hold due to the Covid-19 pandemic. This will now form the basis of our 3 MHWTs and we are moving forward with moving the 2 CRTs into the 3 locality teams.

For the first year, we will be focusing on the North locality and put the new workforce roles into the team. These roles include a community psychologist, family intervention worker, band 7 nurse and peer support workers.

We will now be working towards integrating the Access and Psychology teams into the locality teams with the aim to provide a seamless, needs-based Community Mental Health service, with the emphasis on “no wrong front door” and minimising the number of assessments service user have. Meetings have been set up with service user involvement to focus on the development of this.

Alongside this, the Barking and Dagenham project management team have been working closely with the six PCN Clinical Directors to develop and recruit to the Mental Health Practitioner roles; these roles are part of the ARRS for the PCNs.

We have successfully recruited six band 7 Nurses, one for each PCN; three took up post at the beginning of October 2021 and are about to start working in the GP surgeries. Two will be starting in December 2021 and one in January 2022. The ARRS has allowed PCNs to jointly employ Mental Health Practitioners to work within each PCN to support GP Practices in managing people presenting with mental health issues. The workers will also bridge the gap between primary care and secondary care mental health services.

Local meetings have been taking place to develop the mental health care of older adult’s model, which will see more of a Borough-wide frailty service being developed, moving away from the custom of being referred to older adult services once a person reaches 65. The model is in line with the view from the Facility of Old Age at the Royal College of Psychiatry and again focuses on needs-based services. Service users, LBBD and voluntary sector services are engaged in this. The final model will be released in November 2021.

Barking and Dagenham has recruited a full time Band 7 Project Manager who is assisting the Assistant Integrated Care Director in local delivery of the programme.

The following is a brief update of each service’s performance in Barking and Dagenham:

Crisis Pathway:

- Clinical Decision Unit (CDU) opened in November 2020 to manage Covid-19 and triage all admissions to determine whether further treatment is required.
- CDU is a 7 day/week admission and discharge unit, offering medical cover throughout.

- Integrated Crisis Assessment Hub (ICAH) – enhanced model which includes outreach to all localities working closely with community mental health teams as well as Diversion pathway introduced to avoid emergency hospital presentations where this is not needed

18-25 year olds Pathway:

- This pathway has been commissioned 'At Scale' – external partner to undertake research by end of January 2022
- We are focused on high-risk groups, where we know the incidence of mental health issues is greater. The high-risk groups are:
- ➢ Care leavers/Children in care
- ➢ Those on edge of youth justice services
- ➢ Those with special educational needs
- ➢ Young carers and children separated from their families (UASC)

IAPT Services:

- The NHSE recent system maturity tool analysis has regarded Barking and Dagenham and IAPT among the two highest performing services across the NHSE six performance indicators, in seven IAPT services within NEL ICS.
- Barking & Dagenham IAPT service deliver NICE-recommended evidence- based psychological therapies for common mental disorders (depression and anxiety disorders) to the diverse population of the London Borough of Barking and Dagenham.
- The adult age range is from 18 and above.
- A variety of psychological therapies are offered in person, in groups, virtual, or/and via telephone by the qualified and experienced psychology professionals. The offered psychological treatment modalities include Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), Interpersonal Therapy (IPT), Couple Therapy for Depression (CTFD), counselling, computer-based digital therapy options (silver cloud, IESO, XYLA).
- The referral rates were massively dropped across the board due to the Covid-19 related lockdowns but have started picking up again from the last quarter.
- The service has been performing extraordinarily well on recovery as year-to-date (YTD) service recovery rate is 51.3%.

Although the IAPT service is performing above the average, the service has some challenges. These are as follows:

- High level of Covid-related long sickness in staff;
- Increase in demand with complexities, necessitating staff upskilling and wellbeing initiatives;
- Did Not Attend (DNA) rate is slightly increasing;
- Slight increase in longest wait at 11 weeks, but still within 18 weeks;
- Number of people who wait over 28 days and over 90 days for first & second treatment increasing; and
- Recruitment and retention issues (not specific to Barking and Dagenham only. It is a national issue due to multiple factors).

Severe Mental Illness (SMI) physical health:

We have employed two Health Care Assistants that will be ensuring that all service users with an SMI diagnosis have access to physical health checks. This will be focused in the north locality initially.

Eating Disorder Pathway:

- Eating Disorder Service (EDS) – has increased its capacity significantly in order to meet the NICE standards for community eating disorder care. The service has recruited about 80% of staff and continue to deliver services to meet the Long Term Plan (LTP) trajectory.

Perinatal Pathway:

- NELFT have commenced the recruitment process for 19 additional staff to achieve the 2021/22 objective for this ONEL service. Approximately 50% of posts that were planned to be recruited by now have been. This puts the LTP target for Perinatal provision at risk; however, work continues to develop the workforce so we can meet the needs.

Employment:

In Barking and Dagenham community mental health services, we have two Individual Placement Support Workers (IPS) employed by LBBD that support service users into training and employment with our services. They will form an integral part of the mental health wellness teams.

8. Fairness Implications, including Equality and Diversity

The Barking and Dagenham Equality Impact Assessment (EQIA) screening can be found at Appendix D to this report. This relates to a staff consultation carried out in 2019 which is currently being implemented.

Background Papers Used in the Preparation of the Report: None

List of appendices:

Appendix A: NELFT Transformation Team Structure

Appendix B: NELFT Community Mental Health Transformation Programme Governance Structure and Terms of Reference

Appendix C: Mental Health Wellness Teams Training Matrix and Training Calendar

Appendix D: Barking and Dagenham Equality Impact Assessment

Appendix E: Progress Update Presentation

Appendix A

NELFT Transformation Team Structure

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NELFT NHS
NHS Foundation Trust

Jacqui Van Rossum
Executive Integrated Care Director – London
NELFT Mental Health Transformation Programme Senior Responsible Officer (SRO)

Brian Jopling/Sue Miller (Job Share)
Director of Mental Health, Learning Disability and Autism
Band 9

Cilla Young
Mental Health Transformation Programme Director
Band 8D

Dr Russell Razzaque
Mental Health Transformation Clinical Director

Debbie Taylor
Transformation Programme Manager
Band 8A

Katayoon Bamdad
Mental Health Transformation Manager
Band 8B

Satha Alaga
Finance Business Partnering Manager

Jennifer Ellis
Business Intelligence Analyst
Band 7

Laura Kemp
HR and Recruitment Lead
Band 7

Kemi Bodja
Recruitment Comms Lead

To be appointed
Workforce Transformation Fellow
Band 8B

Polly Cunningham
Transformation Programme Coordinator
Band 5

Ferdous Ali
Project Manager - Waltham Forest
Band 7

Nick Van Rossum
Project Manager - Redbridge
Band 7

Amanda Heath
Project Manager - Havering
Band 7

Marcus Donnelly
Project Manager – Barking and Dagenham
Band 7

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NELFT Community Mental Health Transformation Programme Governance Structure and Terms of Reference

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Appendix B

North East London Transformation Board
Monthly

INEL Transformation/LTP Board
Monthly

ONEL Transformation/LTP Board
Monthly

Senior Leadership Team (SLT)

Clinical Professional Advisory Group (CPAG)

Mental Health Clinical Sub Group
Fortnightly

NELFT CMHT
Clinical Leadership and Oversight Group
Once every 4 weeks

LTP/CMHT Finance and Performance group

NELFT CMHT Programme Delivery Group
Fortnightly

CRISIS project

Problematic Substance Use Workstream
Fortnightly

Learning Disabilities/Autism Workstream
Fortnightly

Adults Workstream
Fortnightly

Patient Knows Best Workstream
Fortnightly

Older Adults Workstream
Fortnightly

Younger Adults Workstream
Fortnightly

Rehabilitation Workstream
Fortnightly

Emotionally Unstable Personality Disorders Workstream
Fortnightly

Havering CMHT Steering Group
Monthly

Barking and Dagenham CMHT Steering Group
Monthly

Redbridge CMHT Steering Group
Monthly

Waltham Forest CMHT Steering Group
Fortnightly

NELFT CMHT Clinical Leadership and Oversight Group Terms of Reference

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Purpose: The Clinical Leadership and Oversight Group (CLOG) is established to provide assurance on the effective implementation of the NELFT Community Mental Health Transformation (CMHT) Programme and to enable implementation of key actions where escalated risks and issues are causing delays, as well as to make links and provide escalation for wider system issues. It is responsible for development of the all age NELFT models of care, ensuring required clinical, professional, service user and wider system stakeholder engagement.

Version control	1.0
Date adopted	29th July 2021
Review Frequency	6 months
Meeting Frequency	Every 4 weeks
Location	Microsoft Teams
Duration	1.5 hours

The Role of the Group: The overall remit of the CLOG is to ensure the delivery of the NELFT CMHT Programme. It will:

- Provide overall direction and clinical leadership to the CMHT Delivery Group, tracking progress against the CMHT Programme plan
- Take decisions where risks and issues are escalated by the CMHT Delivery Group
- Identify and link other system-wide projects and programmes which impact on the NELFT CMHT Programme
- Identify external dependencies and escalate wider system issues to the ONEL MH/LTP Transformation Board and the MH Clinical Sub Group as necessary
- Provide progress reports on the NELFT CMHT Programme to the ONEL MH/LTP Board and when requested to the NELFT Quality and Safety Committee/ the Trust Board and respond to requests or actions from these groups
- Provide updates to the Mental Health Clinical Sub Group
- Development of key Programme delivery plans to enable effective and consistent approaches
- Engage key enablers such as Finance and Performance, Communications and Engagement, Digital, Organisation Development, to ensure enablers meet the ambitions and requirements of the Programme.
- Ensure the NELFT community mental health model meets national, regional and local population requirements, The Quality Framework and best practice standards.

The CLOG will monitor progress against CMHT Programme Plan and emerging risks and issues using the highlight report provided by the NELFT CMHT Programme Delivery Group.

Membership:

Co-Chairs: Wellington Makala and Russell Razzaque

Quorum: Provider operational and clinical representation from each borough, Commissioner representation, CMHT Programme Director and/or CMHT Programme Clinical Director, LA representation

Cilla Young – MH Transformation Programme Director
Brian Joplin – CMHT Programme Director
Polly Cunningham – CMHT Programme Coordinator
Anoushka Walton – Service User representation
Shurland Wilson - Assistant Director MHS, WF CCG
Sangita Lall - Assistant Director Adults Services, B&D
Kevin Sole - Assistant Director Adults Mental Health, Redbridge
Joanne Guerin - Assistant Director Adults and LD, Havering
Sipho Mlambo - Commissioning Lead MH and LD: BHR CCG
Anna Saunders - Head of Integrated Commissioning (WF)
Sara Tresilian - Professional Lead for Adult Mental Health WF
Stephen O’Connor – Consultant Psychiatrist, CMHT OA lead
Nicola Greenhalgh – Principal Pharmacist
Irvine Muronzi – Deputy Director ARD, CMHT LD lead
Shweta Anand – AMD, Consultant Psychiatrist
Mohan Bhat - Associate Medical Director
Bill Travers – AMD/ Consultant
Malik Shezana - AD Havering Community Services
Olumide Adeotoye - Consultant Geriatrician
Sabeena Pheerunggee – GP, MH Lead WF CCG
Saheem Gul – Consultant Psychiatrist, OA
Raj Kumar – GP and MH lead: BHR CCG
Syed Ali Naqvi – Professional/Strategic Lead, MH Disorders

Deborah White – Mental Health Commissioning Manager
Kevin Dowling – Primary Care Mental Health Commissioning Manager
Laura Kemp – CMHT HR Lead
Jennifer Ellis – CMHT BI Lead
Emmanuel Okoro - Associate Medical Director for AARD
Claire Williams - Head of Psychology for AARD
Katayoon Bamdad – MH Transformation manager
Amjed Hossain – Chief Clinical Information Officer, Consultant Psychiatrist
Nick Van Rossum – Project Manager : Redbridge
Amanda Heath – Project Manager : Havering
Marcus Donnelly – Project Manager : Barking and Dagenham
Ferdous Ali– Project Manager : Waltham Forest
Laura Gilkinson - Head of Trauma Informed Care
Debbie Taylor – CMHT Programme Manager
Satha Alaga – CMHT Programme Finance lead
Hilary Shanahan – Quality Improvement Lead: NEL CCG

LA Leads:
Redbridge: Victoria.Porter
Waltham Forest: Maureen Mceleney
LBBD: Douglas Maitland-Jones
Havering: Sheila Jones

AHP Leads:
Barbara Tombs
Kieran Mahony
Nicholas Bertram
Barbara Armstrong
Jennifer Greenidge
Christopher Tuckett
Narinder Sangha

CLOG Conduct of business:

Secretariat

Polly Cunningham shall be secretariat to the CLOG, and duties in this respect will include:

- Agreement of agendas with Chair and attendees and collation of papers.
- Distribution of papers 2 working days before the CLOG meeting. The key Programme workstreams will be standing agenda items to ensure regular updates are built in
- Liaison with members of the CMHT Programme Delivery Group to ensure matters for escalation and decision by CLOG are built into agendas as required
- Keeping a record of key actions and matters arising to be distributed after the meeting and followed up by the CMHT Delivery Group.

Frequency of meetings

Meetings shall be fortnightly, held in the period between CMHT Programme Delivery Group and the ONEL MH/LTP Board, to allow time for updates to the CMHT Programme Plan and to identify actions or risks and issues which need escalating at this meeting. Additional meetings may be held as deemed necessary by the CLOG Co-Chairs.

Members will ensure they are represented at meetings during periods of absence by a colleague who will be suitably prepared in advance.

NELFT CMHT Programme Delivery Group Terms of Reference

NELFT NHS
NHS Foundation Trust
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Purpose: The NELFT CMHT Programme Delivery Group is responsible for the actions and steps required to deliver the NELFT CMHT Programme Plan. The work of the group will be guided and overseen by the Clinical Leadership and Governance Group (CLOG) and will ensure the programme is implemented.

Version control	1.0
Date adopted	29th July 2021
Review Frequency	6 months
Meeting Frequency	Fortnightly
Location	Microsoft Teams
Duration	1.5 hours

The role of the Group: Ensure delivery of a joined up system plan and approach for borough level implementation of neighbourhood teams by:

- Supporting boroughs to ensure local design reflects core principles of the model
- Plan for recruitment, training and embedding of roles
- Digital and data sharing requirements of prototypes – and estates if required
- Capture learning from prototypes and inform decisions about future delivery and phasing of posts based on capacity

Specifically, the NELFT CMHT Programme Delivery Group is to oversee and support implementation of the projects and workstreams that contribute to NELFT CMHT Programme Plan by:

- Ensuring that actions are taken in line with the CMHT Programme plan and that major risks, issues and dependencies are escalated to the CLOG for resolution or for discussion at the system-wide ONEL MH/LTP Board.
- Ensuring that robust project and change management processes are in place for workstreams, with regular reporting on progress and outcomes achieved as well as risks, issues and delays via the detailed project plans.
- Approving project briefs, work programmes and timescales, individual workstreams and their corresponding timescales and outputs.
- Identifying resources to support the CMHT Programme delivery as required.
- Initiate Task and Finish Groups to progress specific workstream actions as required by the Programme.
- Linking with other Trust or system-wide programmes as necessary.
- Escalating issues affecting delivery to the CLOG.
- Ensuring application of Quality across all plans with measurable outcomes.

CMHT Programme Delivery Group

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NELFT NHS Foundation Trust

Membership:

Co-Chairs: Russell Razzaque, CMHT Clinical Director and Cilla Young, CMHT Programme Director

Quorum: Clinical or Programme Director, representation by 3 localities

Polly Cunningham – CMHT Programme Coordinator
Brian Jopling – MH Transformation Programme Director
Shurland Wilson - Assistant Director MHS, WF
Sangita Lall - Assistant Director Adults Services, B&D
Kevin Sole - Assistant Director Adults Mental Health, Redbridge
Joanne Guerin - Assistant Director Adults and LD, Havering
Laura Kemp – CMHT Human Resources lead
Jennifer Ellis – CMHT Business Intelligence Analyst
Kemi Bodija/Justine Hodge – Communications
Kevin Dowling – BHR Commissioning manager
Linda Chapman/Satha Alaga - Finance Business Manager
Deborah White – Waltham Forest Commissioning Manager
Jacqui Van Rossum – Exec Director of Integrated Care (London)
Irvine Muronzi - Deputy Director ARD, CMHT LD lead
Shezana Malik - Assistant Director Havering Community Services
Debbie Taylor - Clinical Quality Improvement Manager
Nick Van Rossum – Project Manager : Redbridge
Amanda Heath – Project Manager : Havering
Marcus Donnelly – Project Manager : Barking and Dagenham
Ferdous Ali– Project Manager : Waltham Forest
Stephen O’Connor – Consultant Psychiatrist, CMHT OA Lead
Sara Tresilian - Professional Lead for Adult Mental Health WF
Katayoon Bamdad – MH Transformation Manager
Hilary Shanahan – Quality Improvement Lead: NEL CCG

Conduct of business:

Secretariat:

Polly Cunningham shall be secretariat to the CMHT Programme Delivery Group, and duties in this respect will include:

- Agreement of agendas with Chair and attendees and collation of papers.
- Distribution of papers 1 working day before the CMHT Delivery Group meeting. The key Programme workstreams will be standing agenda items to ensure regular updates are built in
- Liaison with members of the CMHT Programme specialist workstreams and borough CMHT Steering Groups to ensure matters for escalation and decision by the CMHT Programme Delivery Group are built into agendas as required
- Keeping a record of key actions and matters arising to be distributed after the meeting and followed up by the relevant CMHT Programme workstreams and borough CMHT Steering Groups

Frequency of meetings:

Meetings shall be fortnightly, held in the period between CMHT CLOG and CMHT Programme workstreams and borough CMHT Steering Groups to identify actions or risks and issues which need escalating at this meeting. Additional meetings may be held as deemed necessary by the CMHT Programme Delivery Group Co-Chairs.
Members will ensure they are represented at meetings during periods of absence by a colleague who will be suitably prepared in advance.

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NELFT CMHT Programme Key Projects/Workstreams Terms of Reference

The CMHT Programme Workstreams will:

- Develop objectives, priorities and project plans, required to deliver the specific model of care eg LD/ASC, Problematic substance Use, Older Adults, ensuring clinical, professional, service users and wider system stakeholder engagement.
- Ensure that objectives and plans are in alignment with CMHT timeline and quality, with recruitment, induction, training etc built in.
- Provide regular updates to the CMHT Programme Delivery Group. Each Workstream will have a dedicated space on the CMHT Programme Delivery Group meeting Agenda.
- Produce monthly Highlight reports and Exception reports (when required) against project plan
- Escalate risks and issues affecting the NELFT CMHT Programme delivery to the CMHT Programme Delivery Group.

Membership to include Service Users and appropriate senior local representation for each key partner organisation

NELFT CMHT Programme Locality Steering Group
Terms of Reference

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The locality Steering Groups will:

- Establish local transformation objectives, priorities, plans, resources and structures – aligned with the overall governance model and model of care but reflecting local needs and variation
- Engage local staff, partners and key stakeholders in the leadership and delivery of the plans, with clear roles, ownership and accountability at Neighbourhood Project level
- Oversee delivery of plans to deadline and quality – including recruitment, induction, integration and embedding of new roles, training and development and ensuring local-level adoption of new ways of working. Work with the recruitment lead and training hub (as appropriate) and others to enrol support and provide tools to do this
- Maintain a local investment plan (aligned to an overarching programme investment plan) and track how local investment translates into additional capacity to inform phasing of local delivery
- With the wider programme ensure key enablers are developed locally to enable success – digital, data sharing, local comms/engagement and estates arrangements. Ensure comms to local staff meets local needs and preferences and optimises positive staff engagement and ownership of local delivery
- Evaluate and learn and incrementally increase the number of PCNs adopting the new model over the life of the programme and ensuring other changes to the model are rolled out locally
- Work across boroughs to share insights and successes to speed up the pace of change and ensure a consistent approach where required
- Ensure a joined up approach with other borough transformation programmes or initiatives is taken to align and optimise opportunities for change
- Ensure there is an oversight of wider MH initiatives taking place in the borough (e.g. IAPT, IPS) and that these are integrated as part of the neighbourhood team offer and that access to these wider initiatives is easy and clear as part of local model design and delivery
- Provide monthly Highlight Reports and Exception reports (when required) against Project plan to the CMHT Programme Delivery Group
- Escalate risks and issues affecting delivery to the CMHT Programme Delivery Group and maintain local risk/issue logs

Membership to include Service Users and appropriate senior local representation for each key partner organisation

NELFT Community Mental Health Transformation Programme outline/timetable for Highlight reports

Meeting	Report required	Action 1	Action 2	Action 3
ONEL Transformation Board	Monthly CMHT Programme Highlight Report – due 3 days before meeting	• CY meets with Julian Buckton/Douglas Rees to discuss agenda and papers	• Programme Director and Programme Clinical Director review and sign off Programme Highlight report and send to Programme Coordinator • BJ and CY draft agenda for ONEL Board and sends to PC	• Programme Coordinator sends Programme Highlight report, Agenda and other related papers to PMO Admin support *If not received, send reminder email to CY and RR*
Clinical Leadership and Oversight Group Fortnightly	The CMHT locality and Programme Highlight reports are circulated to CLOG members.			
CMHT Delivery Group Meeting Fortnightly	Monthly Locality Project Highlight Report due for the meeting held in the second week of the month	**First Friday of the month** Programme Coordinator sends reminder/request to Project Managers to return report the following Monday.	**Following Monday:** Project Managers send to CMHT Programme Coordinator	**Following Tuesday:** • MH Transformation Manager reviews and submits to Programme Director and Clinical director • MH Transformation Manager completes Programme Highlight report and sends to Programme Director and Programme Clinical Director for review and sign off
CMHT Workstreams/ projects	Workstream/Project Progress Report due for the meeting held in the second week of the month.	**First Friday of the month** Programme Coordinator sends reminder/request to Workstream Lead to return report the following Monday.	**Following Monday:** Workstream Lead sends Highlight Report to Programme Coordinator who collates papers for CMHT Delivery Group Meeting.	• Programme Coordinator sends all papers to Programme Director • Programme Director and Programme Coordinator review papers and prepare pack for circulation with agenda

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APPENDIX C

Tiers: Tiers are loosely defined types of staff involved in the support and care of patients with health needs
Tier 1: Those staff that require general awareness and knowledge of patients mental health needs, and knowledge of action to support this population.
Tier 2: Health and Social care staff and others who regularly work with mental health patients needs, but would seek support from other professionals for complex management or decision making
Tier 3: Health, social care and other professional with a high degree of autonomy, able to provide care in complex situations and who may also lead services for patients with mental health needs. This tier is for those with responsibility for complex decision making and to whom others refer for management, guidance and support.

All Staff will be required to complete the competencies as detailed in this framework in addition to the NELFT Essential to Role Training Matrix.

SKILLS COMPETENCY FRAMEWORK for NEIGHBOURHOOD TEAMs

		AREA		TIERS			BAND							
Number	Skills	Core	Specific	Tier 1	Tier 2	Tier 3	3	4	5	6	7	8a	8b	8c
1.0	CLINICAL PRACTICE AND ASSESSMENT													
1.1	Recovery Model	Core		1	2	3	x	x	x	x	x	x	x	x
1.2	Open Dialogue	Core		1	2	3	x	x	x	x	x	x	x	x
1.3	Social Inclusion	Core		1	2	2	x	x	x	x	x	x	x	x
1.4	Trauma Informed Care	Core		1	2	3	x	x	x	x	x	x	x	x
1.5	Clinical Practice for Older Adults HEE Older Adults Core Competency	Core			2	3			x	x	x	x	X	x
1.6	Dialogue	Core		1	2	3	x	x	x	x	x	x	x	x
1.7														
2.0	SPECIALIST TRAINING													Optional
2.1	End of Life Core Competency HEE Core Competency		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional

APPENDIX C

2.2	Clinical Practice for Rehabilitation		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
2.3	Structured Clinical Management		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
2.5	Understanding Psychosis and Bipolar Recovery		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
2.6	LD Champion Training Package		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
2.7	SMU Champion Training Package		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
2.8	Self Help and Theraputic peer group Training		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
2.9	Physical Health Assessment HEE Core Competency		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
3.0	LONG TERM ADVANCED OPTIONS													
3.1	Full Family Therapy Training		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
3.2	EMDR Training		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
3.3	Non-Medical Prescriber HEE Core Competency		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
3.4	Senior Leadership Training		Specific	1	2	3	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
4.0	Digital													
4.1	Patient Knows Best (PKB)	Core		1	2	3	x	x	x	x	x	x	x	x

October 2021

SUN	MON	TUES	WED	THURS	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18 Open Dialogue Training: POD 2021 Module 1, October 18th-22nd	19	20	21	22	23
24	25	26	27	28	29	30
31 Halloween						

November 2021

SUN	MON	TUES	WED	THURS	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15 One day Strength based Recovery Training for each borough- This week or previous week (TBA)	16	17	18	19	20
21	22	23	24	25	26	27
28	29 Open Dialogue: POD 2021 Module 2, November 29th-Dec 3rd	30				

NOTES

December 2021

SUN	MON	TUES	WED	THURS	FRI	SAT
			1 Open Dialogue: POD 2021 Module 2, November 29th-Dec 3rd	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24 Christmas Eve	25 Christmas Day
26	27	28	29	30	31 New Year's Eve	

NOTES

January 2022

SUN	MON	TUES	WED	THURS	FRI	SAT
						1 New Year's Day
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17 One day Truama Informed Care training for each borough - This week or next week (TBA)	18	19	20	21	22
23	24	25	26	27	28	29
30	31	NOTES				

February 2022

SUN	MON	TUES	WED	THURS	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28 Open Dialogue: POD 2021 Module 3, February 28th-March 4th 2022					

NOTES

March 2022

SUN	MON	TUES	WED	THURS	FRI	SAT
		1	2	3	4	5
		Open Dialogue: POD 2021 Module 3, February 28th-March 4th 2022				
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOTES

For Open Dialogue Training, please contact: katya.vasco.od@gmail.com
Please note: Manager's approval is needed via the attached sheet

April 2022

SUN	MON	TUES	WED	THURS	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17 Easter Sunday	18	19	20	21	22	23
24	25 Open Dialogue: POD 2021 Module 4, April 25th- April 29th	26	27	28	29	30

NOTES

NELFT FOUNDATION TRUST

INITIAL SCREENING EQUALITY IMPACT ASSESSMENT FORM

Equality Impact Assessment Tool (Pre Consultation)

The Equality Impact Assessment is a tool that supports the Trust makes sure their policies, and the ways they carry out their functions, do what they are intended to do for everyone fairly. Equality impact assessment (EQIA) is the process by which the Trust seeks to meet its legal requirements in conjunction with the Equality Act 2010 and to narrow the health inequalities that exist between people from different ethnic backgrounds, people with disabilities, men and women (including transgendered people), people with different sexual orientations, people in different age groups, people with different religions or beliefs and people from different social and economic groups.

Policymakers must screen all policies for their impact on people from each of the groups listed in point 1 below.

If you have identified a potential discriminatory impact of this procedural document which has not been mitigated within the document, please refer it to the Equality and Diversity Manager and arrange to complete a full Equality Impact assessment.

Directorate/Department	**B&D CRT & EIP (BDB ICD)**
Name of Policy/Service/Function	**Consultation Document - Restructuring the CRT and EIP work force in the Barking and Dagenham**
New or Existing Policy/Service/Function?	**New**
Name and role of Person completing the EQIA	**HR Manager**
Date of Assessment	**29th July 2019**

Please complete the following questions

		Yes/No	What/Where is the Evidence to suggest this?
	Purpose of the Function		**This consultation paper describes the changes proposed to the restructuring of the workforce in the Barking and Dagenham EIP and CRT services to GP network localities** **The Barking and Dagenham CCG's vision (2016-2021) is to combine general practice with other community-based health and social care into a place-based care model with productive general practice at its foundation and GPs overseeing care for their patients. Each of the three existing localities in Barking and Dagenham where neighbouring GP practices work together will be a 'place', and the vision is therefore to establish locality-based care across all health and social care services for the populations within those geographical localities. The strategic health agenda is currently focused on integrated models of care within a range of pathways, especially across physical and mental health.**
1	**Does the Policy/Service/Function effect one group less or more favourably than another on the basis of:**		

	Race, Ethnic origins (including, gypsies and travellers) and Nationality		(see table below) The workforce is diverse therefore ensuring any selection panels are equally diverse and support is offered to staff who may require it. Link in with EMN Ambassadors in BDB if required.
	Sex (males and females)	Yes	(see table below) The workforce affects significantly more females than males. Positive action should be considered in order to ensure that the % of males and female staff represent the population in which the service serves.
	Age	Yes	(see table below) The process should ensure that no indirect of direct discrimination occurs in regards to of years' experience and age. The highest percentage of staff is those aged between 51-55 years. Ensure that the allocation process is open, fair and transparent and represents the population in which the service serves.

Race	No of staff	% Staff
White	17	48.5%
Mixed	-	-
Asian	3	9%
Black	13	36.5%
Other	1	3%
Not Stated	1	3%
Total	35	

Gender	No of staff	% Staff
Female	29	83%
Male	6	17%
Total	35	

Age	No	% Staff
21 - 25	2	6%
26 - 30	-	-
31 - 35	4	11.2%
36 - 40	4	11.2%
41 - 45	4	11.2%
46 - 50	3	9%
51 - 55	8	23%
56 - 60	4	11.2%
61 - 65	4	11.2%
66 +	2	6%
Total	35	

	Religion, Belief or Culture	Yes	(see Religion table below) 34% of staff did not disclose their religion/belief or non-belief, which makes it difficult to assess if there are any particular needs or adjustments for those staff. Consultation meetings may explore/identify any individual needs. Where required, identify space for those that require an area to pray or observe religious belief.
	Disability – mental, physical disability and Learning difficulties	Yes	(see Disability table below) 66% of staff declared no disability, with 1% of staff did not declare and 31% were undefined, therefore it is difficult to assess any impact or requirements.
	Sexual orientation including lesbian, gay and bisexual people	Yes	(see Sexual Orientation table below) If any staff require support through any available groups management to support this.
	Married/or in civil partnership or Same Sex marriage	Yes	(see Marital Status table below)

Religion	No	% Staff
Atheism	-	-
Christianity	18	51%
Buddhism	1	3%
Hinduism	1	3%
Not Disclosed	12	34%
Islam	1	3%
Sikhism	-	-
Other	2	6%
Undefined	-	-
Total	35	

34% of staff did not disclose their religion/belief or non-belief, which makes it difficult to assess if there are any particular needs or adjustments for those staff.

Consultation meetings may explore/identify any individual needs. Where required, identify space for those that require an area to pray or observe religious belief.

Disability	No	% Staff
No	23	66%
Not Declared	1	3%
Undefined	11	31%
Yes	-	-
Total	35	

66% of staff declared no disability, with 1% of staff did not declare and 31% were undefined, therefore it is difficult to assess any impact or requirements.

Sexual Orientation	No	% Staff
Bisexual	-	-
Gay/Lesbian	1	3%
Heterosexual	22	63%
Not Stated	12	34%
Undefined	-	-
Total	35	

If any staff require support through any available groups management to support this.

Marital Status	No	% Staff
Divorced	5	14%
Married	14	40%
Single	14	40%
Unknown	1	3%
Widowed	1	3%
Total	35	

			Those who have any caring responsibilities, these should be assessed and considered as part of the consultation process, and during the 1 to 1 sessions with the staff. The consultation may impact on their carer responsibilities.
	Pregnant/maternity/Paternity leave	Yes	1 staff is on maternity and 1 staff member is on a career break. Staff to be contacted and fully consulted, inviting them in for any consultation 1 to 1 meetings and making adjustments if required and possible.
	Transgender reassignment	Not known	Data is not available to assess impact
2	**Is there any evidence that some groups are affected differently? Is the impact of the policy/Guideline likely to be negative?**	Yes	Some staff dependent on caring responsibility may require adjustments such as flexible working and these should be considered as part of the consultation process.
3	**Is there a need for additional consultation e.g. with external organisations, service Users and carers, or other voluntary sector groups?**	No	London Borough of Barking & Dagenham and the CCG have both implemented the 3 locality model as have NELFTS Adult community services. This consultation proposes to move to a model that supports this infrastructure.
4	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	Yes	Implementation of the Equality Act 2010.
5	**Can we reduce the impact by taking different actions?**	Yes	• Transparency of the process for all staff. • Staff engagement and consultation • 1 to 1 sessions with staff • Competitive interviews where applicable in line with HR policy • Monitoring and reviewing the process in 3 – 6 months. • Support available for staff via the various networks e.g. EMN, Disability, LGBT+, Women's network

Assessor's Name: **Nicole Madlin** **Date: 29th July 2019**

Name of Director:

This section to be agreed and signed by the Equality and Diversity Manager in agreement with the Equality and Diversity Team

Recommendation
Full Equality Impact Assessment required: NO ◻ YES

Assessment authorised by:

Name: **Harjit K Bansal, Equality and Diversity Manager**

H K Bansal

Date: **01/08/19**

Appendix E

PRESENTATION TO BARKING AND DAGENHAM HEALTH AND WELLBEING BOARD

PROGRESS UPDATE:

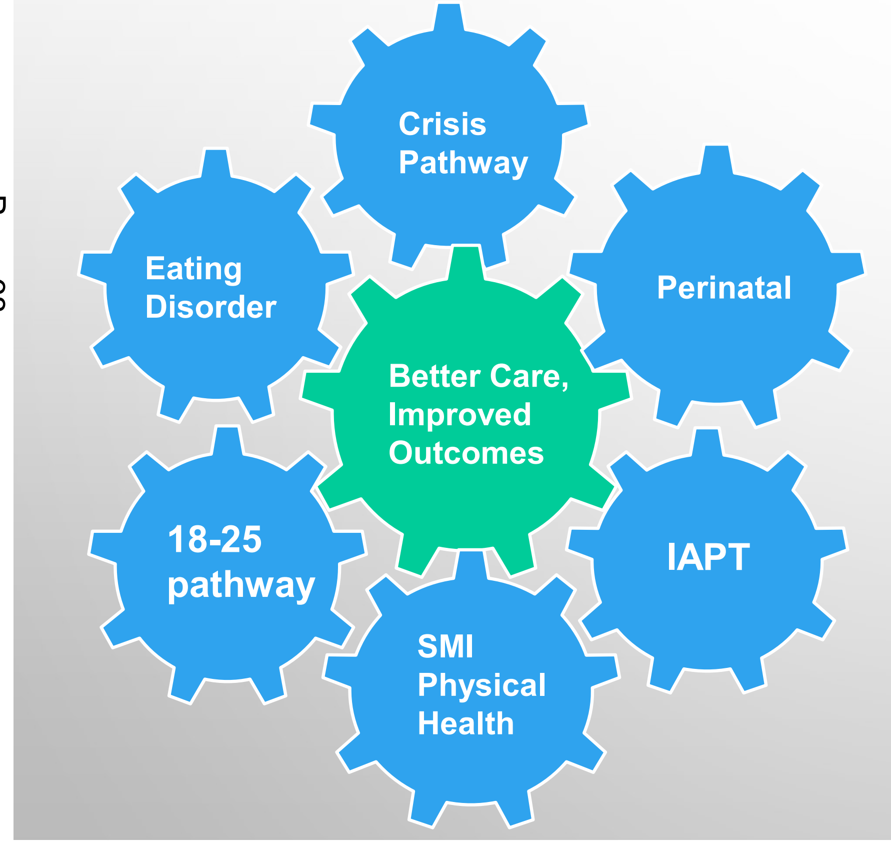
ADULT MENTAL HEALTH TRANSFORMATION AND NHS LONG TERM PLAN

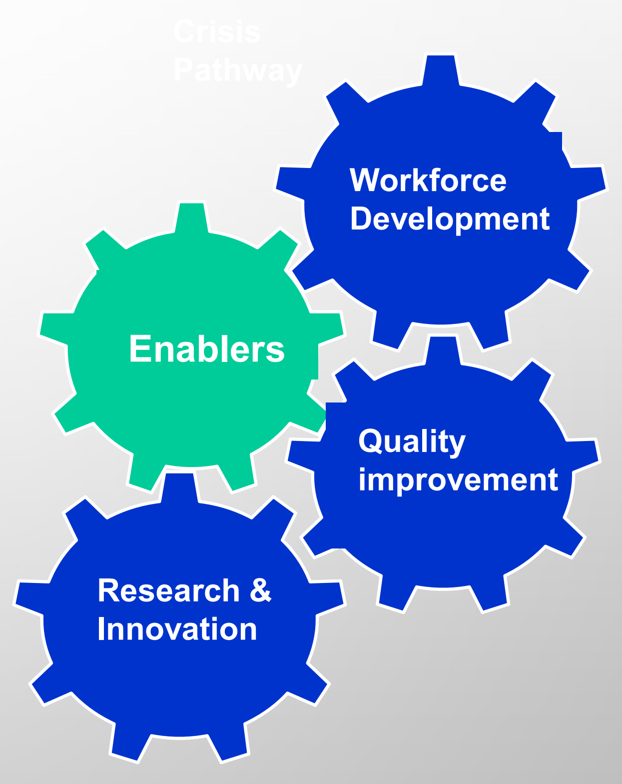
9 NOVEMBER 2021

Best care by the best people

LONG TERM PLAN (LTP) INVESTMENT AREAS COVERED BY THIS REPORT – B&D

Barking and Dagenham has developed a response to the Long Term Plan, setting out how partners (CCGs, providers, local authorities) will work together to provide high quality care and better health outcomes for our service users and their families. Our LTP investment for each service was agreed with the LTP's objectives and they are:





MENTAL HEALTH INVESTMENT 2021- 2023/24
B & D

SERVICE LINES	21/22 £000s	22/23 £000s	23/24 £000s
NELFT			
Physical Health checks for SMI - fye	£ 39	£-	£ -
IAPT - fye and new investment	£ 520	£ 179	£ 643
CYP Eating Disorders	£ 66	£ -	£ -
EIP	£ 113	£ 338	£ -
Crisis - CHRT and PD pick up	£ 240	£ -	£ -
MH Liaison - KGH & Queens pick up	£ 569	£ -	£ -
Comm SMI- secondary care psychology	£ 198	£ -	£ -
Perinatal	£ -	£ 298	£ 298
CAMHs - ASD - MHIS	£ 19	£ 137	£ -
CDU / S136 / Crisis hub - MHIS funding	£ 500	£ 64	£ -
TOTAL CCG FUNDING In NELFT	**£ 2,265**	**£ 1,016**	**£ 941**
Other CCG planned investment			
Ambulance support service	£ 81	£ 92	£ 120
CYPMH	£ 11	£ 213	£239
TOTAL	**£ 92**	**£ 306**	**£ 359**
TOTAL CCG PLAN	***£ 2,357***	***£ 1,321***	***£1,300***

SYSTEM DEVELOPMENT FUND (SDF) AND SPENDING REVIEW (SR) MENTAL HEALTH INVESTMENT 2021/22 B &D

SPENDING TYPE	NELFT SERVICE LINE	21/22 £000s
SYSTEM DEVELOPMENT FUND	CHILDREN & YOUNG PEOPLE (CYP) community and crisis	£ 393
SYSTEM DEVELOPMENT FUND	18-25 young adults (18-25)	£ 79
SYSTEM DEVELOPMENT FUND	Perinatal - Maternal Mental Health Services (MMHS)	£ 109
SYSTEM DEVELOPMENT FUND	Adult Mental Health Crisis (AMH Crisis)	£ 126
SYSTEM DEVELOPMENT FUND	Adult Mental Health Community (AMH Community)	£ 673
SYSTEM DEVELOPMENT FUND	Suicide Prevention	£ 61
SYSTEM DEVELOPMENT FUND	Rough Sleeping 19/20 and 20/21 Sites	£ -
SYSTEM DEVELOPMENT FUND	COVID: Mental health support for staff hubs	£ 145
SYSTEM DEVELOPMENT FUND	MHST 21/22 sites wave 5&6	£ 631
SYSTEM DEVELOPMENT FUND	Rough Sleeping 21/22 Sites	£ -
Spending Review	Children & Young People's Eating Disorders (CYPED)	£ 70
Spending Review	CYP community and crisis	£ 264
Spending Review	Discharge (Adults)	£ 342
Spending Review	Adult Mental Health Community (AMH Community)	£ 228
Spending Review	SR: Adult Mental Health Crisis (AMH Crisis)	£ 51
Spending Review	Improving Access to Psychological Therapies - adult and older adult (IAPT)	£ 126
Spending Review	SR: 18-25 young adults (18-25)	£ 51
Spending Review	Memory assessment services and recovery of the dementia diagnosis rate (Memory/Dementia)	£ 30
Spending Review	Physical health outreach and remote delivery of checks (PH Checks)	£ 47
Spending Review	Discharge - Additional Split TBC	£ 147
TOTAL		**£ 3,575**

COMMUNITY MENTAL HEATH TRANSFORMATION PROGRAMME

Key objective: To develop an integrated adult mental health model with an evidence-based skills development programme to build long term resilience

Key principles:
Co produced with service users and carers

- Increased access to psychological therapy and recovery interventions
- Promotes continuity of care and reduces hand offs between teams
- Develops a primary care supported model based around locality PCNs with co-production with primary care
- Develops a new workforce using apprentices, people with lived experience and develops existing workforce to adapt to new ways of working
- Develops community mental health resilience and support through working with and supporting third sector partners

ADULT COMMUNITY MENTAL HEATH TRANSFORMATION KEY ACHIEVEMENTS AND PRIORITY NEXT STEPS

CMHT key achievements

- Model of care and interfaces agreed e.g. with older adults service
- B&D locality steering group formed – membership includes LA, VSO, Service users
- Staff consultation in progress
- Open dialogue training commenced
- Training matrix in place
- ARRS workers appointed
- Contracts developed with 3rd sector for peer support worker service

Priority next steps

- Readiness for go live
- Address service pressure impacts on plans
- Co-production of systems and process
- Complete recruitment
- Develop communication and engagement plan
- Staff training

CRISIS PATHWAY UPDATE

Case for Change

- Crisis pathway with high unsustainable demand
- Patients not receiving treatment at home, at times needing to travel far from home to get inpatient care
- Use of private beds costing in surplus of £0.5M / month
- Impact on staff wellbeing, recruitment and retention
- A whole system review was necessary to develop a more robust, responsive and less restrictive MH crisis pathway

Change Implemented

- Clinical Decision Unit (CDU) opened in November 2020 to manage Covid-19 and triage all admissions to determine whether further treatment is required
- CDU is a 7 day / week admission and discharge unit, offering medical cover throughout
- Integrated Crisis Assessment Hub (ICAH) – enhanced model which includes outreach to all localities working closely with community mental health teams as well as Diversion pathway introduced to avoid emergency hospital presentations where this is not needed

CRISIS PATHWAY: OUTCOMES AND IMPROVEMENTS

- Hospital beds closer to home and improved support network
- Time in hospital decreased, promoting the least restrictive option
- Reduced costs on out of area beds (nil use of private beds since November 2020)
- 80% positive patient experience reported at the Integrated Crisis Assessment hub
- Improved joint working with London Ambulance Service and the Police, offering an alternate pathway to ED and quicker response and handover

SERVICE OFFER FOR 18-25 YEAR OLD AGE GROUP PATHWAY UPDATE

- New local research/scoping on the needs of this age group – not just about getting transition right but more than this
- Commissioned 'At Scale' – external organisation to undertake by end January 2022
- Special consideration of high risk groups, where we know the incidence of mental health issues is greater:
  - Care leavers/Children in care
  - Those on edge of youth justice services
  - Those with special education needs
  - Young carers and children separated from their families (UASC)

PERINATAL AND EATING DISORDER UPDATE

Perinatal

- NELFT have commenced the recruitment process for additional staff to achieve 21/22 objective. However, recruitment challenges currently put the LTP target for this service at risk
- The Perinatal team continue to progress with recruitment. New staff are undergoing induction and training to support the service

Eating Disorders

- The service has recruited about 80% of additionally funded staff and continues to deliver services to meet the LTP trajectory

IAPT

- The NHSE system maturity analysis tool has recently placed B&D among the two highest performing services for IAPT within 7 IAPT services across NEL ICS

STAFF HEALTH AND WELLBEING HUB UPDATE NEL

KeepingWellNEL.nhs.uk

Talk to us LIVE via chat, voice or video call – from your browser

Kindly provided by Qualified NHS Wellbeing professionals for all care professional working in health and social care in NEL.

Open 8:00AM – 8:00PM, Monday to Saturday.

Talk to us NOW or tell your colleague in need:

Live chat: www.KeepingWellNEL.nhs.uk

SMS: 0772 348 4839

Email: keepingwell.nel@nhs.net

Confidential chat now

Instant VIDEO chat

Urgent support

Wellbeing resources

Self-care tools

Support for teams

Talk to us LIVE via chat, voice or video call – from your device

We have grown and expanded the NELFT Emotional Chat Support into a comprehensive **360° Wellbeing and Resilience Hub**, we are here to provide a listening ear, 100% confidential. We are also able to identify those with urgent emotional wellbeing needs and we will support you with fast-tracking to existing NHS Mental Health Services, or Signposting to the most appropriate team. We can offer a quick 360 degrees wellbeing needs review and emotional wellbeing screening support to any health and social care professionals working in NEL

Free resources and webinars

Mindfulness

Emotional Wellbeing

NHS Staff discounts

KeepingWellNEL

Staff Practical Support

Bereavement Support

Self-Help/ Self-Manageme...

STAFF EMOTIONAL SUPP...

Webinars

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HEALTH AND WELLBEING BOARD

9 November 2021

Title: Safeguarding Adults Board Annual Report 2020/21	
Report of the Independent Chair of the Safeguarding Adults Board	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Author: Brian Parrott, Independent Chair of the Safeguarding Adults Board	**Contact Details:** E-mail: brian.parrott@nhs.net
Sponsor: Elaine Allegretti, Strategic Director Childrens and Adults	
Summary: Local Safeguarding Adults Boards (SABs) have a statutory obligation to compile and publish an Annual Report and to provide this to the Chair of the local Health and Wellbeing Board. The reports are expected to provide an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of vulnerable adults. The SAB's Annual Report 2020/21 highlights the work of the Board between April 2020 and March 2021. It sets out the key achievements, work of the partners, information around the priorities and how the SAB has worked to improve the protection of adults across Barking and Dagenham.	
Recommendation(s) The Health and Wellbeing Board is recommended to receive the Safeguarding Adults Board (SAB) Annual Report 2020/21 and provide comments on its contents for the SAB to consider as they continue to develop their future plans.	
Reason(s) For the Health and Wellbeing Board to have an opportunity to comment on the work of the Safeguarding Adults Board prior to the publishing of the SAB Annual Report 2020/21.	

1. Introduction and Background

1.1 The Care Act 2014 requires that local partners must co-operate around the protection of vulnerable adults at risk of abuse or neglect.

1.2 The Care Act 2014 identifies six key principles that should underpin all safeguarding work. These are accountability, empowerment, protection, prevention, proportionality and partnership.

1.3 The Safeguarding Adults Board is made up of three statutory partners, who are the Local Authority, the Police and the Clinical Commissioning Group (CCG). The

Barking and Dagenham Safeguarding Adults Board also includes representation from other key local partner organisations and these are Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), North East London Foundation Trust (NELFT), the London Fire Brigade, the Probation Service, the chairs of the SAB's committees and other key officer advisors.

1.4 The objectives of the SAB are to:

- Ensure that local safeguarding arrangements are in place as defined by the Care Act 2014;
- Embed good safeguarding practices, that put people at the centre of its duties;
- Work in partnership with other agencies to prevent abuse and neglect where possible;
- Ensure that services and individuals respond quickly and responsibly when abuse or neglect has occurred; and
- Continually improve safeguarding practices and enhance the quality of life of adults in the local area.

All Safeguarding Adult Boards are required to produce an Annual Report. The Barking and Dagenham SAB has produced the Annual Report attached at Appendix A, with contributions from all partners of the Board.

2. Proposal and Issues

2.1 The Annual Report includes a foreword by the Independent Chair of the Board, information about the Board structure and its committees, safeguarding data, the activity of the Board and of its partner agencies, quality assurance information, and comments on how the Board will review and set its priorities going forward in light of Covid-19 and other system wide safeguarding issues.

2.2 Key achievements of the Board in 2020/21 include the work of the three committees. The Performance and Assurance Committee, which is chaired by the London Borough of Barking and Dagenham, has worked to improve the engagement from all partners and is presenting meaningful data and analysis to the Board on a quarterly basis. The Safeguarding Adults Review (SAR) Committee, which is chaired by a senior NHS CCG officer, commissioned and led on one Safeguarding Adults Review in 2020 continuing into 2021, has reviewed several cases against the SAR criteria and looked at wider learning from local and national cases.

2.3 The Complex Cases Panel has been reviewed and is now called the Safeguarding Adult Complex Cases Group. It has been brought under the governance of the SAB and the process and membership has been strengthened. The group discusses complex cases where there are safeguarding risks that need to be managed across more than one agency. Professionals from any partner agency can refer a case into the meeting. The group is chaired by the Principal Social Worker for Adults Social Care and Strategic Lead for Safeguarding Adults and includes representation from LBBD Adults Care and Support, Community Solutions, Private Sector Housing, NELFT, BHRUT, the Police and the Fire Brigade.

2.4 The Board has continued to have excellent engagement and commitment from all partners throughout the Covid-19 pandemic.

3 Consultation

The Barking and Dagenham Safeguarding Adults Board.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

The SAB Annual Report and the work of the SAB supports the findings set out in the Barking and Dagenham Joint Strategic Needs Assessment (JSNA); in particular, the themes around wellbeing, supporting vulnerable adults, supporting carers, health, long-term illness and disability, mental health and social support networks.

4.2 Health and Wellbeing Strategy

The SAB Annual Report and the work of the SAB supports the Health and Wellbeing Strategy priorities and outcomes around integrated care, providing quality services, safeguarding, ageing well, physical and mental wellbeing and domestic violence.

4.3 Financial Implications

Implications completed by: Isaac Mogaji, Finance Business Partner

The Safeguarding Adults Board received financial contributions of £30,000 from the CCG, £5,000 from the Police/MOPAC and £500 from the London Fire Brigade, while the Council provided the sum of £42k towards the running of the Board in 2020/21. The running costs include safeguarding adult reviews, training and development needs and administration costs.

4.4 Legal Implications

Implications completed by: Lindsey Marks, Deputy Head of Law

Section 43 Care Act 2014 requires every Local Authority to have a Safeguarding Adults Board for its area. One of the core duties of the Safeguarding Adults Board is to publish an Annual Report detailing how effective the Board’s work has been. There are no legal implications for this report directly arising from this report.

4.5 Risk Management

The SAB manages risks by having a Three-Year Strategic Plan in place that sets out its priorities and how partners will work together to achieve these. This Strategic Plan is reviewed annually.

5. Non-mandatory Implications

5.1 Safeguarding

The SAB has responsibility for safeguarding across the Borough and this includes how the Board has worked together to protect adults who may be at risk of abuse or neglect.

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

List of Appendices:

Appendix A: Barking and Dagenham Safeguarding Adults Board Annual Report 2020/21

Barking and Dagenham

Safeguarding Adult Board

Safeguarding Adults Board

Barking & Dagenham

Annual Report

2020-21

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Independent Chair's Foreword & Overview 1

This is my third foreword to an Annual Review Report of Barking and Dagenham's Safeguarding Adults Board (SAB) for a full year in my role as Independent Chair. It was written after the close of the year (April 2020 to March 2021) in summer 2021 and agreed at a meeting of the Board in November 2021.

The year was dominated by Covid-19 and responses to it. From distress and losses at a personal level for many, to statutory organisations meeting the challenges of its impacts and responding on behalf of their local communities as effectively as possible.

The Safeguarding Adults Board was clear, Covid or no Covid, that its responsibility was to learn, to probe and to seek assurance from partner organisations individually and as a safeguarding whole for the borough. Each quarterly meeting*, and the work done in between, was geared to this end notwithstanding how it felt for so many staff members of all organisations, whether working in acute and potentially dangerous health care and other settings, or at home combining child care or other caring responsibilities, or isolated and alone, or for some a combination of these.

*Almost all meetings in 2020/21 referred to in this Annual Review Report took place 'virtually', mostly on Microsoft Teams. These were well supported by technology and worked as both 'real' and productive.

My comments cannot express sufficiently what I have observed about how those paid or volunteering to care or support others have responded to the task – with kindness, (over) commitment, amazing innovation and unceasing energy. The response in Barking and Dagenham, with one of London and England's poorest and most socially and health disadvantaged populations, has been simply outstanding. This has been led in the Borough by the Council's political and executive leaders in partnership with senior leaders from the NHS, Police and Fire Service, other statutory and voluntary sector leaders and independent providers of care and support services in care homes and people's own homes. Thank you.

At each stage of the year new questions were asked, things learned and new approaches adopted – so many it would be unfair to single out. The separate organisation reports later in this Annual Report provide abundant illustration.

At a personal level, as Independent Chair, I have appreciated the ways in which people have worked together across organisations or separate service boundaries. Inter-organisational goodwill and collaboration has been a consistent feature of the Barking and Dagenham SAB over my nearly four years, but in 2020/21 it excelled to a new level, but with never a hint of complacency or wanting to stop the probing and rigour. My thanks on behalf of the public to Barking and Dagenham Council (LBBD), Barking, Havering & Redbridge (BHR) NHS Clinical Commissioning Group, the Metropolitan Police, the Fire Service, BHR University Hospitals Trust, North East London NHS Foundation Trust and the Probation Service.

However, regardless of the greater detail in the commentaries from the specific organisations which follow in this Annual Review, it is right that I pick out some of the Covid impacts, the harm and distress, which have also featured.

- As elsewhere in England, far too many deaths of mainly older people in care homes, many which might have avoided by better government preparedness and coordinated response.

- Similarly more deaths than should have been expected of adults with learning disabilities, whether in care settings, independent housing or at home, mainly from treatable health conditions, which deserved a better response.

- Unknown levels of distress from isolation or lack of personal contact with health, social care and police services because of ill health (physical and mental), disability, anxiety, abuse or other reasons.

- Indeed perhaps a significant feature of Covid yet to emerge in its true scale is 'what we didn't know', but suspected from intelligent awareness – new levels of domestic abuse and unhappiness, acute mental health distress but often insufficient to alert statutory responses, neglect, self-neglect, people taking advantage of other's financial interests and indeed their home, and the longer term recovery effects, potentially chronic, of Covid requiring health and social care service into the future.

- 'Hidden away' domestic abuse became a particular concern to Police and the Council, not least in the context of Barking and Dagenham's special awareness from its Domestic Abuse Commission review being carried out coincidentally during the year.

- The increase in safeguarding concerns notified to all services, almost double in the year for example to BHR hospitals, was striking evidence of the insecurity of people's wellbeing and their risks of harm or abuse to which all services needed to be alert. This was tracked through a national Safeguarding Data Insight study of all local authority areas. For Barking and Dagenham this exposed that half the concerns were not about older people as perhaps is imagined but adults aged 18-64, higher levels of psychological abuse and neglect, high levels of risk in people's own homes, and that Covid impacted more especially on less equal and health disadvantaged minority ethnic communities in the borough.

Notwithstanding these considerations, Barking and Dagenham Safeguarding Adults Board maintained its core responsibilities for overview, assurance and proper governance. The SAB is a check on all multi-agency safeguarding practice, management, communication, information sharing, performance measurement, quality assurance and organisational governance. The SAB has operated in relation to individual cases and individual partners 'without fear or favour', challenging and seeking out assurance on varied matters of question, responsibility and action.

Our role as a Safeguarding Board is to give confidence to (i) the Barking and Dagenham public, (ii) those people who speak for their interests, and (iii) the leadership of organisations, that the borough's Safeguarding Adults Board is properly committed to and capable of discharging its responsibilities in the way in which everyone has a right to expect and are laid out in law in the Care Act 2014.

I hope that the pages of this Annual Report satisfy those challenges without being too lengthy and detailed.

During the year the Board began updating its three year Strategic Plan 2019 – 22 in the light of Covid with clear priorities going into 2021-22 and with a view to 2022-2023 and beyond. This is reproduced in section 9 of this Annual Report.

The scale of the challenges for safeguarding adults continue to be considerable. Our concerns are for people in the borough who are in some way more vulnerable than others (e.g. through frailty, disability, illness, language, culture or being of a minority in some other respect) and may be therefore at a higher risk of harm, abuse or neglect by some other more powerful person or body. The data around safeguarding concerns demonstrated this.

Covid or no Covid, protection arrangements need to be alert, available, appropriate, responsive and personal ('making safeguarding personal'). They also need to be responsive to newer and expanding areas of abuse, such as modern slavery, human trafficking, multiple forms of exploitation and domestic abuse, hate crime, forced marriage, financial and cyber

abuse. All of these impact most harshly on people who are less able to resist threats because of their mental capacity, mental health, homelessness and other less robust lifestyles. Notwithstanding, all of us are potentially vulnerable to becoming a victim of harm by those who might neglect us or by the failure of a service that may cause us harm.

People in Barking and Dagenham may also have become more vulnerable as services, staff and partnerships working in different agencies become more stretched, not just through Covid, but with funding and workforce challenges, the effects of continuing austerity on everybody, delays in service, and practitioner staff who have too much expected of them in the time they have available. Offering people individualised advice, advocacy, support or care takes time and skill. It is vital that the SAB holds a realistic overview of what is needed, what can be done and how well things are done, holding to account and reporting in a public document such as this.

During the year I am pleased to report that we have:

- Strengthened the work of the two Board committees with delegated responsibilities for (i) Safeguarding Adults Reviews (chaired by Mark Gilbey-Cross from BHR CCG) and (ii) Performance and Assurance (chaired by Vikki Rix from LBBD) with a third, (iii) Safeguarding Adults Complex Cases Group (chaired by Liana Kotze from LBBD) enhancing a previously more informal meeting to being within the SAB's broader overview.

- Having deferred fully undertaking the London wide Safeguarding Adults Partnership Assurance review process at the end of 2019/20 I am pleased to report that there now plans are to undertake this in October – December 2021, in part jointly with Havering and Redbridge SABs.

- During the year we have welcomed a new Borough Fire Commander, a new Probation Head of Service and at the turn of the year 2020/21 a new Metropolitan Police Superintendent. The latter has played a valuable, leading and influential role personally on the SAB during the year. Several organisations have also enabled and supported less senior colleagues to play key roles in the work of the Board's Committees.

The Board has recognised though that:

- It has still been slower than we wished to establish meaningful arrangements to learn directly from the lived experiences of people who need or use safeguarding services, and what people's wishes might be. This must be a priority in 2021/22 with help from Council, given LBBD's own wish to develop this aspect of their services.

- It needs to be satisfied that all partner organisations have their own robust safeguarding case audit processes, preferably with an external independent element, in a form not too dissimilar to that which LBBD Council previously reported to the SAB or in another way. This too needs to be a priority in 2021/22.

At a personal level I am grateful for the consistent support to the SAB, and to myself in my Independent Chair role, from all organisations. I am particularly grateful for the support to the Board and myself from Joanne Kitching, the SAB Business Manager and to the 'lead people' from all partner organisations.

I hope that it will be apparent from the above paragraphs and what follows that the Barking and Dagenham Safeguarding Adults Board has a clear sense of its short term and longer-term priorities, that partners are committed to these, but that there is much to do. It is so important that what it does is 'real' and grounded in the reality of people's lives and their worries in Barking and Dagenham. Resource and staffing pressures on all partners, practitioners and managers are immense. Nowhere is there any complacency.

To people and organisations more widely, I hope that this Annual Report offers reasonable assurance that the SAB is resolved and determined that people should be protected from harm and abuse in Barking and Dagenham and that the SAB will be as effective as we can be in our duties, responsibilities and priorities.

Brian Parrott
Independent Chair
Barking and Dagenham Safeguarding Adults Board

What Is Safeguarding? 2

The Care Act 2014 statutory guidance defines adult safeguarding as:

'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

The Care Act 2014 came into force on 1st April 2015. The Act introduced new requirements for safeguarding adults and the arrangements that each locality must have in place to ensure that vulnerable people are protected from risk, abuse or neglect. The Local Authority, NHS Clinical Commissioning Groups and the Police are all statutory partners of the Safeguarding Adults Board (SAB) and other important local partners are also key players in the work of the partnership.

The Care Act identifies six key principles that should underpin all safeguarding work. These are accountability, empowerment, protection, prevention, proportionality and partnership.

The SAB'S Vision 3

Every adult living in the London Borough of Barking and Dagenham has the right to live in safety, free from fear of abuse or neglect. The Safeguarding Adults Board exists to make sure that organisations, people and local communities work together to prevent and stop the risk of abuse or neglect.

In the London Borough Barking and Dagenham we want to embed a stronger and safer culture that supports adults who are at risk of harm. We know that to achieve this we have to work in partnership with the people who use local services and with the wider local community. All agencies working with adults at risk have an essential role in recognising when these people may be in need of protection. Agencies also have a responsibility to work in partnership with adults at risk, their families, their carer(s) and each other. The introduction of the Care Act 2014 has brought in many changes in Adult Social Care Services. The Safeguarding Adults Board has a statutory duty to ensure it uses its powers to develop responsibility within the community for adults who need care and protection.

The prime focus of the work of the Safeguarding Adults Board is to ensure that safeguarding is consistently understood by anyone engaging with adults who may be at risk of or experiencing abuse or neglect, and that there is a common commitment to improving outcomes for them. This means ensuring the community has an understanding of how to support, protect and empower people at risk of harm. We want to develop and facilitate practice which puts individuals in control and generates a more person-centred approach and outcomes.

The Safeguarding Adults Board developed a Strategic Plan which sets out how we will work together to safeguard adults at risk. The strategic plan was initially for 2019-22 but was updated at the end of 2020/21 going into 2021/22 for the remainder of 2021/22 and beyond. It can be viewed here https://www.lbbd.gov.uk/barking-and-dagenham-safeguarding-adults-board#tabs-3 and is referred to again in section 9.

The Safeguarding Adults Board has a responsibility to:

Protect adults at risk

Prevent abuse occurring

Respond to concerns

It may be suspected that someone is at risk of harm because:

- there is a general concern about someone's well being
- a person sees or hears something which could put someone at risk
- a person tells you or someone else that something has happened or is happening to them which could put themselves or others at risk.

The Board & Committees 4

The Barking and Dagenham Safeguarding Adults Board is made up of the following core statutory partners:

- The Local Authority (Adult Social Services)
- The Borough Police
- The NHS Clinical Commissioning Group.

Other members of the Board include:

- the Council Cabinet Member for Social Care and Health Integration
- the two Chairs of the Committees
- a representative from North East London Foundation Trust (NELFT)
- a representative from Barking, Havering, Redbridge University Hospitals (BHRUT)
- a representative from the London Fire Service
- a representative from the London Probation Service
- a representative from the Council's Community Solutions Service

The SAB has three committees, which are chaired by different partner organisations:

- The Performance and Assurance Committee (chaired by the London Borough of Barking and Dagenham)
- The Safeguarding Adult Review Committee (chaired by the Clinical Commissioning Group)
- The Safeguarding Adults Complex Cases Group (chaired by the London Borough of Barking and Dagenham)

In addition, the SAB is able to invite other organisations or individuals to attend and speak at the meetings where they have contributions to make.

The Chair of each of the three committees is responsible for:

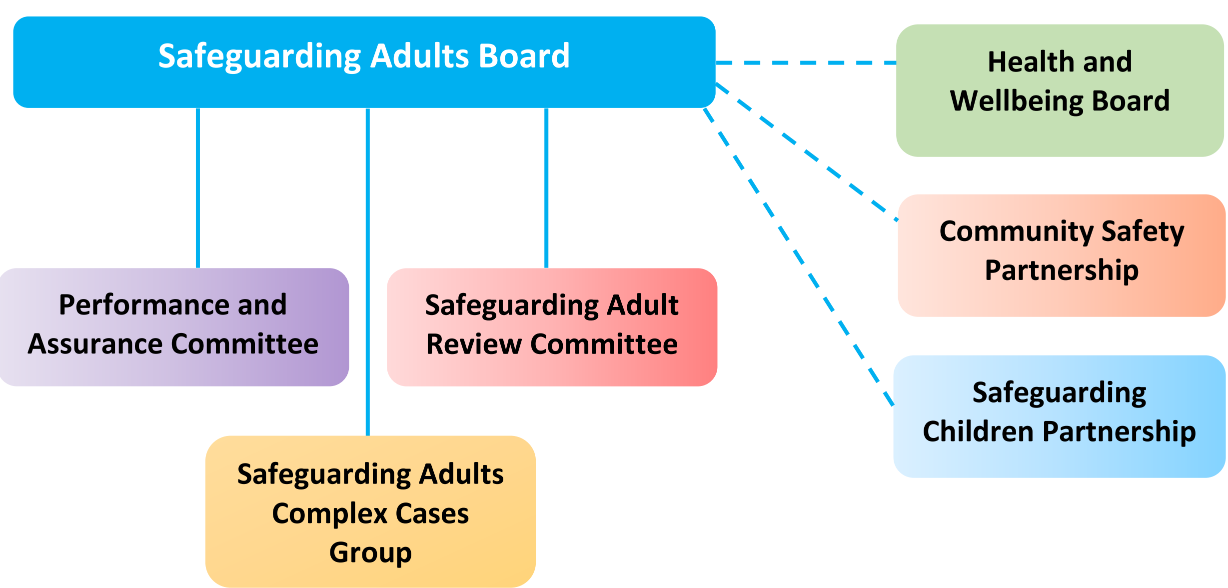
- Developing a work programme which is incorporated into the SAB strategic plan and monitored by the SAB
- Resourcing the meetings of the committee
- Reporting on the progress of the committee's work to the SAB and ensuring that the membership of the committee draws in the required experience.

During 2020/21 the Independent Chair talked with relevant colleagues about children's safeguarding while the previous Local Safeguarding Children's Board (LSCB) arrangements were transitioning to the current new partnership arrangements in 2021/22. This allowed for opportunities to consider safeguarding adults and children at risk, and the issues affecting both areas.

The Independent Chair attended the Health and Wellbeing Board to allow for further consideration and debate regarding the issues of safeguarding within the agenda. The Independent Chair also attended quarterly the Council Corporate Safeguarding Meeting with the Leader of the Council, the Lead Member for Social Care and Health Integration, the Chief Executive of the London Borough of Barking and Dagenham and the Strategic Director for Service Development and Integration, to review performance data for adult social care, including workforce data and associated risks and mitigation. This allows for open debate, discussion, challenge and demonstrates a climate of openness and transparency.

The Independent Chair also met regularly with LBBD Council's Director of People & Resilience and Adult Social Care Operations Director, the NHS CCG Deputy Nurse Director and Metropolitan Police Superintendent in their lead statutory roles, as well as with Committee Chairs and other key SAB partners.

The Board is supported by the Council Cabinet Member for Social Care and Health Integration as a participant observer. This enables Councillor colleagues to be kept up to date with safeguarding adult matters. In addition, the Committee Chairs and officer advisors also attend Board meetings.



The SAB's Statutory Responsibilities

The SAB must publish an Annual Report each year as well as having strategic plan. This Annual Report of the Barking and Dagenham SAB looks back on the work undertaken by the SAB and its committees, throughout 2020/21 and provides an account of the work of the partnership including achievements, challenges and priorities for the coming year.

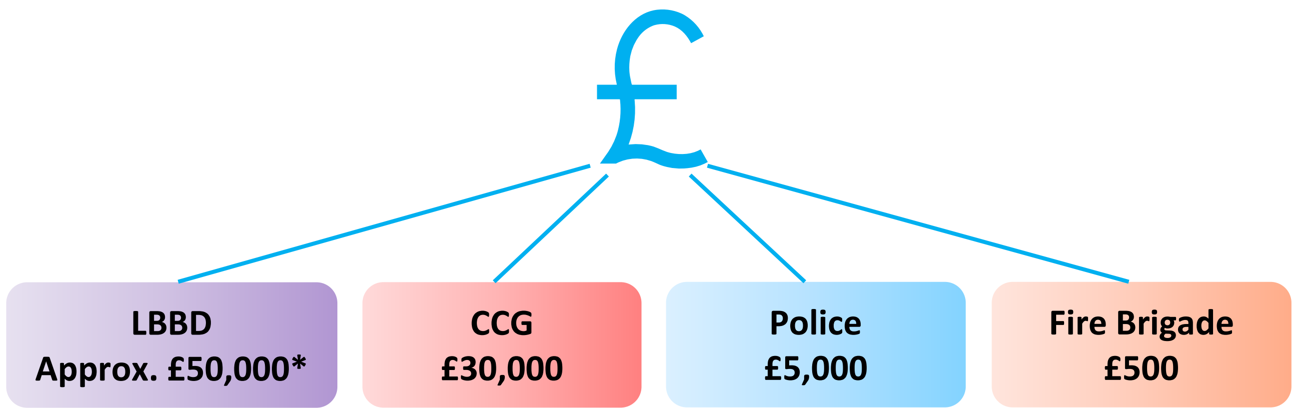
In addition, the SAB has a statutory duty to carry out Safeguarding Adult Reviews (SARs) where an adult in the Local Authority area:

- has died as a result of abuse or risk (either known or suspected) and there are concerns that partner organisations could have worked together more effectively to protect that adult.
- has not died but the SAB knows or suspects that adult has experienced serious abuse or neglect.

The implementation of recommendations and action plans from a SAR must be reported in the Annual Report, including any decision not to implement any recommendation. One SAR was commissioned in 2020/21 and continued into 2021/22. The details of this SAR can be seen at chapter 6.

Financial Contributions and Expenditure

Statutory partners make financial contributions to the Safeguarding Adults Board. For 2020/21 the partner contributions to the SAB were as follows:



*The Council makes up any shortfall in costs covering service support, staffing etc.

Safeguarding Data 5

The following summary has been collated with data from the annual Safeguarding Adults Collection (SAC) which was submitted to NHS Digital in July 2021.

Performance data for Barking in Dagenham is for the period between the 1st April 2020 and 31st March 2021. Any comparator data which is referred to is for the previous reporting period between the 1st April 2019 and 31st March 2020, unless otherwise stated. National and comparator data for 2020-21, at the time of writing, has not yet been published. National and comparator performance data for 2020-21 is expected to be published in September 2021.

Safeguarding Concerns

- The number of safeguarding concerns raised during 2020-21 rose 26% from 1,408 to 1,769 in the past year. This is the highest number since reporting through this data collection began.
- In 2019-20 Barking and Dagenham's safeguarding concerns rate per 100,000 residents was 943 compared to the statistical neighbour comparator average of 707.
- During 2020-21, 15% of concerns went on have a Section 42 enquiry started compared to 18% in the previous year. The conversion rate has been downwardly trending since 2018-19 (23%). This trend has also been noticed between London and statistical neighbour comparators between 2018-19 and 2019-20.

Section 42 enquiries

- There was a total of 539 concluded Section 42 enquiries during 2020-21, a rise of 37% compared to 394 concluded enquiries in 2019-20.
- Neglect and acts of omission remain the highest type of risk associated with concluded Section 42 enquiries accounting for 32% - despite a 7% fall from the last reporting year. This type of risk is highest nationally (32%) within London (35%) and within our statistical neighbour local authorities (34%). Self-neglect rose from 9% to 13% during 2020-21.
- The location of risk reported within the Section 42 enquiries remains highest within home settings; this has remained unchanged in Barking and Dagenham since 2015-16. In 2020-21, 65% of risk was located at home (up from 60%), followed by 17% within care home settings (down from 25%). The same trends are noticed nationally and within London.

- Of all Section 42 enquiries, 56% of the risk is from individuals known to the individual at risk, this is slightly above our comparators. 31% of risk was caused by people who were unknown, a rise from 26%. This increase may be due to the closure of Section 42 enquiries which migrated from AIS to LAS leading perpetrators being recorded as unknown.

Outcomes

- The risk was removed or reduced in 91% of enquires that concluded; a small reduction compared with 2019-20 data, during which 94% of enquiries resulted in an overall reduction in risk for the adults at risk of abuse. This measure remains above the set target of 90%

- The risk remained in 9% of concluded cases (37) in 2020/21. In all cases where the risk remained the person continued to be offered support and advice.

- There were 85 Section 42 enquiries where the individual at risk lacked mental capacity, this represents 16% of all concluded Section 42 enquiries. Due to a decline in enquiries from care homes and closure of migrated cases from AIS to LAS this has fallen from 29% in 2019-20.

- 59% of adults were asked if they would like to express their desired outcomes, whether they were expressed or not. This has fallen from 83% in 2019-20 as for the referrals that had been closed, it could not be ascertained whether individuals had been asked. Of those that were asked, 91% expressed their desired outcomes were achieved.

Local Government Association COVID-19 Adult Safeguarding Insight Project

- The Local Government Association developed an insight project to create a national picture regarding safeguarding adults' activity during the Covid 19 pandemic and provide an understanding of how safeguarding adults activity in England was affected by the initial stage of the pandemic and 'stay at home' orders. Local authorities were asked to provide data on safeguarding adults activity from June 2019 up to June 2021. The data was produced from Liquid Logic Adult's Social Care case management system.

Safeguarding Concerns

- The pandemic and accompanying lockdowns had an impact on safeguarding in the borough, with the rates of safeguarding concerns throughout 2020 higher than 2019. During 2019 there was an average of 115 concerns a month; this rose to 145 during 2020. Safeguarding concerns raised remained higher than usual from January to June 2021, at an average of 142 concerns per month.

- Over the course of the pandemic an increased number of concerns were reported from health partners and family, friends, and neighbours, involving adults aged 18-64 years. Many of the concerns were regarding adults who did not have care and support needs and were supported without going down a safeguarding pathway, through signposting and preventative support.

Types of risk

- The distribution of types of risk changed in the borough during the pandemic. Neglect remained the most prevalent type of risk in Section 42 enquiries, although rates fell from 37% in 2019 to 31% in 2020. There were moderate increases in domestic abuse and psychological abuse in 2020 compared with 2019. Domestic abuse increased from 2% in 2019 to 4% in 2020, whilst psychological abuse increased from 13% to 15% over this period.

- Self-neglect also increased during the pandemic, from 9% in 2019 to 13% in 2020. During some months in 2020 rates peaked at 19%. The overall increase may be attributable to the strengthening of local practice and learning and the early identification of people experiencing difficulty in managing their home environments through community interventions.

Location of risk

- Risk located in the individual's home increased noticeably during the national and regional lockdowns. During 2019 approximately of 40% Section 42 enquiries involved risk in the individual's home, however from April 2020 this increased steeply to an average of 56%.

- The proportion of enquiries with risk located in care homes fell from 16% in 2019 to 12% in 2020 and increased again to 16% in 2021. The moderate decrease in 2020 is most likely due to the reduction in social care and health professionals visiting care homes regularly and reporting concerns. Also, many homes were focussed on managing outbreaks which may have reduced reporting.

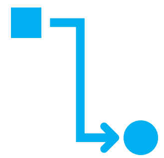
Reducing risk for adults at risk

- Enquiry outcomes remained relatively unchanged from 2019. In the first half of 2021, from January to June, risk was reduced or removed in 91% of concluded Section 42 enquiries. This is almost the same as for 2020, 90%, and a slight reduction on the rate for 2019, 94%.

Safeguarding in numbers 2020-21

1,769 safeguarding concerns were raised to LBBD.

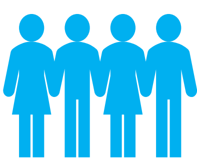
Safeguarding concerns have increased by 26% to 1,769 compared to last year (1,408).



15% (269/1,769) of all concerns raised have led to Section 42 enquiries.

Neglect and acts of omission accounted for 32% of all types of risk. It remains the highest category of all comparators.

65% of risks were investigated in the person's own home; up from 61% last year. 17% of risk was in care homes.



Of all Section 42 enquiries, 56% of the risk is from individuals known to the individual at risk. Only **13%** of the source of risk is due to service providers.

In 91% of Section 42 cases risk was removed or reduced.

16% of individuals lacked mental capacity compared to 29% in 2019-20.

59% of adults were asked if they would like to express their desired outcomes, of which **91%** of their outcomes were achieved.

One Safeguarding Adult Review was commissioned in 2020/21.

Safeguarding Adult Reviews 6

In 2020/21 the Barking and Dagenham Safeguarding Adult Board commissioned a Safeguarding Adult Review to be undertaken by an Independent Reviewer following the unexpected death of Mrs X. The Safeguarding Adult Review (SAR) Committee reviewed the case and details and concluded that the case met the criteria for a SAR to be undertaken. The SAR Committee appointed the Independent Reviewer have overseen the undertaking of the review, production of the report and was involved in drafting the final recommendations. Although the SAR was commissioned in 2020 it did not conclude until July 2021. The final report and recommendations were agreed by the SAB in July 2021 and the Safeguarding Adult Review Committee were tasked with developing an action plan which has been agreed by the SAB and which will implement the recommendations. The full report will shortly be available at this link https://www.lbbd.gov.uk/barking-and-dagenham-safeguarding-adults-board

The SAB'S Partners 7

London Borough of Barking and Dagenham Adult Social Care

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

The London Borough of Barking and Dagenham are continuing to see high levels of safeguarding concerns. Professionals are increasingly seeing people face to face which makes it more likely that they are spotting evidence of abuse and neglect. Referrals are being carefully monitored to ensure that trends and new developments are identified. It is not yet clear what impact the long periods of lockdown and isolation have had on safeguarding, but it is fair to assume that it is likely that more abuse has taken place behind closed doors. Heightened stress levels in family settings are likely to have led to aggression and arguments. Families that provide informal care need our support more than ever.

The extended period of lockdown which led to many people being furloughed or without work will have caused families financial difficulties. This may have increased the risk of financial abuse. Access to care homes has been restricted and it will be critical for our workers and colleagues from our Commissioning and Quality Assurance teams to make sure they look out for signs of neglect and abuse as they return to undertaking site visits.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

This year there was a focus on building better relationships with the Metropolitan Police to support community safety initiatives. We knew that adults had fewer opportunities to go out as a result of the pandemic and subsequently fewer opportunities to report domestic abuse or ask for support from health professionals like their GP, community nurses or community and voluntary sector organisations. The Police delivered a workshop at the Council's Adult Social Care Strengths-based Practice Forum to social workers on coercion and control. Social workers were able to consider how police action is helping to keep residents safe and how, by working in partnership, professionals can identify and act on concerns. Professionals discussed how to ask open questions, prompts and professional curiosity aids such safeguarding enquiries and police processes. Social workers shared practice examples of how they are conducting home visits where necessary and having video calls to manage risks of abuse where these were suspected or known. The Multi Agency Risk Assessment Conference (MARAC) meetings have now moved online and through enhanced relationships between Adult Social Care and the Police there is confidence to raise cases through the Safeguarding Adults Complex Cases Group. Following

SAR recommendations and multi agency working across the SAB partnership the Complex Cases Group has now been reviewed and remodelled to facilitate a more robust process where risks are able to be shared at a strategic leadership level across the organisational representatives of the SAB. Multi agency cases and safeguarding risks are presented and discussed and the risks are managed through the monitoring and review process. The revised process ensures better management oversight and enhances the timeliness of the outcomes for adults and management of multi agency risks across the partnership.

London Borough of Barking and Dagenham Community Solutions

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

In 2020/21 Community Solutions continued to develop the Adult Intake Team which is the front-door into Adult Social Care. In response to the Covid-19 pandemic, Community Solutions have increased capacity within the Adult Intake Team by re-deploying staff from other services. The extended team became the co-ordinating point for the Council's response to vulnerable residents seeking help and support, particularly those who were shielding.

Recent quality assurance activity led by the Principal Social Worker continued to show that thresholds were being applied proportionately, that decision making was safe and that residents are receiving timely support. In instances where adults did not have care and support needs, Community Solutions brokered community support and connected these residents to relevant support services.

Support provided to residents included:

- The Adult Intake Team led on the co-ordination of support for vulnerable residents including 8000 shielding residents. The support provided included welfare calls, visits and co-ordination of food provisions and medication. Overall, the service contacted over 22000 residents.
- Over 1000 residents were connected to BD-CAN, which is the local Citizens' Alliance Network that supports people in the community, and Independent Living Agency (ILA) support.
- Community Solutions supported 29 assisted funerals for vulnerable residents and arranged for the protection of their properties pending resolution of any estates.
- The Adult Intake Team continued to provide safeguarding and support advice to colleagues within the voluntary sector and wider community.

The Adult Intake Team and the wider Community Solutions services have been involved in direct safeguarding work particularly where there have been significant neglect, self-neglect and deprivation related issues. In some circumstances where the Section 42 threshold has not been met, to initiate a safeguarding enquiry, the team has strengthened joint working opportunities with partners to provide best placed community-based support. As a result of Community Solutions' Covid-19 pandemic coordination and proactive role, the Council did not take up the Care Act easements as most of the Covid-19 related demand was safely managed outside of statutory services. In 2020/21, 7042 contacts were received by Adult Intake Team of which 3104 (44%) resulted in the adults being supported within Community Solutions (outside of statutory services).

In conjunction with the Adult Mental Health Service, a front door mental health duty support system was put in place to strengthen the response to mental health referrals and reduce avoidable referrals into statutory adult services. While it is still early days, anecdotal evidence indicates increasing safe diversions from statutory services and confidence at the front door.

Community Solutions has continued with 'street counts' in the borough to identify any adults rough sleeping or new to the streets. A full street count took place in November 2020 and 10 rough sleepers were identified. We have also been undertaking targeted monthly street counts identifying an average of 6 to 7 rough sleepers per month. Support was offered to these residents with the view of re-integrating them into the community. In 2020/21, 19 rough sleepers were placed in safe accommodation as part of the Council's Severe Weather Emergency Protocol (SWEP). These adults were supported with moving on support plans that includes housing options, drug and alcohol support, food, skills and employment.

In response to an anticipated increase in domestic abuse, the Multi Agency Risk Assessment Conference (MARAC) has been re-configured into weekly well attended virtual meetings. About 480 adult victims of high-risk domestic abuse have been supported through MARAC over the past year.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Adult Intake Team has continued to strengthen relationships with key partners within the wider community. This involves improved working relationships with partners such as Reconnections, Independent Living Agency and the broader voluntary sector offers. The service is closely linked into the borough's Re-Imagining Adult Social Care and Early Help networks, which include a focus on relationship building and community led prevention.

Community Solutions continued to provide essential frontline support and mitigate hardship for residents with specific concerns and support requirements such as finance, debt, rent, benefits, housing and employment.

Community Solutions continues to work with The Source (a local voluntary organisation) to provide support and face to face contact for residents with issues of homelessness, from Barking Learning Centre. This 'day centre' support offer has continued throughout this period and is supporting on average 50 people per week. This support includes food, help with accessing benefits, engagement with GPs, dentists and other services that include drug and alcohol support.

Community Solutions continues to manage a No Recourse To Public Funds (NRPF) offer for adults with children. In 2020/21, 58 vulnerable NRPF households were supported with accommodation and subsistence support. Community Solutions and Adult Social Care are working towards launching a single support offer for single adults subject to NRPF conditions who are at risk of experiencing destitution.

The Metropolitan Police

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

Despite the Covid-19 pandemic the responsibility of the police to prevent crime and protect the public has remained. However, the way in which the police have delivered services to the public has had to adapt in response to the challenges of Covid secure working. Safeguarding and public protection services have become more agile, and the police have developed new approaches to ensure that people in need of help and protection receive the support they need. Technology has played a significant part in our ability to do this and innovative (and more timely approaches) have been introduced to ensure that for example victims of domestic abuse receive support and protection more quickly than before the pandemic. Virtual court processes to allow domestic violence protection order applications to be heard have been developed here and are now being used across London to support the victims of domestic abuse. Similarly, more timely multi-agency meetings have been made possible for issues like domestic abuse allowing earlier and more effective interventions to be considered. While the overall volume of crime dropped during the pandemic, levels of domestic abuse increased significantly, and this placed additional demands on staff. While Covid secure working practices meant that sickness did not increase significantly the welfare and fatigue of staff working under pressured circumstances required additional oversight by leaders and managers. Additional support

mechanisms were put in place to support staff and staff were sign posted to these and encouraged to make full use of them.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Metropolitan Police Service (MPS) has introduced a public protection improvement plan to support an increased focus on more effectively recognising and responding to the needs of vulnerable people. This new framework places greater emphasis on improving the quality and effectiveness of the policing response and is leading to changes in the approach taken to public protection work and leading to improvements across a wide range of adult safeguarding issues. Arrest rates for domestic abuse offences have increased meaning there is an increased likelihood of a positive outcome at court. We have increased the use of body worn video in domestic abuse investigations as we know this leads to higher number of perpetrators pleading guilty at the first opportunity meaning survivors of abuse need not attend court. In 2019 Her Majesty's Inspectorate of Constabulary Fire and Rescue Services published a report on the police response to older victims. The report highlighted much more should be done to protect older people from abuse. The MPS has developed an action plan and has made improvements to training and recording practices. For the first time the MPS is able to record the proportion of adults who report crime who have an additional vulnerability. While it is too early to undertake detailed analysis early data suggests that 39% of adult victims of crime have an additional vulnerability. Over time this will inform work to improve the recognition and response to adult vulnerability and ensure more adults who need help and protection receive the support they need.

Barking and Dagenham NHS Clinical Commissioning Group (CCG)

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

The Clinical Commissioning Groups (CCG) have continued to contribute to both London Safeguarding Adult Forums and tri-borough Safeguarding Adult Boards Covid-19 risk assessments and recovery plans over the past year. There was a particular focus on care home support and compliance with Infection Prevention and Control (IPC) and use of Personal Protective Equipment during the early stages of the pandemic. The CCGs redeployed three Continuing Health Care nurses into NELFT Infection Prevention and Control team to enhance support to care home and domiciliary care providers across three boroughs. The Infection Control Prevention (ICP) train the trainer programme was rolled out to ensure a consistent application of IPC guidance. Throughout the year, the Designated Nurse for Adult Safeguarding has shared the learning from the North East London Learning

Disability Death Mortality Review (LeDeR) process and information on Covid-19 related deaths with the Barking and Dagenham Safeguarding Adult Board. Access to online Safeguarding Adult levels 1, 2 and 3, Prevent and Mental Capacity Assessment (MCA)/Deprivation of Liberty Safeguards (DoLS) training has been made available for staff within commissioned services and GP practices. The CCGs have continued to monitor CCG and provider staff compliance with statutory Safeguarding Adult and Prevent training. T hree of the CCGs Quality and Safeguarding Team were redeployed to assist with the Covid-19 vaccination programme between January to March 2021.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The North East London Clinical Commissioning Group and Barking & Dagenham, Havering and Redbridge Integrated Care Partnership commission services from providers (care homes and hospitals) and updated their Domestic Abuse Policy which provides advice and guidance for managers or staff members who are victims of Domestic Abuse. The Local Quality Surveillance Group is chaired by the Designated Nurse Adult Safeguarding and continues to monitor quality, assurance and safeguarding issues in care homes, supported living and domiciliary care services across the tri borough partnership. Representatives from the Local Authority Quality Assurance Teams and the Care Quality Commission (CQC) attend this meeting and regular updates are provided about providers where concerns are raised. The purpose of this meeting is to share information and agree where follow up action is required. The Designated Nurse for Adult Safeguarding attended the tri-borough Liberty Protection Safeguards (LPS) Task and Finish Group which oversees the preparations for implementation of the Liberty Protection Safeguards across the boroughs of Barking and Dagenham, Havering and Redbridge. The Designated Nurse for Adult Safeguarding attends the Community Safety Partnership in Barking and Dagenham and the Domestic Abuse Operational Forum. The CCG's are responsible for seeking assurance that providers are fulfilling their legislative duties in relation to safeguarding adults in accordance with the Health and Social Care Act 2012 and the Care Act 2014. The Deputy Nurse Director represents North East London Clinical Commissioning Group and Barking and Dagenham, Havering and Redbridge Integrated Care Partnership at the Barking and Dagenham Safeguarding Adult Board and chairs the Safeguarding Adult Review (SAR) Committee.

Barking Havering and Redbridge University Hospital Trust (BHRUT)

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

During April 2020 to March 2021, BHRUT has seen a total of 1056 Safeguarding Adult concerns raised by Trust staff which is a substantial increase on 558 in 2019/20. 251 of

these were raised for Barking and Dagenham. The increase in the number of concerns raised is part likely to be as a result of the national lockdown restrictions imposed in response to the Covid-19 pandemic in March 2020. These restrictions continued during quarter 1 and into quarter 2. During this period there was limited access to community services. There was also a significant increase in non-safeguarding referrals made in quarter 1 and 2. Following review, it was identified that many of these referrals did not meet criteria for safeguarding review. Support was offered to the Trust's divisions during this period, which saw a reduction in non-safeguarding referrals in the following quarters.

Mental health presentations to the Trust's Emergency Departments were high during quarter 1 with 63% of the referrals made showing that mental health played a part in the service user's attendance. During quarter 2 this reduced significantly to 11% and is most likely attributed to lockdown measures being eased and community services becoming more accessible. A further increase was seen during quarter 3 (48%) and quarter 4 (38%) and may be attributed to lockdown measures being reinstated in response to the pandemic.

Throughout 2020/21 the BHRUT Named Professionals for Safeguarding Adults have maintained a regular presence on the local area Safeguarding Adults Board for Barking and Dagenham. Members of the Trust's Safeguarding Team also attend the Safeguarding Adult Review (SAR) Committee, the Complex Cases Group and the Performance and Assurance Committee. The Adult Safeguarding Team are regularly requested to attend Multi-Disciplinary Team (MDT) meetings to provide advice and support for complex cases, often involving complicated family dynamics.

Safeguarding learning bulletins are produced by the Safeguarding Team and cascaded Trust-wide. The bulletins may relate to cases that the Safeguarding Team have been involved in, or Safeguarding Adult Reviews that have been published, some of which will have been discussed at the Safeguarding Operational Group Case Study meeting. All bulletins include details of a cases along with identified issues and concerns and lessons learnt. Some of the bulletins produced and circulated during 2020/21 relate to SARs, domestic abuse (including a male victim), patients living with dementia, mental capacity for an adult patient with a learning disability, self-neglect and forced marriage. Cases are also discussed at the Trust Patient Safety Summits and Safeguarding Case Discussion meetings which are advertised Trust-wide and attended by all disciplines.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

In 2020 the Trust began work on developing a new Safeguarding Strategy for 2021-2025. It is aligned to the key safeguarding priorities identified at national and local level and includes the following:

- Think Family - including the whole family when planning care and ensure the child's voice is heard.
- Service User Engagement - sharing safeguarding concerns with service users where appropriate, while ensuring those concerns are reported swiftly.
- Responsive and Healthy Workforce - our staff will be supported to respond appropriately to safeguarding concerns; their health and wellbeing will be at the forefront of what we do.
- Harmful Practices - promoting the protection of adults and children who may be at risk of harm from all types of abuse.
- Bridging the Gap - supporting the care needs of vulnerable young people as they move into adulthood.
- Empowerment and Advocacy - empowering patients and their families/carers to engage in decision making about their care and treatment.
- Learning from Practice - empowering staff to identify learning needs and source opportunities for them to learn.
- Learning Disability and Autism - working with external partners to ensure service users receive excellent care and support.

The Safeguarding Strategy 2021-2025 will be displayed throughout the Trust in poster format and is underpinned by a 12 page booklet which expands on the Trust's vision for safeguarding and how the Safeguarding Team plans to achieve that vision. In addition, the Safeguarding Annual Workplan will contain key actions to be progressed throughout each year relating to each of the priorities. The progress of the workplan is monitored quarterly by the Trust's Safeguarding Operational Group and is overseen by the Trust's Safeguarding Strategic and Assurance Group.

In 2020/21 the Trust placed a bid with The Mayor's Office for Policing and Crime (MOPAC) for funding for a Hospital Based Independent Domestic Violence Advisor (IDVA). The post will be a year-long contract. The successful candidate will support the Safeguarding Team in cases relating to domestic violence and abuse, and advocate for women, men and young people.

North East London Foundation Trust (NELFT)

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

The NELFT model of safeguarding highlights that 'safeguarding is everyone's business'. This has continued during NELFT's response to the pandemic. The Named Safeguarding Professionals have continued work closely with operational and management colleagues

within NELFT and continued to respond to safeguarding concerns and risks. Safeguarding has been considered by the Trust in all Covid-19 responses and implementation of new ways of working via the membership in the Incident Management Team (IMT) and in the Future Focus Recovery groups, staff and patient Covid-19 Testing, Nightingale 2 and Covid vaccination work streams.

The Community Health and Mental Health Service have continued to offer face-to-face contact to services users with the highest care needs. The NELFT Safeguarding Advice Service has remained business as usual offering support and guidance to all NELFT Staff.

NELFT have embraced the use of modern technology to ensure timely service delivery and accessible pathway of communication between staff and for service users was maintained during the pandemic. They have also used IT to deliver safeguarding training, webinars, weekly Covid-19 briefings and virtual attendance at multi-agency meetings with the safeguarding partnerships.

Members of the Corporate Safeguarding Team were redeployed during the first lockdown in spring 2020 however this was planned in such a way that the safeguarding advice service remained operational. No safeguarding team members were redeployed in during the second wave of the Covid-19 lockdown.

NELFT have also deployed a Named Professional at Sunflowers Court, Goodmayes Hospital who is based within the hospital to ensure direct support and contact is available to all in-patient staff.

Enquiries to the Safeguarding (Adult) Advice service remained consistent between April 2020 and March 2021 compared to the previous 12 months. The most common enquiries to the service continue to be domestic abuse, patient on patient abuse (Goodmayes Hospital), pressure ulcers and staff education and advice.

There has been an increasing evidence nationally that the effects of lockdown restrictions have led to a further increase in incidences of domestic abuse. In response to this, the safeguarding team have participated in the all staff webinars where they have presented information about the increase in risks, provided guidance in relation to responding to disclosures via telephone and video consultation and raised awareness with regards to the specialist services available to support those affected by domestic abuse. In addition, the NELFT domestic abuse guidance and staff domestic abuse HR policy have been reviewed. Specific training has also restarted and has been made available to all staff.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

During 2020/21 NELFT were involved and contributed to one Safeguarding Adult Review and have continued to prioritise safeguarding partnership working, attendance and participation at meetings at both a strategic and operational level. NELFT representatives attend the Multi Agency Risk Assessment Conferences (MARAC), the Adult Safeguarding Complex Cases Group, the SAR Committee, the Performance and Assurance Committee and the Violence Against Women and Girls (VAWG) sub-group.

NELFT supports the SAB's work as a partnership and the development of partnership strategies. Despite the pandemic partners have embraced and utilised technology that has enabled them to continue to oversee and lead adult safeguarding in Barking and Dagenham. NELFT continue to contribute, critique and appraise data and information and engage in the existing developments of inter-agency arrangements to ensure and support the SAB in fulfilling its duties. The NELFT safeguarding team support key pieces of work, including learning from serious incidents, which are shared via the SAR Committee to explore learning opportunities.

NELFT continue to prepare for the Liberty Protection Safeguards (LPS) and although implementation of LPS has been delayed until at least April 2022, a number of key deliverables are currently being progressed and reported to Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs).

The Fire Service

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

During 2020/21 the Fire Brigade have undertaken a number of training sessions run for all senior officers around dealing with safeguarding referrals as part of the implementation of the recommendations from the Mayor's Office for Policing and Crime (MOPAC). An online package of training is in place that all fire fighters can access around safeguarding awareness and referral. Senior officers receive training from our external course provider, that covers policies and procedures and the importance of safeguarding. In addition, more efficient processes have been implemented for London Fire Brigade to assist frontline staff to report any safeguarding issues within the Borough. During Covid-19 safeguarding policies and procedures remained in place. Visits were undertaken via a risk assessment and those who were 'at risk' or 'vulnerable' individuals received home fire safety visits.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The London Fire Brigade contributes to the SAB's development of information sharing and referral pathways to ensure a multi-agency approach to the safety and wellbeing of local people. The vast majority of Borough Commanders are non-statutory members of their local Safeguarding Adults Boards. In addition, Borough Commanders and Station Managers across London chair and participate in a range of sub-groups concerning single issue safeguarding concerns or specific at-risk individuals such as the Barking and Dagenham Complex Cases Group and Safeguarding Adult Reviews.

The National Probation Service

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

2020/21 has been a challenging year for the Probation Service which has seen the implementation of the exceptional delivery model to continue service delivery throughout the Covid-19 pandemic. Both the National Probation Service and the Community Rehabilitation Company (CRC) adopted a blended approach to supervision which utilised remote telephone reporting, door step visits and face to face appointments based on assessed risk of harm. At the start of the pandemic the entire probation caseload underwent a validation process to ensure the personal circumstances including their vulnerabilities to Covid were recorded and could be considered when assessing the mode of reporting required.

During this period the Probation Service has also undergone a unification process which has seen the ending of the CRC contracts and creation of a new unified service. Leading up to this a programme of mandatory training has taken place to ensure all staff are equipped to work within the new service. This included all transferring staff completing the appropriate level of safeguarding training.

As part of unification the service has awarded Catch 22 a contract to deliver wellbeing services to those subject to probation supervision and this includes a suite of interventions focused on mental health and wellbeing including mentoring and low level mental health intervention.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Throughout the year the Probation Service has continued to work collaboratively with partners both statutory and non statutory to maximise support for service users. An

increased use of MAPPA 3 for Service users where safeguarding is an issue is being driven especially in the area of serious group offending.

The pandemic has meant that all agencies have had to adapt to the use of technologies and the Probation Service has rolled out the use of MS Teams across the organisation which has allowed, in some aspects, greater involvement and engagement with partnership meetings. As the organisation enters a recovery position and return to 'business as usual' some of the learning around the use of technology will remain and form part of a flexible approach to partnership engagement in the future. The Probation Service will continue to work with the SAB and local partners to ensure local governance and effective partnership working, as well as developing ways of co-commissioning services for vulnerable adults under probation supervision.

Quality of Care 8

Overview from the Council - Adult Social Care Provider Market

The pandemic tested the resilience of our social care workforce, both within the local authority and in the provider market. However, partners from across the health and social care system have worked closely and collaboratively, taking learning from the first wave to minimise Covid-19 transmission and better support vulnerable residents.

In-house and external providers provided an excellent level of care to residents, whether in an individual's own home or in a care home, despite facing significant challenges around infection control, staffing and morale as a result of Covid-19. A Healthwatch report into the work of care homes during the first wave said that families and residents felt that our borough care homes had 'provided excellent care for both the health and well-being of residents'.

Nearly all providers across residential care, and many of our supported living and extra care schemes, experienced a Covid-19 outbreak and we worked closely with these providers to manage the outbreaks swiftly and safely. We did this using coordinated outbreak management teams (with input from a range of health and care professionals), infection and prevention control specialist advice and visits and distributed thousands of items of emergency personal protective equipment (PPE) before effective government supply chains were in place. Our Public Health, Commissioning and Provider Quality and Improvement teams provided a seven-day support service to providers throughout the first and second wave. This comprised of advice, information and guidance and particularly moral support. Providers have uniformly given positive feedback to the support that they've received by these Council teams.

During the pandemic, the Council continued our robust risk rating process with providers using all of the intelligence at the disposal of operational and Commissioning teams, health colleagues and of course the Provider Quality team. The Provider Quality team visited providers where significant risks were identified with full PPE and infection control measures in place. For other providers, virtual quality visits were undertaken. Since 1st April, the team have been visiting providers in person with a full risk assessment and required PPE. Although there were concerns that there may be unsighted risks that we were unaware of within our provider market, we have been pleased that our reviews of services have been mainly positive, and our care homes in particular have all had favourable reviews. We have also introduced a tool called the PAMMS Quality Assurance Tool which

has enabled the Provider Quality team to complete quality reviews and standardise practice using a portal for providers to upload documents and to monitor that they are following the latest guidance. The team can also track trends and make comparisons with similar services across several London boroughs. This has made quality reports more efficient and has enabled the team to spend even more time in the community than they were previously.

Since the beginning of 2021, local authority support to providers has also included vaccine uptake. We have worked closely with BHRUT and GPs to undertake vaccination sessions for homes and other providers and have organised a series of webinars to try and dispel myths and allay fears around the vaccine for provider staff. We now have individual plans in place with the few remaining care homes that are below the 80% staff and 90% resident target for having their first Covid vaccination.

Financially, we have also provided support to our providers, giving a 10% uplift in rates during the first wave to older people providers to help mitigate provider failure and distributing over £2.8 million of Infection Control Grant, Workforce Capacity Grant and Rapid Testing Fund monies to providers to support with infection control, testing and workforce challenges.

Lockdown and restrictions have been difficult for our vulnerable, older residents, particularly as the social infrastructure they rely on has reduced. Community-based networks such as BD CAN, along with organisations like the Independent Living Agency, Carers and Barking and Dagenham and Reconnections, put in place initiatives to reduce loneliness and isolation and embed practical support such as food and medication pick-ups and training around the use of technology to connect with others. In addition to this, the Intake team have made upwards of 20,000 calls to support the most vulnerable residents during the pandemic, particularly those who were shielding. The Social Prescribing service linked people into befriending and support services as well as providing a range of virtual programmes to address social isolation and other needs.

The Council have worked closely with the hospital, NELFT, the CCG and our neighbouring boroughs to put in place initiatives to support and improve hospital discharge and protect against transmission of Covid-19 throughout the pandemic. This included the implementation of a new 'discharge to assess' model, a multi-disciplinary team to undertake Continuing Healthcare Assessments, and separate provisions for Covid-19 positive residents to reduce infection rates. Flows of communication have been critical to getting solutions in place and we have worked through challenges with partners at regular meetings to improve pathways and support. Challenges have included staffing the Infection Control team led by NELFT and ensuring that the hospital are communicating test outcomes before discharge. Despite challenges, the system has worked collaboratively throughout and partnership working has been a real success story of the pandemic.

Against this backdrop, the Council developed our Improvement Programme for Adults' Care and Support and Mental Health for the next two years in the Summer of 2020. This includes a number of workstreams, taking learning from the pandemic and building on our new strengths and asset-based approach to social work which we have formalised through a new Delivery Model, Quality Assurance Framework and Practice Standards. One of our key priorities for the next period will be our 'From Hospital to Community' workstream. This will see us remodel our hospital discharge arrangements with Havering, Redbridge, the hospital trust and NELFT, bringing social workers back into the community and establishing a new unit to coordinate discharges. Additionally, LBBD will be reviewing hospital discharge pathways to ensure they are clear, improve the patient experience and are outcome focused. The overall aim of the review is for residents to stay as independent as possible and away from long-term care options. Additionally, we are tendering for a new, ambitious Innovation Partner for an all-age care technology service to support our objective of being a national leader in this area and placing technology at the heart of our care and support offer. Through the Mental Health Improvement Programme, the dementia workstream will focus on building the respite offer, improve the use of day services and increasing the Dementia Advisor provision.

Barking and Dagenham Primary Care Providers

Out of thirty-three GP practices in the borough twenty-nine have been rated as good. This means the quality of GP services across Barking and Dagenham have improved and maintained greatly with support from NHS England, Barking and Dagenham CCG and the CQC.

Four practices have been rated as requires improvement. Practices rated as requires improvement are supported to improve by the CCG primary care support staff. Common areas of development include safeguarding, education and training, practice policy updates and communication.

Partnership Priorities 9

The Board regularly considers the work of the SAB in light of the changing contexts of:

(i) health, social care and public protection nationally and locally
(ii) objectives, views, emerging risks and financial pressures of partner organisations.

The Foreword and Overview (section 1) of this Annual Report for 2020/21 said that, in the context of Covid-19, we have reviewed out Strategic Priorities for 2021/22 and beyond.

The Board recognises that it needs to have oversight of safeguarding practice and performance in the borough to ensure that quality of care is not compromised or that there is avoidable harm and abuse. The SAB has a role to play in supporting the workforce across the partnership, ensuring that they have the skills and competencies to fulfill their roles.

The Board agreed a Three-Year Strategic Plan 2019/22 at its meeting in July 2019 which was still valid and very relevant in 2020/21. Specific priority areas for attention in 2020/21 were identified as:

- Safeguarding in relation to people who present challenging behaviour to their carers.
- Reviewing commissioning approaches to restrictive practices and restraint.
- Avoidable deaths and harm in hospitals.
- 'Transitional care', particularly of children and young adults with disabilities.
- Homelessness and people with no recourse to public funds, including identification in hospitals.
- Exploitation of vulnerable adults, improving practice in relation to financial and sexual abuse and modern slavery.
- Domestic abuse.
- Mental capacity and advocacy in relation to new approaches to Deprivation of Liberty Safeguards (DoLS) and the forthcoming implementation of new law around Liberty Protection Safeguards (LPS).
- Mental well-being in the community.
- Poverty, neglect and self-neglect in relations to safeguarding concerns.

These subjects of embrace the SABs ambitions for 'efficient systems', 'effective practice' and 'meaningful engagement'.

With regard to the SAB's priorities for 2021/22 (and with a view also to 2022/23 and beyond) we have now updated our thinking and published a revised plan which was agreed by the SAB in February 2021. Below sets out our revised priorities in tabulated form.

Priorities	How will we work to implement these?	Assurance	Learning and Development	Delivery
1. Improving multi-agency partnership working to safeguard adults and their families	**Learning:** • Learning from SARs undertaken in Barking and Dagenham and across London and LeDeR reports. • Learning from the Safeguarding Peer Review. • Ensure alignment with children's safeguarding and CSP - exploitation, forced marriage, domestic abuse and modern slavery. • Develop a multi-agency audit programme, building on the separate agencies processes and applying the learning.	✓	✓	
	Practice development: • Develop practice around self-neglect, mental capacity, people's exercise of their 'rights to choose', hoarding, restraint and restrictive practices. • Prepare as needed for changes in Liberty Protection Safeguards and Mental Health legislation.		✓	✓
	Delivery: • Board assurance around Making Safeguarding Personal (MSP), audits. • Prepare for the impact on safeguarding of NHS changes in local Integrated Care System and Clinical Commissioning arrangements.	✓		✓

2. Safeguarding residents at risk during the pandemic	• Quality of provision. • Assurance from care homes. • Increased demand on adult mental health. • Information sharing - regular updates on SAB agendas (Covid, LeDeR, SARs, Complex Cases Group). • Being alert to the workforce impacts of the pandemic and challenges across all partner organisations and assisting each other wherever appropriate and possible. • Being assured that safeguarding 'business as usual' processes are working effectively during the period. • Being alert to abuse and harm which is not visible, be quick to identify indications and communicate with others, ensure good practice response.	✓	✓	✓
3. Reducing inequality across the diversity of Barking and Dagenham's communities and developing safeguarding practice that meets the needs of the many different communities	• Series of SAB workshops to inform developmental priorities to address the different needs of all Barking and Dagenham communities, including recognising issues raised by 'Black Lives Matters'. • Cultural safeguarding priorities (training, audit). • Mapping and audit of racial themes/demographics from SARs and complex cases. • Develop an effective process to engage with the personal experiences, and hearing the voices, of people with lived experience of safeguarding.	✓	✓	✓

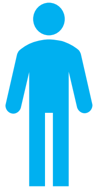
4. Strengthening priorities across Adults, Children, Community Safety and Health and Wellbeing partnership working arrangements and the respective responsibilities and opportunities of the four partnership boards	• Think Family approach. • Transitional safeguarding. • Pause Board – supporting vulnerable women. • Assurance from Community Solutions and the 'front door' around referrals and the role of NHS partners. • Preventing homelessness presentations in hospitals through earlier intervention, and supporting the needs of people with no recourse to public funds. • Develop plans for a stronger community-based and community-led offer for prevention of the escalation of social care needs in three key groups: disability, mental health and older people. To include stronger community-focused support around safeguarding intervention and reporting. • Strengthen and reinforce awareness of exploitation in all its possible forms and clarity of appropriate responses to cases which become known or suspected. • Strengthen training and awareness of generalist staff, including for example enforcement, caretakers and protectors of the public realm. • Build better community awareness of mental wellbeing through campaigns and other mental health preventive initiatives.			

Safeguarding Information 10

For further information about safeguarding and information about the Safeguarding Adults Board please use the following link
https://www.lbbd.gov.uk/tell-us-if-youre-worried-about-an-adult-at-risk-of-abuse-or-neglect

To report a safeguarding concern:

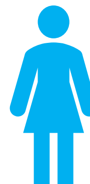
Adult Triage, Community Solutions
020 8227 2915
intaketeam@lbbd.gov.uk
safeguardingAdults@lbbd.gov.uk

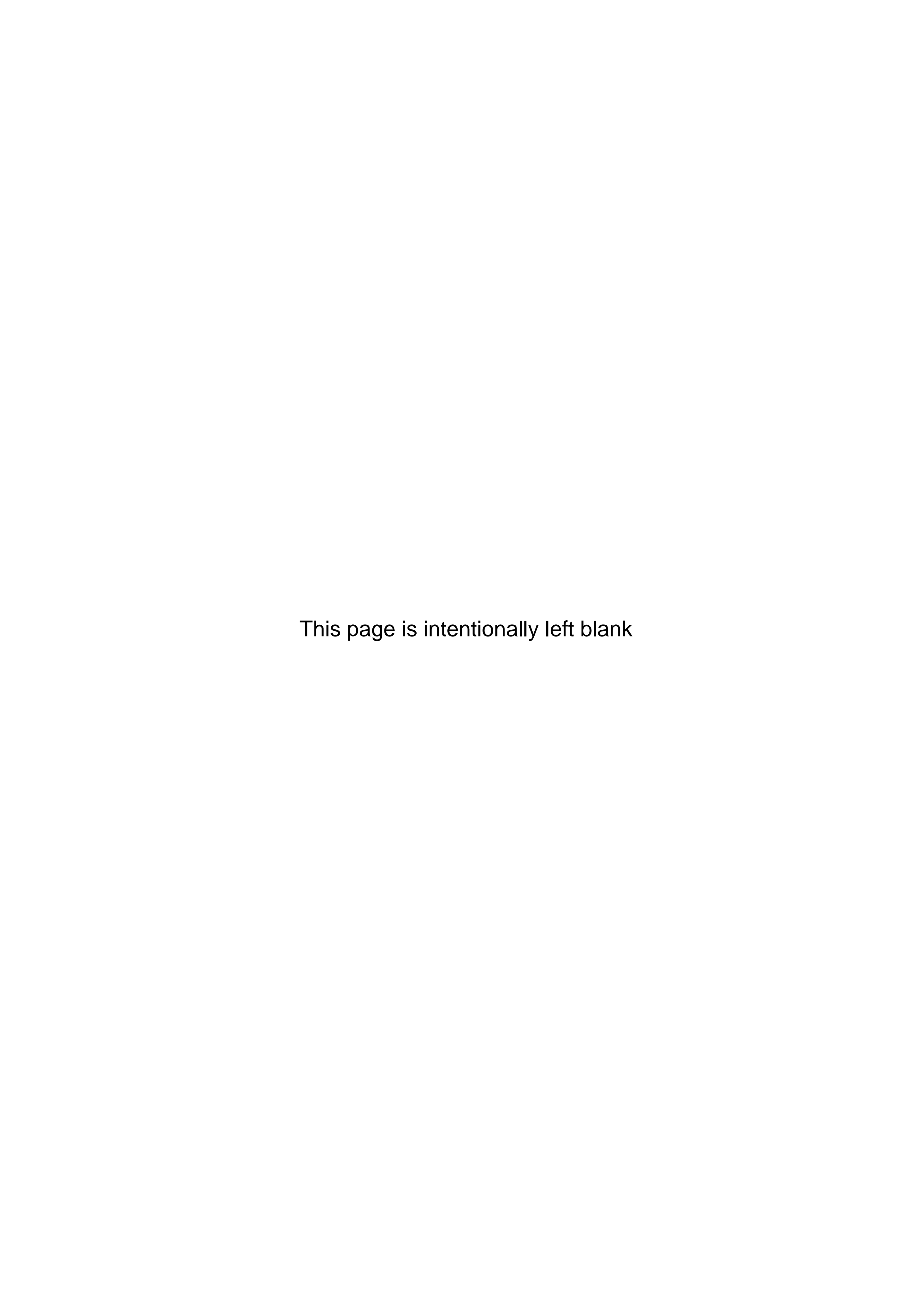


In an emergency:
Call 999 and ask for the Police

Call 101 if you are worried but it is not an emergency.

Out of Hours Emergency Social Work Duty Team
020 8594 8356
adult.edt@nhs.net

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HEALTH AND WELLBEING BOARD

9 November 2021

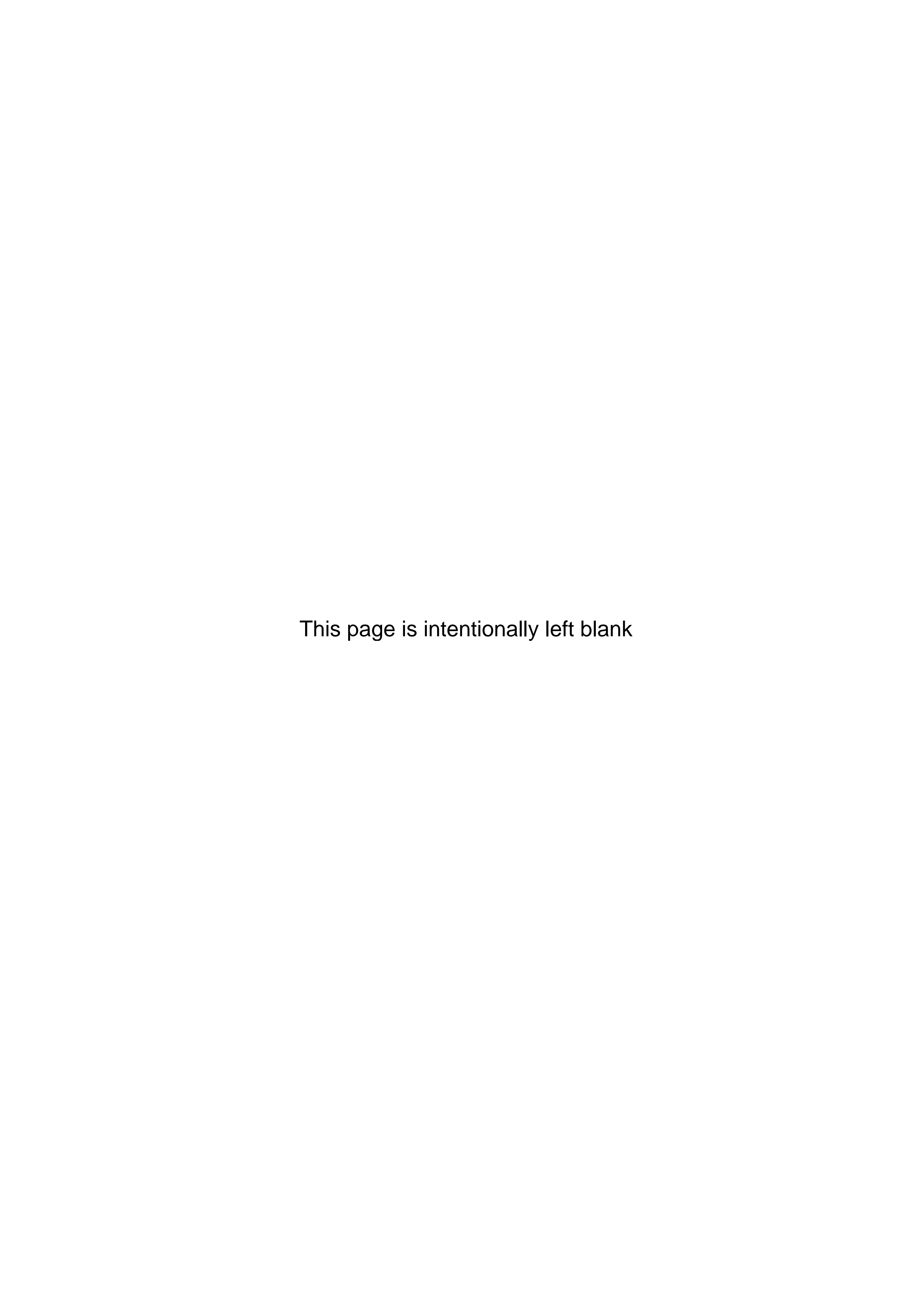
Title: BHR Health and Care Academy Launch	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Author: Alison Crewe, Programme Lead	**Contact Details:** Email: a.crewe@nhs.net
Lead Officer: Kathryn Halford, Chief Nurse, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)	
Summary Following its launch in September 2021, this is an update on the BHR Health and Care Academy and its next steps.	
Recommendations The Health and Wellbeing Board (HWBB) is asked to note the invitation. Following the information provided, the HWBB should discuss any issues that need further exploration with BHRUT representatives.	
Reasons for report BHRUT is committed to keeping all stakeholders informed of its plans and objectives and to invite comment and discussion on all aspects of its activities.	

Background Papers Used in the Preparation of the Report: None

List of appendices:

Appendix 1: BHR Health and Care Academy Update

Appendix 2: AHP Deep Dive Event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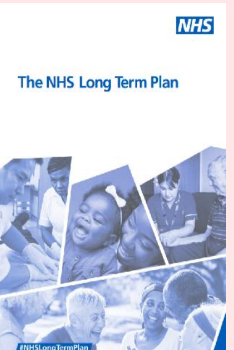
Appendix A

BHR Health and Care Academy
Grow our own
Better care, better lives, together for all

BHR Health & Care Academy Update

Barking and Dagenham Health and Wellbeing Board – November 2021

Key drivers for change



NHS
WE ARE THE NHS: People Plan 2020/21 - action for us all

- COVID-19 Pandemic
- Inequalities
- System Resources
- London Race Strategy
- Integrated Care System Development

Key System Workforce Challenges

- Recruitment, particularly to clinical roles
- Retention, particularly in Local Authority and care roles
- Agency use
- Staff sickness
- Supporting staff wellbeing
- Capacity in individual origination's teams to address all aspirations / key challenges
- Increasing workforce to patient ratio, particularly in primary care

Proposed System Solution: BHR Health and Care Academy

OUR VISION

INTEGRATION, CULTIVATION, MOTIVATION;
GROWING, DEVELOPING AND EMPOWERING A WORLD CLASS DIVERSE BHR WORKFORCE

OUR PURPOSE

Combine our resources to RECRUIT, TRAIN, and RETAIN a world class diverse workforce, delivering transformative change to address system issues and improve outcomes for local people

BHR Health and Care Academy

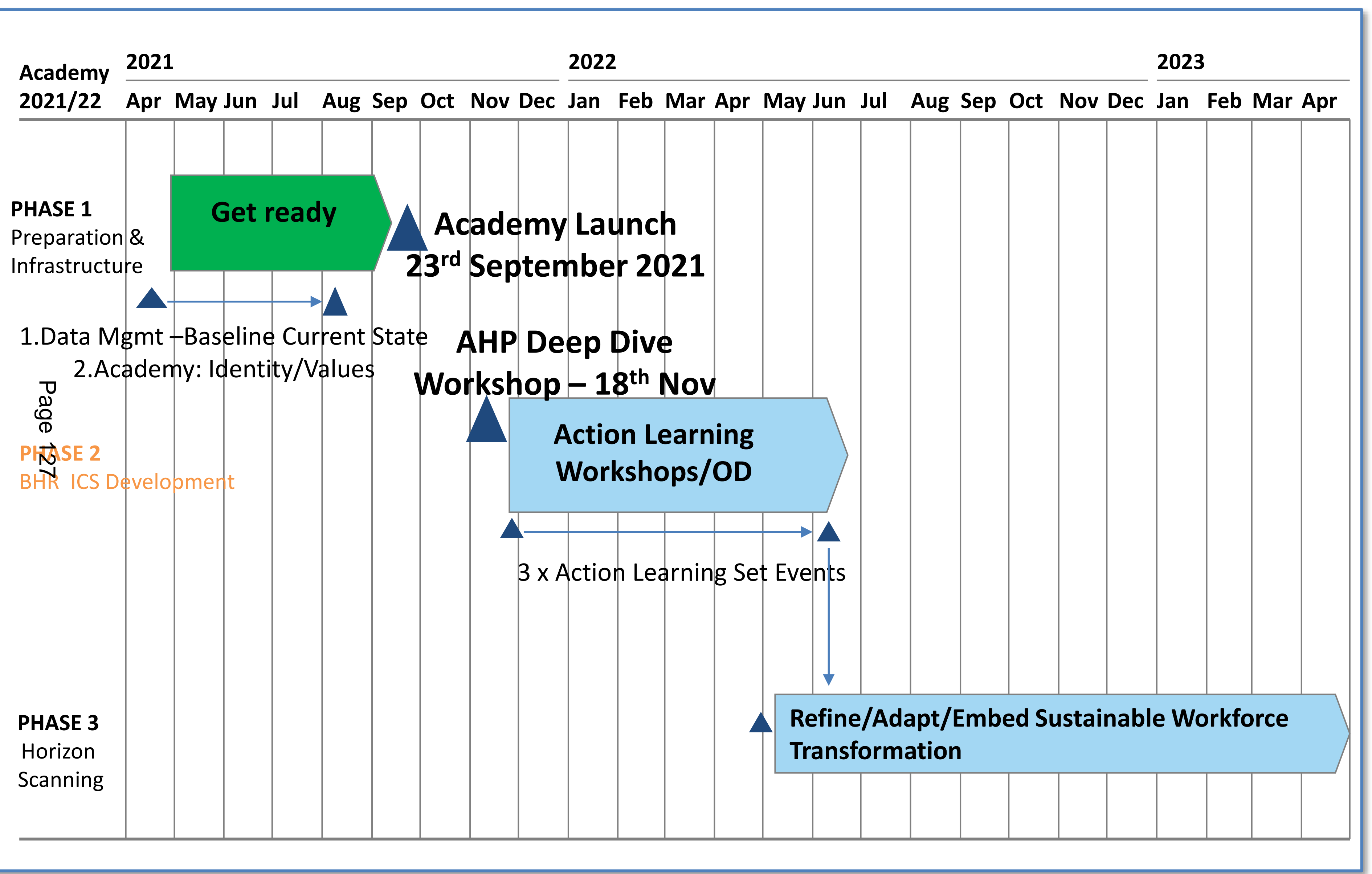
- Pooling, and making better use of limited resource
- Offering career progression
- Developing Networks of Peers to improve learning
- Improving recruitment and retention
- Innovative training and development offer

Five Year Plan

2021/22	2022 - 2025	2025/26
YEAR 1	YEARS 2 - 4	YEAR 5
First Steps	Focused joint work; building the programme	Fully Integrated Health and Care Academy

Key Partners: BHRUT, NELFT, London Borough Barking and Dagenham, London Borough Havering, London Borough Redbridge, BHR Team in NEL CCG, BHR Training Hub, BHR Primary Care/General Practice, Care City, voluntary sector, private sector, HEE, Trade Unions, ELHCP

BHR Health and Care Academy – Delivery Plan 2021-2023



BHR Health and Care Academy – Launch Event 23rd Sept 2021

Launch event evaluation

- 189 delegates registered
- 120 delegates attended
- 80 delegates stayed online until the end of the event
- 61 delegates completed poll
- Over 80% agreed or strongly agreed that the Dashboard will help with workforce planning and the Academy will help with recruitment and retention

Next Steps:

- Operational Delivery Phase
- AHP Deep Dive 18th Nov 2021 (11 am – 1pm) – Registration will be open to all
- Dashboard Development – Phase 2 underway to refresh and embed the operational model's capabilities

BHR Health and Care Academy

AHP – Deep Dive Event

All Partnership Organisations Are Invited to Attend:

Key Aim: To Clarify the BHR Health and Care Academy's approach to AHP needs and workforce planning approaches systemwide

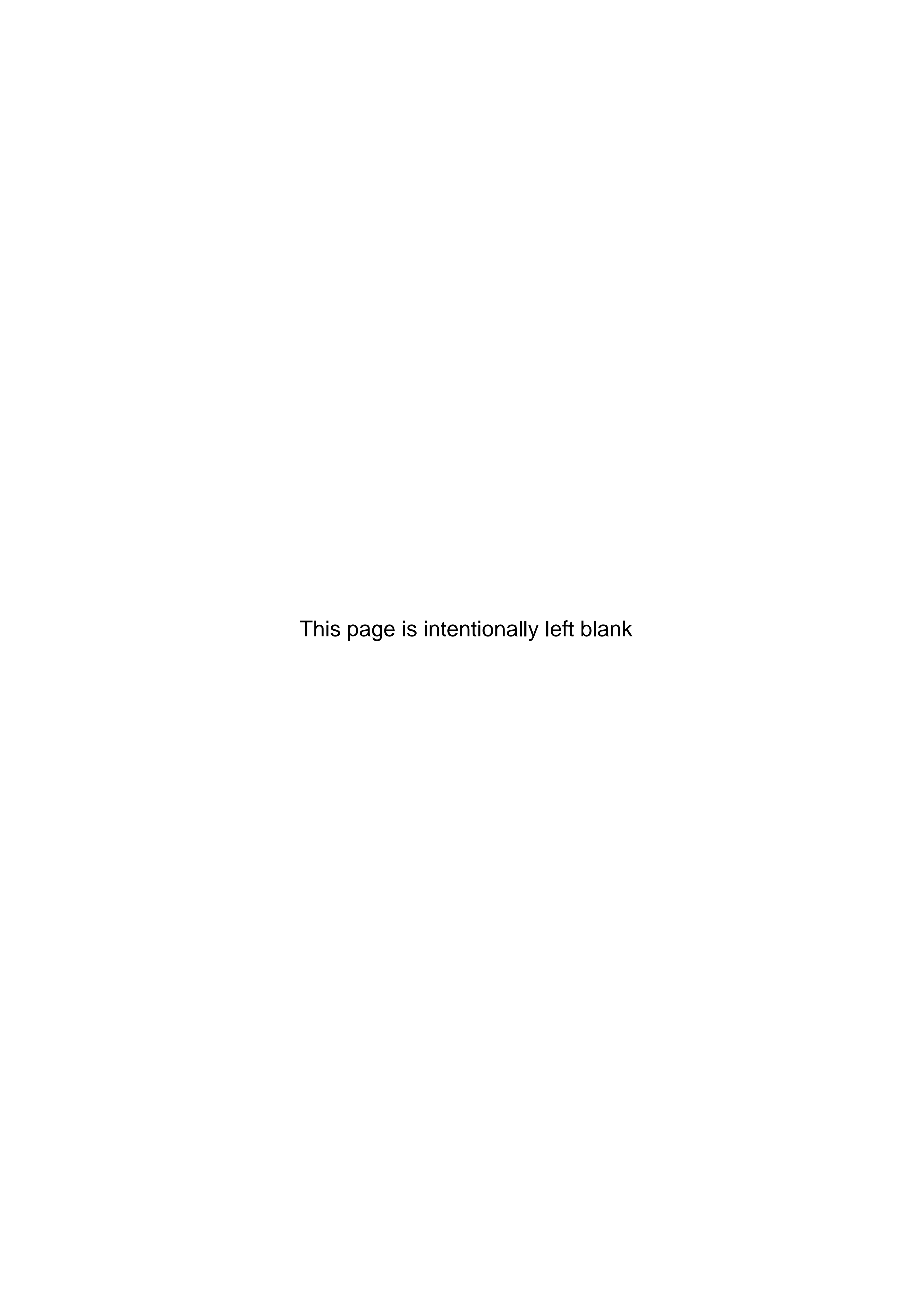
We welcome delegates from: Health, Social Care, Provider, Voluntary, 3rd Sector and Patient Representative organisations across the BHR and NEL ICS

18th November 2021

11.00am – 1:00pm via Microsoft Teams

MS Teams etiquette: The Chair will keep his camera and sound on all the time along with the person presenting or commenting. We would appreciate if people could keep their sound on mute when they are not speaking, but we welcome full participation during Q&A's and appreciate your views and comments to help inform our priorities.

	Item	Partnership	Lead Director	Time Slot
1.0	**BHR Academy – Welcome and introduction**	Chair	Joe Fielder *Chair, NELFT*	11:00 am
2.0	**AHP Council –** *Our Role in AHP and ICS Development Plans – a NEL Region View*	AHP Council Chair	Stephen Sandford	11:10 am
3.0	**Wellington Makala – AHP Workforce:** *Setting the Scene of Future Workforce Needs and Priorities*	AHP Senior Nurse	Wellington Makala, NELFT	11.20 am
3.0	**Why AHP's are BHR Academy Focus:** *AHP Case Study and Delivery Plan: 14th May Workshop Context and Impact on CYP Services – 14th Sept Outputs*	BHR Borough Partnership Lead	Elaine Alagretti DASS - LBBD	11:30 am
4.0	**Data Management Dashboard***: Current State Analysis of AHP's – systemwide data analysis of CYP Services and impact needs analysis*	System Workforce Lead	Simon Hart: *HRD NELFT* Martin Wilson, Exec Chair *Attain*	11.45 am (2:20pm comfort break)
5.0	**Creating Flexibility in our Future Workforce:** *Passports and AARs Supply Chain Approach*	BHR Training Hub	Dr Jyoti Sood Paul Olaitan	12:25 pm
6.0	*Group Work – Poll Discussions*	All	Ali Crewe	12.40 pm
7.0	**Next Steps:** *Outputs and Horizon Scanning for AHP Delivery Plans*	AHP Leads	Alan Wishart and Simon Hart HRD System Leads	12.50 pm
8.0	**Closing Remarks: Chairs**	ICP Board Chairs	Joe Fielder Elaine Allegretti	12.55 Close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Barking & Dagenham

HEALTH and WELLBEING BOARD
FORWARD PLAN

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 Yusuf Olow, Senior Governance Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (email: yusuf.olow@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 https://modgov.lbbd.gov.uk/Internet/ieDocHome.aspx?Categories=-14062 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 2020/21:

Edition	Publication date
June 2021 Edition	17 May 2021
September 2021 Edition	16 August 2021
November 2021 Edition	11 October 2021
January 2022 Edition	14 December 2021

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 Yusuf Olow, Senior Governance Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (email: yusuf.olow@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 https://modgov.lbbd.gov.uk/Internet/ieListMeetings.aspx?CId=669&Year=0 or by contacting Yusuf Olow on the details above.

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

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

Column 4 gives the details of the lead officer and / or Board Member who is the sponsor for that item.

Decision taker/ Projected Date	Subject Matter Nature of Decision	Open / Private (and reason if all / part is private)	Sponsor and Lead officer / report author

Health and Wellbeing Board: 12.1.22	**Carers Charter and Action Plan** • Wards Directly Affected: Not Applicable		Arabjan Iqbal, Young Person's Substance Misuse Commissioner (Tel: 020 8227 5731) (arabjan.iqbal@lbbd.gov.uk) aiqbal@lbbd.gov.uk; Christopher.Bush@lbbd.gov.uk
Health and Wellbeing Board: 12.1.22	**Child and Adolescent Mental Health Services Review** • Wards Directly Affected: All Wards		Elaine Allegretti, Strategic Director, Children & Adults (Tel: 020 8227 3567) (elaine.allegretti@lbbd.gov.uk) Elaine.Allegretti@lbbd.gov.uk
Health and Wellbeing Board: 12.1.22	**Covid-19 Update in the Borough** • Wards Directly Affected: All Wards		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk) matthew.cole@lbbd.gov.uk
Health and Wellbeing Board: 15.3.22	**Covid-19 Update in the Borough** • Wards Directly Affected: All Wards		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk) Matthew.Cole@lbbd.gov.uk

APPENDIX 1

Membership of Health and Wellbeing Board:

Cllr Maureen Worby (Chair), LBBD Cabinet Member for Social Care and Health Integration
Dr Jagan John (Deputy Chair), NHS North East London Clinical Commissioning Group
Elaine Allegretti, LBBD Director of People and Resilience
Cllr Saima Ashraf, LBBD Deputy Leader and Cabinet Member for Community Leadership and Engagement
Cllr Sade Bright, LBBD Cabinet Member for Employment, Skills and Aspiration
Cllr Evelyn Carpenter, LBBD Cabinet Member for Educational Attainment and School Improvement
Melody Williams, North East London NHS Foundation Trust
Matthew Cole, LBBD Director of Public Health
Melissa Gilmour, Metropolitan Police
Kathryn Halford, Barking Havering and Redbridge University Hospitals NHS Trust
Sharon Morrow, NHS North East London Clinical Commissioning Group
Nathan Singleton, Healthwatch Barking and Dagenham (CEO Lifeline Projects)
Narinder Dail, London Fire Brigade