Barking & Dagenham

Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 14 June 2022 - 6:00 pm
Council Chamber, Town Hall, Barking

Date of publication: 6 June 2022

Fiona Taylor
Interim Chief Executive

Contact Officer: Yusuf Olow
Tel. 020 8227 7919
E-mail: Yusuf.Olow@lbbd.gov.uk

Please note that this meeting will be webcast via the Council's website. Members of the public wishing to attend the meeting in person can sit in the public gallery on the second floor of the Town Hall, which is not covered by the webcast cameras. To view the webcast online, click here and select the relevant meeting (the weblink will be available at least 24-hours before the meeting).

Membership

Cllr Maureen Worby (Chair)	LBBD (Cabinet Member for Adult Social Care and Health Integration)
Dr Jagan John (Deputy Chair)	NHS North East London Clinical Commissioning Group
Elaine Allegretti	LBBD (Strategic Director, Children and Adults)
Matthew Cole	LBBD (Director of Public Health)
PS Kimberly Cope	Metropolitan Police
Cllr Syed Ghani	LBBD (Cabinet Member for Enforcement and Community Safety)
Kathryn Halford	Barking Havering & Redbridge University NHS Hospitals Trust
Cllr Jane Jones	LBBD (Cabinet Member for Children's Social Care and Disabilities)
Cllr Elizabeth Kangethe	LBBD (Cabinet Member for Educational Attainment and School Improvement)
Sharon Morrow	NHS North East London Clinical Commissioning Group
Elspeth Paisley	BD Collective (Lifeline Community Resources)
Nathan Singleton	Healthwatch - Lifeline Projects Ltd.
Melody Williams	North East London NHS Foundation Trust

Standing Invited Guests

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

AGENDA

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 15 March 2022 (Pages 3 - 8)**

4. **Covid-19 update in the Borough (Pages 9 - 17)**

5. **Adult Emergency Duty Team Service (Pages 19 - 24)**

6. **The Integrated Care System Local Borough Partnership Governance Proposal (Pages 25 - 35)**

7. **Place Partnership Lead - ICS Place Based Partnership (Pages 37 - 45)**

8. **Barking and Dagenham Place Partnership bid to NEL Integrated Care System for health inequalities funding in FY22/23 (Pages 47 - 62)**

9. **Award of contract for Provision of Barking and Dagenham Healthwatch to Lifeline Community Projects (Pages 63 - 68)**

10. **Update on LBBD's Early Help Strategy and Best Chance Family Hubs (Pages 69 - 74)**

11. **Forward Plan (Pages 75 - 82)**

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**

This page is intentionally left blank

Barking & Dagenham

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, 15 March 2022
(6:00 - 8:00 pm)

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

Apologies: Cllr Paul Robinson and Brian Parrott

43. Declaration of Members' Interests

There were no declarations of interest.

44. Minutes - To confirm as correct the minutes of the meeting on 9 November 2021

The Chair noted that the item relating to the Healthwatch tender erroneously said that it would be brought back to the Board before being approved. The Board had agreed that the contract award would be delegated to the responsible officer and the Chair. Subject to this edit, the minutes of the meeting held on 9 November 2021 were confirmed as correct.

45. Minutes - To confirm as correct the minutes of the meeting on 12 January 2022

The minutes of the meeting held on 12 January 2022 were confirmed as correct.

46. Covid-19 Update in the Borough

The Performance and Intelligence Analyst (PIA) updated the board.

The case rate in the borough declined into the first week of March. However, rates have started to rise again and, as of 9 March 2022, the number of cases had started to rise and the all age case rate was 302 per 100,000 residents which meant that the Borough had an amber rag rating.

Excepting those aged 0-4 years, all age groups have been affected by the rise with the PIA highlighting that among residents aged 70-79 year olds seeing a 74.2% rise in cases resulting in 240 per 100,000 residents. This was likely to due to the waning effects of vaccinations. The PIA emphasised that, whilst the rise was a concern, there had not been a rise in cases in care homes. Close monitoring would continue.

Testing levels have declined since January 2022 and the peak of the Omicron wave. The downward trend was expected to continue especially from 1 April 2022 when testing kits would no longer be freely available on the NHS. This would create a challenge in relation to data collection and estimation the prevalence of Covid-19 in the borough. The Council was looking at other methods of estimation such as testing wastewater.

Vaccinations continued to be carried out, but the pace had plateaued. For residents aged 60 and above, 71% have received all three vaccinations. For residents aged 16 and above, the figure was 78.6%. 58% of pregnant woman had received at least one jab.

However, the PIA cautioned that for those aged 60, as the first group to be immunised, the vaccine would start to wane and therefore they would be prioritised for the fourth jab as part of the summer booster campaign.

Regarding hospitalisations, the number was 7.4 per 100,000 residents and was on an upward trajectory. 635 people have died of Covid-19 which was defined as any person whose death certificate mentioned the virus.

In response to questioning, the Barking Havering and Redbridge Hospitals NHS Trust (BHRUT) representative explained that there had been a circa 50% increase in admission but cautioned that admissions levels were lower than in January 2022. Additionally, the case tended to be accidental Covid-19; that is a patient was admitted for an unrelated reason but tested positive.

The Director of Public Health (DPH) said that excess deaths were being monitored and whilst data had not shown evidence of higher than average deaths this year so far from certain conditions, such as cancers, rubella etc, it was anticipated that deaths and ill health would increase owing to the lack of early diagnoses due to the focus on Covid-19.

The Board noted the report.

47. Barking and Dagenham, Redbridge and Havering Older People and Frailty Transformation programme update

The Director of Integrated Care (DIC) at North East London Clinical Commissioning Group (NELCCG) updated the Board. The programme began in 2018 and it was being refreshed owing to the move from a BHRUT based system to a borough based partnership model a new approach would be required on delivery mechanisms. This was a priority as hospital admissions were higher in north east London that in the rest the rest of London suggesting that insufficient support was being given to elderly people at home.

A proposal was developed through the Older Peoples' Board to refresh the plan and focus on joint activities that would have the most impact. The first phase was to undertake diagnostic work to ensure that plans and decisions were based on the available information in Barking and Dagenham, Havering, and Redbridge. It was expected that the diagnostic work would commence in May 2022 and would last for 14 weeks.

A model of care was drawn up that spanned the pathway from prevention to hospital admission and developed several business cases that enabled the NELCCG to obtain additional funding. The partnership illustrated the importance of connecting health and social care. Covid-19 had impacted the programme and as NELCCG emerges from the pandemic the DIC said it was necessary to refresh the programme to take account of rising health inequalities as a result of the pandemic.

A Frailty Unit had been established at King George and Queens Hospitals, initially as a pilot, enabling patients to be referred to receive a geriatric assessment. The unit meant that patients were more likely to be sent home with support rather than be admitted to hospital as would likely be the case if they had attended accident and emergency.

A national standard for rapid response care was implemented requiring patients to be seen within two hours. 62% of patients were seen within two hours. A considerable investment had been made in the rapid response service and the DIC said that it was expected reported that a business case had been approved to provide support in care homes. Waiting lists increase during Covid-19 and so investment would be made to reduce it as well as greater investment in 'strength and balance' services to increase mobility and reduce the risk of the elderly suffering falls that require hospital admissions. The population health management pilot had been launched and there was an opportunity to deep dive into the causes and factors behind falls.

The Board noted that it was important that the final programme should be co-produced with recipients of the services and asked that 'co-producers' be used instead of 'stakeholders.'

In response to questioning, the DIC states that the variance in borough of residents attending 'strength and balance' classes was likely due to the fact that the service already existed in Redbridge and was introduced in Barking and Dagenham more recently. Responding to questions relating to dementia, priority will be based on the borough partnership. If Barking and Dagenham delivery board wish to prioritise dementia work then this could be done. In relation to hospital admissions, acuity determines how long a patient will remain in hospital with the doctors being unwilling to discharge patients until they are medically stable for discharge. Regarding catheter clinics, they had not been established yet.

The Chair noted that, whilst Havering had a higher proportion of elderly residents, they tended to be wealthier that elderly residents of Barking and Dagenham and this should be taken into consideration adding that previous funding did not consider deprivation among elderly residents. In addition to this the Chair stressed the need for outpatient services within the Borough.

The Board noted the report.

48. The Integrated Care System/Local Borough Partnership Proposals And Governance- Position Update

The DPH explained that he was Chair of the Barking and Dagenham Delivery Group. The Board would have a pivotal role in the governance of the partnership. Prior to developing the decision-making process, two milestones would need to be delivered. A model for the care and clinical leadership must be drawn up by 31st March 2022. In addition to this, the shadow arrangements for the place-based partnership agreed at the Board meeting taking place in June.

The DPH also empathised that the integrated process will not just consist of health providers and the Council. It will include groups such as Healthwatch, the voluntary sectors and local schools.

The Consultant in Public Health (CPH) explained the context to the Board. The aim would be determine which work could be done at borough level. Membership of the Governance structure would need to be drawn up and the Board's role within would be clarified. Leadership roles would need to be drawn up and persons appointed whilst clarification of the decision making process and the statutory status of such decisions would also have to clearly stated and the intended outcomes. The final proposal would need to be completed in June and submitted to the Board.

The Chair noted that, at present, block contracts applied across multiple boroughs and said it would take time to disentangle them but that it was expected that this would be completed by 1st April 2023 whereby Barking and Dagenham will have greater flexibility in overseeing the purchase of services.

The CPH then focused on actions that would be taken pending Parliament passing the Health and Social Bill. The bill will refer to shared outcomes against an agreed plan and the role of the Care Quality Commission (CQC) will be reflective of it. In addition to this, the CPH also stated that;

- There will be a single leadership role across health and social who will be held accountable for the delivery of outcomes;
- Pooling and funding arrangements would be simplified;
- There would be increased use of digital technology by patients and staff;
- Improved use of shared data between services;
- Joint training, integration and development for social and health care staff
- A delegation framework of healthcare interventions that social care workers would be able to carry out;
- A career passport was being designed to enable staff to move across professions.

The Board noted the update.

49. BHR Joint Strategic Needs Assessment 2021-22 Update

The Principal Manager, Performance and Intelligence (PMPI) updated the Board. The assessments were still ongoing, and the introduction and demographics chapter were still outstanding. In addition to this the completed chapters would need to be amended to include Covid-19.

In regard to the pharmaceutical assessment, it was hoped that a draft would be ready by the next meeting of the Board in June 2022.

The Board, noting new residential developments in the borough, requested that this be factored into the assessment going forward. The PMPI responded that work had been undertaken into this and noted that circa 20,000 former residents remained registered with GP Surgeries in the Borough. Also, the Council estimated that circa 30,000 residents are registered with surgeries outside the Borough. The PMPI added that further research would be undertaken to determine why this was the case and whether any groups were particularly prevalent in the data.

The Board noted the update.

50. Forward Plan

The Forward Plan was noted.

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

The Chair noted that Brian Parrott, Chair of the Adult Safeguarding Board who attends the Board as a Guest, was standing down. The Chair gave thanked The Adult Safeguarding Board Chair for this contribution on behalf of the Board and wished him well in his future endeavours.

The Chair also noted that Cllr Evelyn Carpenter was seeking re-election in the forthcoming Local Elections. The Chair thanked Cllr Carpenter, on behalf of the Board and residents, for her contributions to the Board. The Chair highlighted her diligence, close attention to detail and her strong commitment to paediatric and adolescent care and wished her well in the future.

Cllr Carpenter expressed her thanks to her fellow councillors and staff for their work and support.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

14 June 2022

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: Christopher Wilding, Senior Intelligence and Performance Officer.	**Contact Details:** E-mail: christopher.wilding2@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham	

Summary:

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, the latest mortality figures and progress made with the vaccination programme.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1. Review and provide feedback on the presentation.

Reason(s)

Keeping the Health and Wellbeing Board informed of the current Covid-19 situation in the borough.

This page is intentionally left blank

Coronavirus (COVID-19) Situation Report for the Health and Wellbeing Board

Barking & Dagenham

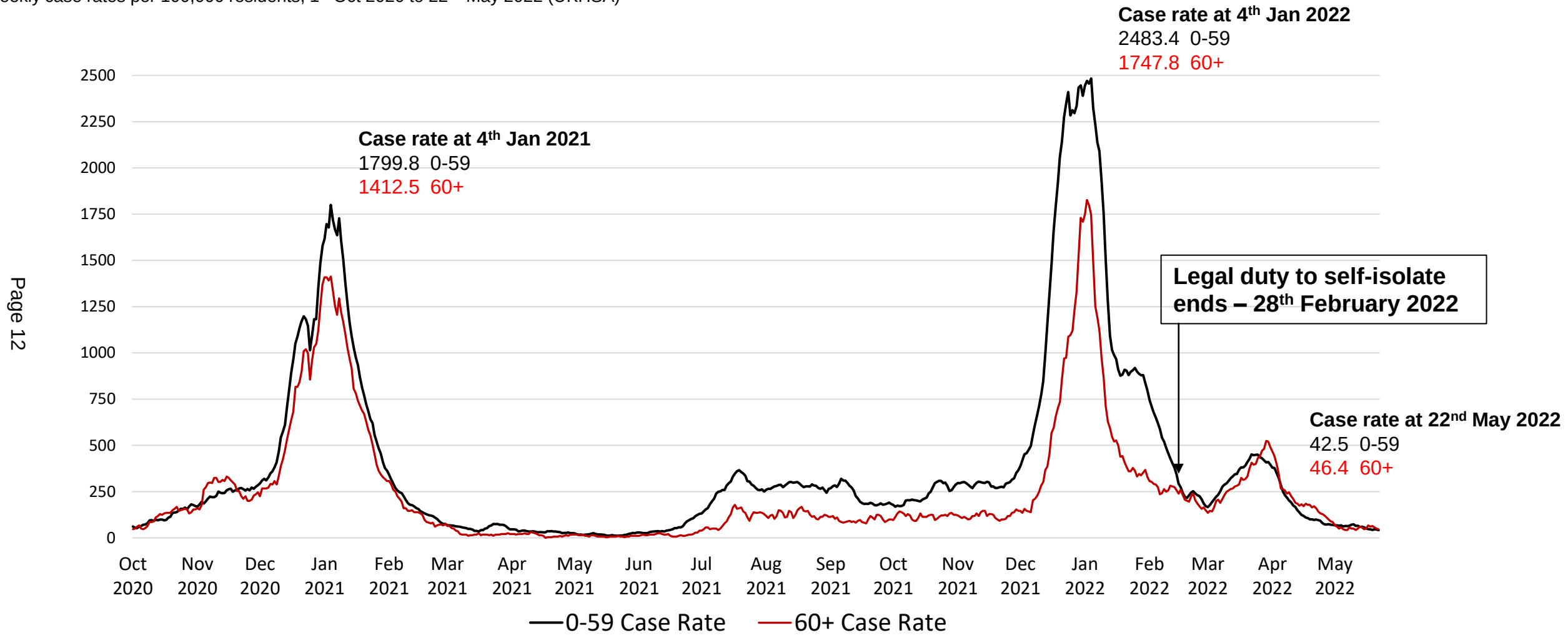
14th June 2022

one borough; one community; no one left behind

Covid-19 Cases in Barking and Dagenham

Positive cases

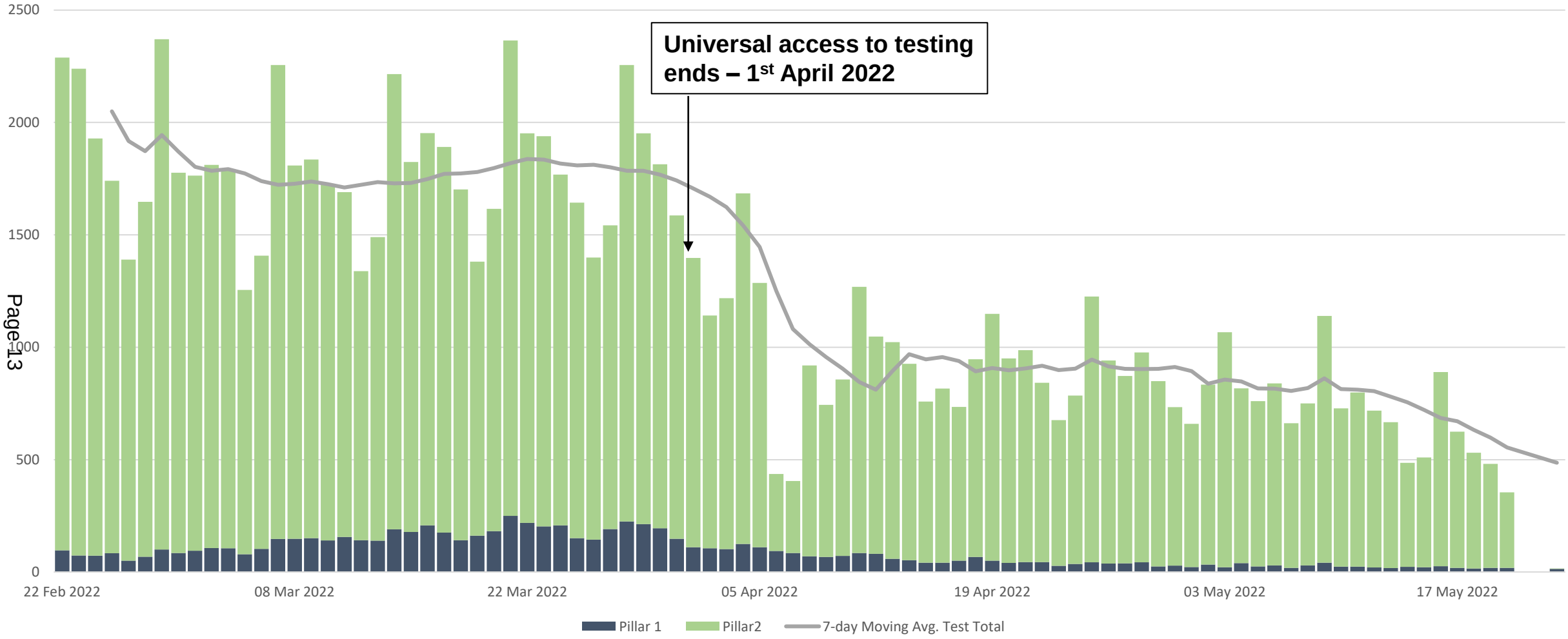
Weekly case rates per 100,000 residents, 1st Oct 2020 to 22nd May 2022 (UKHSA)



Covid-19 Testing in Barking and Dagenham

Residents tested for COVID-19

To 22nd May 2022 (UKHSA), 4 most recent days are provisional

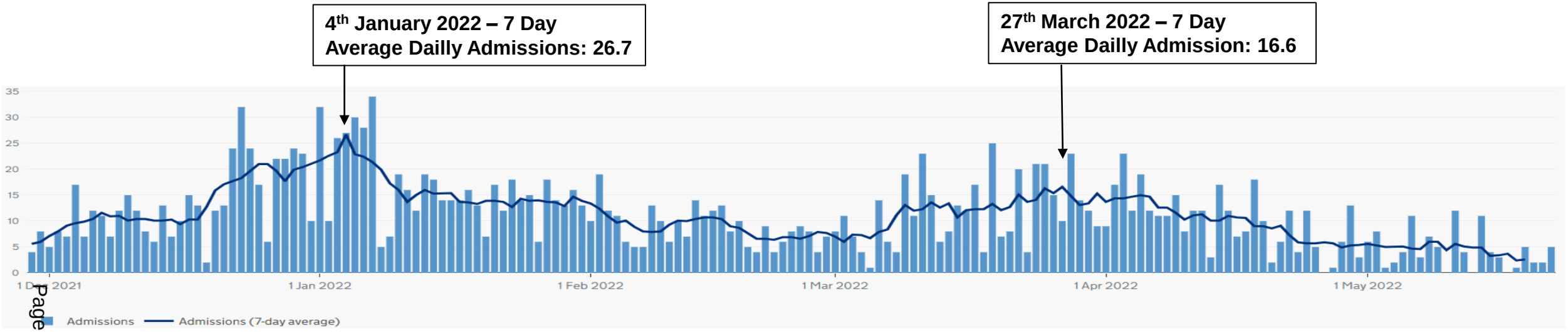


Barking & Dagenham

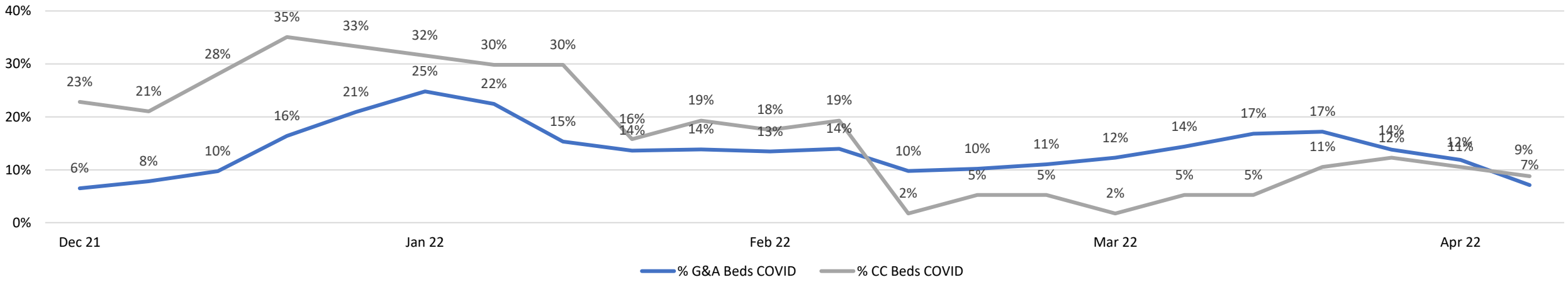
Covid-19 Hospitalisations in Barking and Dagenham

Hospital admissions testing positive for COVID-19

To w/e 19th May 2022 (NHS), 4 most recent days are provisional

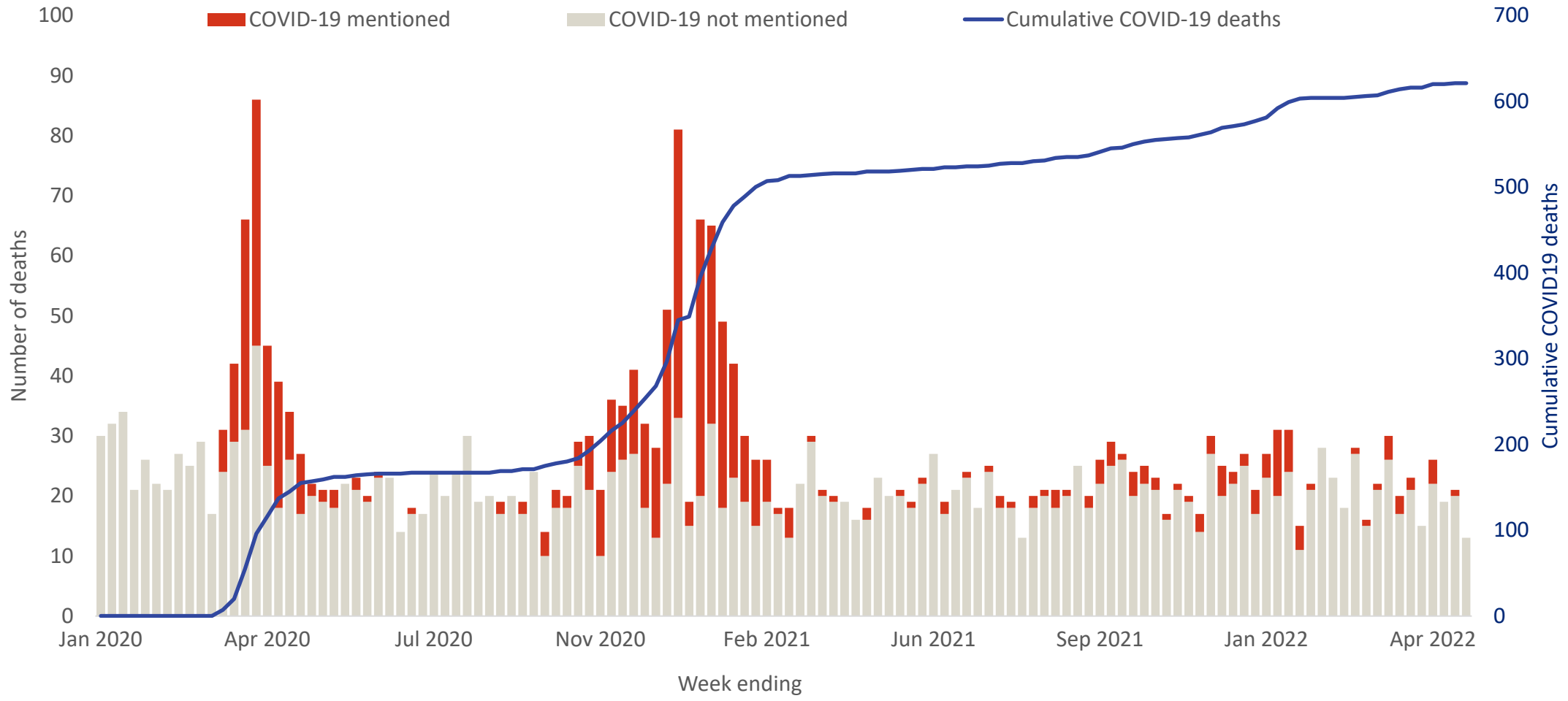


% BHRUT Hospital Bed Occupancy testing positive for COVID-19



Covid-19 Mortality in Barking and Dagenham

Trend in deaths that occurred from w/e 6th March 2022 to w/e 13th May 2022

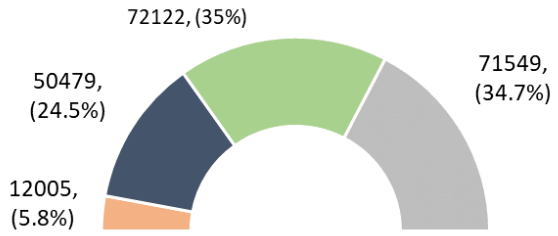


Barking & Dagenham

Vaccination

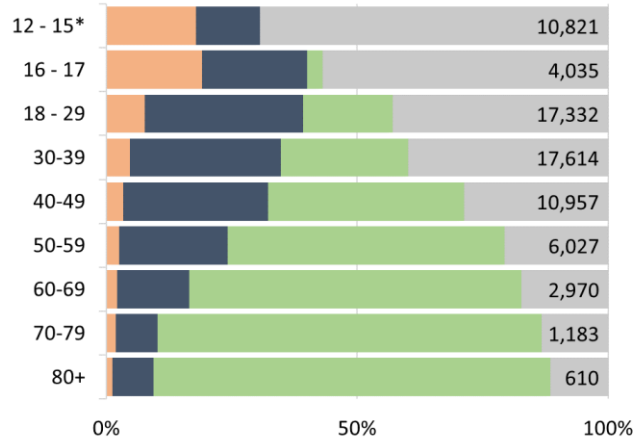
- The pace of vaccination delivery in the borough has slowed since our last meeting and is, for certain doses, slower than the rate of increase in the borough's NHS registered population.
- First dose vaccine coverage has increased marginally, but the percentage of borough residents aged 16 and above that have received a second or third dose has decreased slightly.
- Since the previous Health and Wellbeing board, the number of NHS registered residents aged 16 or above rose by 3,298, of which 1,469 have received at least 1 dose of the vaccine. This means the number of unvaccinated residents has risen from 59,022 to 60,581, of which, 10,790 are aged 50 or above.
- Dose 1 vaccination coverage has risen in residents aged 5-11 and 12-15 since our last meeting. As of 16th May, these groups are now 30.4% and 3.3% vaccinated respectively.
- Abbey ward still has the highest number and percentage of unvaccinated residents, followed by Gascoigne. The gap between the vaccination rates in these wards and the boroughs most vaccinated ward has narrowed slightly since the previous board meeting.
- The proportion of unvaccinated pregnant women in the borough is unchanged from our last meeting at 42%, this remains the highest proportion in North East London.

Latest vaccination uptake, people aged 12+ (16/05/2022)



Data source: UKHSA

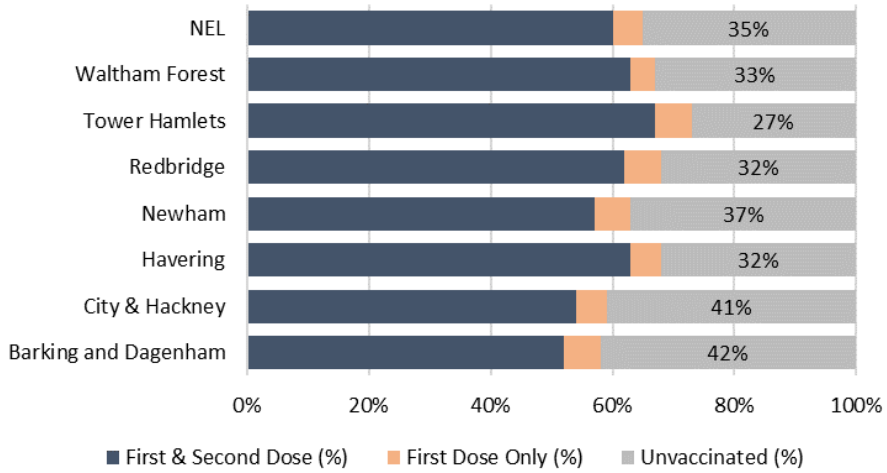
Vaccination uptake by age group (16/05/2022)



*Includes a small number of residents who have had more than one dose. The large majority of this age group are currently only expected to have one dose.

Data source: UKHSA

Vaccination uptake in pregnant women, NEL (12/05/2022)



Data source: North East London Clinical Commissioning Group

Dose 1 Dose 2 Dose 3 Unvaccinated

Barking & Dagenham

Covid-19 in London, 7 days to 19th May and hospitalisations as at 15th May 2022

Case rate

Weekly case rate (per 100,000)
- > 1000
- 600 - 1000
- 400 - 599
- 200 - 399
- < 200

Case rate change

7-day change in weekly case rate
- >100% increase
- 51 to 100% increase
- 10 to 50% increase
- Under 10% change
- 10 to 50% reduction
- 51 to 100% reduction

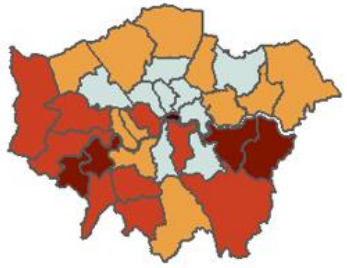
Positivity

Weekly percentage positive
- >10%
- 7.51% - 10%
- 4% - 7.5%
- < 4%

Tests

Daily average individuals tested per 100,000
- 240+
- 200
- 160
- 120
- 80
- 40

Weekly mortality



Weekly mortality rate (per 100,000)
- >= 3
- 2- <3
- 1- <2
- 0.5- <1
- < 0.5

Hospitalisations*

Weekly average hospital admissions
- 15
- 10
- 5
- 0

Produced by Outbreak Surveillance Team, UKHSA
Contains National Statistics data © Crown copyright and database right 2021
*Hospitalisation data shown for different time period, see figure heading
Use caution interpreting data after April 1st 2022 which is affected by reduced community testing data (Pillar 2). See Data sources section for detail

- In the week to 19th May, the all-age case rate in all London boroughs decreased. All boroughs now have all-age case rates below 100 cases per 100k residents and are rag rated green. The London average rate fell to 72.7 cases per 100k residents.
- The City of London's all age case rate rose by 118% to 219.4 cases per 100k residents.
- At the 19th May 2022, Barking and Dagenham has the second lowest all-age case rate in London with 44.4 cases per 100k. Redbridge has the lowest rate of 43.2 cases.
- Half of London's boroughs saw their 60+ case rate rise over the week to 19th May. Despite the rises, all but 4 boroughs have 60+ cases rates below 100 cases per 100k residents and are rag rated green. The largest increase was in the City of London, which saw its rate double to 87.7 cases.
- Barking and Dagenham's rate increased over the week from 42.8 cases per 100k residents to 53.3 cases; a 25% rise.
- Barking and Dagenham's PCR positivity rate rose from 1.7% to 2.9% over the week to rise just higher than the London average rat of 2.8%.
- The average PCR test rate in the capital is 95.5 per 100k residents. Barking and Dagenham remains below the average with a rate of 62.8, the lowest rate in the capital.
- Hospitalisations are lowest in the North East and South West boroughs of London.

Case rates, 7-day change, weekly mortality rate, weekly positivity, and 7-day moving daily average testing rates by Local Authority are for the period 13th May to 19th May.

Barking & Dagenham

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

14 June 2022

Title:	Adult Emergency Duty Team service

Report of
Director Operation and Strategy in Adult Social Care

Open Report	**For Decision**
Wards Affected: All	**Key Decision:** Yes
Report Author: Jill Williams, Shared Care, Public Health	**Contact Details:** Tel: 020 8227 2857 E-mail: jill.williams@lbbd.gov.uk

Sponsor:
Chris Bush. Commissioning Director for Care and Support

Summary:
To approve the S75 agreement between the North East London NHS Trust (NELFT) and the London Boroughs of Barking and Dagenham (LBBD), Havering (LBH), Redbridge (LBR) and Waltham Forest, to deliver the Adult Emergency Duty Team service ("AEDT") on behalf of Barking and Dagenham for three years – 1 April 2022 to 31 March 2025 ("the contract"). The lead borough is LBH.

The total cost of the 3-year contract**:** £2,126,971.00 across the 4 participating boroughs.

Year 1: £694,097.00
Year 2: £708,882.00
Year 3: £723,992.00

The cost for LBBD is:
Year 1: £173,524.25
Year 2: £177,220.50
Year 3: £180,998.00
Total: £531,742.75

Reason(s)
This is a partnership arrangement under s 75 of the NHS Act 2006 to provide a specific he and social care service across LBBD, LBH, LBR and LBWF provided by the local NHS Tru NELFT for people experiencing crisis.

The Care Act 2014 places a duty on local authorities in relation to the assessment of an individual's care needs, as well as the support needs of carers.

The AEDT includes but is not restricted to the provision of assessments under the Mental Act Approved Mental Health Professionals. The service also provides urgent out-of-hours Health assessments for residents under the age of 18, in conjunction with the Children's E Given the function of the AEDT it aligns with the Council priorities of enabling social responsibility and growing together.

Recommendation(s)

The Health and Wellbeing Board is recommended to agree:

1. The S75 agreement between NELFT and the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest, to deliver the Adult Emergency Duty Team service on behalf of Barking and Dagenham for three years from 1 April 2022 to 31 March 2025.

2. It is further recommended that a Waiver of the Rule 28.5 of the Contract Rule to give approval for direct award and for the commission of the emergency care provider on the basis that these are personalised services under Rule 5.1(d), which is a Partially Exempt Procurement of the Council's Contract Rules. This report seeks for this approval to be extended and trigger the option to extend these contracts for the duration of the extension period under the Contract.

Reason(s)

As above. This emergency out- of- hours service for people experiencing crisis is provided by the local NHS Trust (NELFT) to the 4 participating boroughs.

1. Introduction and Background

1.1 This paper concerns approval for a S75 for the provision of an AEDT service by NELFT in partnership with the LBH, LBR and LBWF.

1.2 The AEDT S 75 agreement has been in place across LBBD, LBH, LBR, LBWF and NELFT since at least 2018 for the pooling of functions and funding in respect of an out of hours emergency service for adult social care and mental health services. The LBH leads on the contract.

1.3 Previously, the contract was for 3 years 2018-21 with a one-year extension to 2022 due to ensure service continuity during the Covid pandemic.

1.4 The AEDT provides an emergency social care service outside of normal office hours, to deal with emergency situations that cannot wait until the next working day. The AEDT includes but is not restricted to the provision of Mental Health Act assessments by an Approved Mental Health Professional. The service also provides urgent out-of-hours Mental Health assessments for residents under the age of 18, in conjunction with the Children's EDT.

1.5 The current contract expired on 31 March 2022. **The AEDT service remains in operation.** A letter confirming LBBD's intention to remaining in the contract has been sent to the lead borough, signed by the Chris Bush Commissioning Director for Care and Support until the contract has been approved by the Health and Wellbeing Board.

2. Proposal and Issues

2.1 The contract is currently procured under a S75 arrangement with NELFT and three other London boroughs and the new contract would continue in this manner.

2.2 The existing contract expired 31st March 2022. This is a new contract agreement under Section 75 terms. It is a service which requires provision from a local NHS Trust.

2.3 The S75 terms allows for the pooling of functions and funding in respect of an out of hours emergency service for adult social care and mental health services.

3 Consultation

3.1 It is a service which requires provision from a local NHS Trust. This report recommends that we continue with the provider as there is no obvious alternative, together with our partner boroughs, to deliver the AEDT service**.**

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

N/A

4.2 Health and Wellbeing Strategy

N/A

4.3 Integration

N/A

4.4 Financial Implications

4.4.1 This report seeks approval to renew NELFT contract to provide emergency social care service outside of normal office hours on behalf of London Boroughs of Barking & Dagenham, Havering, Redbridge and Waltham Forest.

4.4.2 Estimated cost for three years is £2,126,971.00 and this will be split equally across the four partner boroughs. LBBD element is **£531,742.75** (year 1 £173,524.25, year 2 £177,220.50 and year 3 £180,998.000.

4.4.3 There is sufficient budget provision for this expenditure via the BCF. Any contract uplifts and variations will be contained within existing budget. Monitoring of this contract will be part of our monthly budget monitoring process and any identified risks will be reported accordingly for mitigation.

(Implications completed by: Lawrence Quaye – Finance Business Partner)

4.5 Legal Implications

4.5.1 This report seeks to directly award the commissioning of the joint partnership s 75 Agreement with three other local authorities in the London area.

4.5.2 An agreement made under section 75 of National Health Services Act 2006 between LBBD as one of the local authorities and an NHS body in England, which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised.

4.5.3 The Care Act 2014 places a duty on local authorities in relation to the assessment of an individual's care needs, as well as the support needs of carers, and addresses subsequent eligibility for publicly funded assistance. One of the principles of the Care Act 2014 is empowerment to support vulnerable adults so they can confidently make their own decisions and give informed consent regarding their care.

4.5.4 The recommendations made in this Report is to select an option that enables the service to continue without a break in its delivery. Contracts with this provider is already in place and includes the option to extend. Emergency care services are often personalised contracts with Borough residents under Council Contract Rule 5.1(d), and partially Exempt procurement, it is not covered by PCR 2015.

4.5.5 It is recommended that a Waiver of the Rule 28.5 of the Contract Rule and to give approval for direct award and for the commission of the emergency care provider on the basis that these are personalised services under Rule 5.1(d), which is a Partially Exempt Procurement of the Council's Contract Rules. This report seeks for this approval to be extended and trigger the option to extend these contracts for the duration of the extension period under the Contract.

4.5.6 The proposed procurement strategy set out in this report is compliant with the requirements of LBBD's contract rules. Therefore, if the decision maker approves of the proposed procurement route, then the proposals set out in this report are legally permissible.

(Implications completed by: Lauren Van Arendonk, Commercial & Procurement Lawyer)

4.6 Risk Management

4.6.1 The biggest risk at this stage is service discontinuity as a result of the delay in signing off the contract. The service remains in operation. The lead borough (LBH) requested a letter from LBBD signed by the relevant Director to show our intention to commit to the contract in the interim period from 1 April 2022 until Health and Wellbeing Board sign-off post approval by the Health and Wellbeing Board. This letter has been sent signed off by the Commissioning Director for Care and Support, Chris Bush.

4.7 Patient / Service User Impact

4.7.1 Barking and Dagenham is a deprived borough with a diverse population. The challenges of deprivation, racism and discrimination have profound and damaging implications for mental health.[1] The ADET service is for individuals who require

[1] Mental Health Foundation BAME and mental health | Mental Health Foundation

additional specialist support, out of hours, within mental health or adult social care. It is vital that this provision continues seamlessly so that residents who require this service can be confident they will receive expert support in an accessible and timely way to keep all involved safe and to help reduce the impact of health inequalities across some of the most marginalised communities in LBBD.

5. Non-mandatory Implications

5.1 Crime and Disorder

None

5.2 Safeguarding

5.2.1 The service is for adults who require additional specialist support during a period of crisis: without the service adults may be placed at increased safeguarding risk. The service also provides out-of-hours Mental Health assessments for residents under the age of 18, in conjunction with the Children's EDT. It's absence is therefore likely to increase safeguarding risk for children.

5.3 Property / Assets

None

5.4 Customer Impact

5.4.1 As discussed in sections 4.7.1 and 5.2.1.

5.5 Contractual Issues

5.5.1 The contract is a S75 arrangement under the NHS Act 2006.

5.6 Staffing issues

None

NOTE ON KEY DECISIONS

By law, councils have to publish a document detailing "Key Decisions" that are to be taken by the Cabinet, Health and Wellbeing Board, 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 (Forward Plan) 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.

HEALTH AND WELLBEING BOARD

14 June 2022

Title:	The Integrated Care System Local Borough Partnership Governance Proposal
Report of the Director of Public Health	
Open Report	**For Decision**
Wards Affected: All	**Key Decision: Yes**
Report Author: Jane Leaman, Interim Consultant in Public Health Jess Waithe, Interim Public Health Specialist	**Contact Details:** jane.leaman@lbbd.gov.uk jess.waithe@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	

Summary:

This paper is intended to provide a high-level overview of the Integrated Care System (ICS) that is set to be established from July 2022; an overview of the current context; an update on the current proposal for the governance structure of a Place-based Partnership and Integrated Care Board (ICB) Subcommittee, along with any future milestones.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Agree the establishment of the Place-based Partnership Board (PbPB) and its relationship with the ICB Subcommittee for the 9-months shadow arrangement

(ii) Note the role of the ICB Subcommittee

(iii) For further updates to be provided to the board when statutory guidance is published, with reference to any impact of the new arrangements on the Health and Well Being Board and its relationship with the ICB Subcommittee

(iv) Note the milestones to achieve finalised arrangements

Reason(s)

A mutual agreement between partners needs to be established providing the final proposal for the governance structure of a place-based partnership for 22/23 onwards as part of the overall NEL ICS.

1. Introduction and Background

1.1 Following Royal Assent of the Health and Social Care Act (2022), the ICS across England will be established from July 1st 2022.

1.2 ICSs are intended to promote equal partnership between the NHS, providers, commissioners, local authorities and other local partners in a geographical area to collectively plan health and care services to meet local population need. ICSs will be made up of two key bodies at system level– an 'Integrated Care Board' and an 'Integrated Care Partnership' (ICP) (see Appendix A for more details of governance arrangements).

1.3 In addition to the two governing bodies, there will be three other core components of the ICS system: Place-based Partnerships, five Provider Collaboratives from the NEL footprint (Acute, Mental health, Learning Disabilities and Autism; Community; VCSE and Primary Care), and the Primary Care Networks.

1.4 The focus for the new system is Place and the vision for Place will focus on improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities.

1.5 In March a position paper was presented to the Board, with the proposal for the ICB place committee to run alongside as 'a committee in common' with the Health and Wellbeing Board.

2. Proposal and Issues

2.1 For the current B&D Delivery Group (DG) to transition towards becoming a shadow **place-based partnership board** (PbPB) within the North East London (NEL) ICS. An ICB Subcommittee will also be established for local decision making on ICB functions and will operate with the place-based partnership, working together with common agendas and papers.

3. Consultation

This proposal has been taken to the following groups:

- People and Resilience Management Group- Business As Usual
- Joint Portfolio Meeting Health, Integration and Disability
- Corporate Performance Group
- Barking and Dagenham Delivery Group

4. Financial Implications

4.1 No financial implications provided at this time.

5. Legal Implications

Dr Paul Field, Senior Standard & Governance Solicitor
Sarah Dawkins, Barrister Consultant for Adult Social Care Law

5.1 The Health and Care Bill received Royal Assent and became an Act of Parliament on 28 April 2022. It enacts the most significant health legislation in a decade into law. Section 26 of the Act makes provision for Integrated Care Partnerships and amends the Local Government and Public Involvement in Health Act 2007 so that the integrated care board and all upper-tier local authorities that fall within the area of the integrated care board must establish an integrated care partnership. This creates a joint committee of these bodies made under the new section inserted in the Act. The partnership must include members appointed by the integrated care board and each relevant local authority. The integrated care partnership may determine its own procedures and appoint other members.

5.2 As set out in the report, the recommendation is to set up the establishment of a Place- based Partnership Board (PbPB) to work up a relationship with the ICB Subcommittee for a 9-months shadow arrangement. At the time of writing, guidance to local authorities on governance arrangements has yet to be published by the Secretary of State. However, the action proposed will be a proper commencement stage in establishing the place- based partnership board by enabling linkages and communications to take root while preparation is in hand to establish a permanent foundation in accordance with the statutory requirements for Integrated Care Partnerships. At this stage the shadow arrangement will not be taking actionable or binding decisions. Accordingly, there are no external adverse legal implications that appear to arise from the recommended course within the report.

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices:

Appendix A - Local Borough Partnership Proposals and Governance Paper

1. BACKGROUND

Following Royal Assent of the Health and Social Care Act (2022), the ICS across England will be established from July 1st 2022.

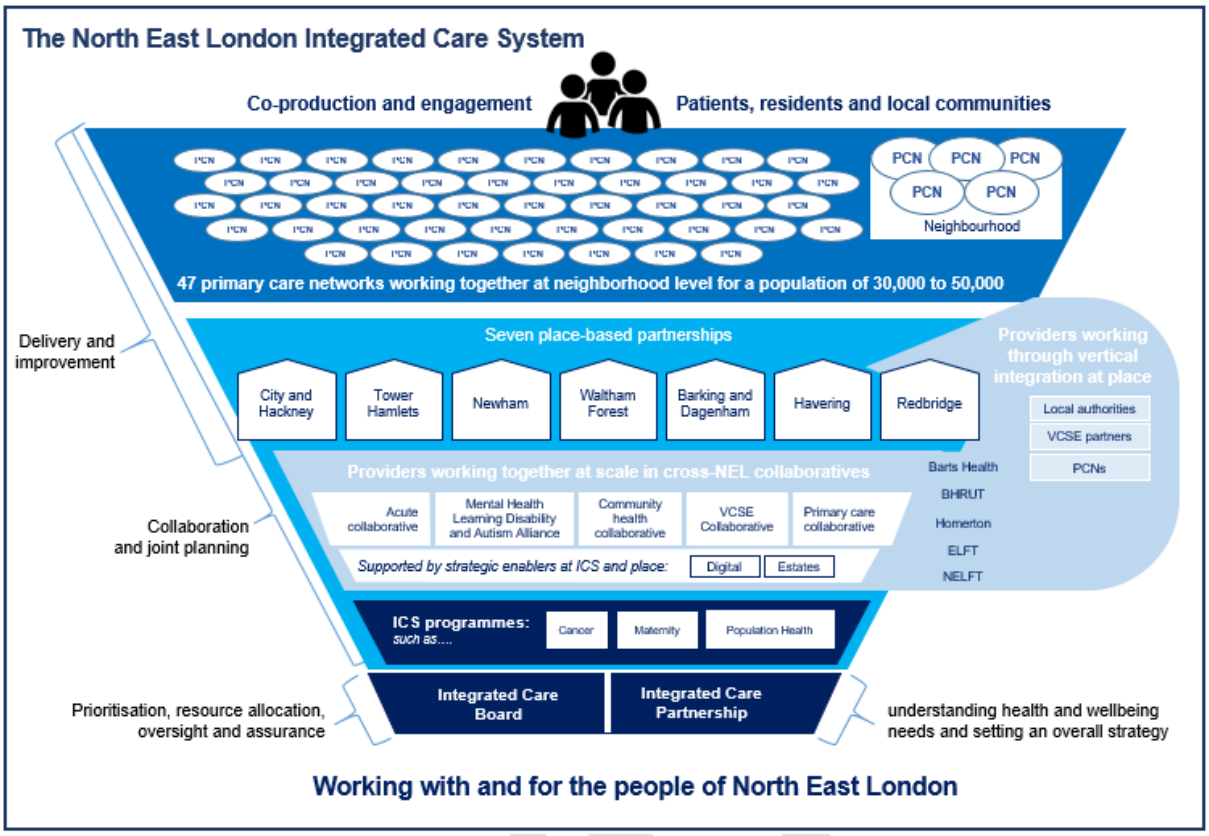
ICSs are intended to promote equal partnership between the NHS, providers, commissioners, local authorities and other local partners in a geographical area to collectively plan health and care services to meet local population need. ICSs will be made up of two key bodies at system level– an 'Integrated Care Board' and an 'Integrated Care Partnership' (ICP) (see Appendix A for more details of governance arrangements).

In addition to the two governing bodies, there will be three other core components of the ICS system: Place-based Partnerships, five Provider Collaboratives from the NEL footprint (Acute, Mental health, Learning Disabilities and Autism; Community; VCSE and Primary Care), and the Primary Care Networks.

The focus for the new system is Place and the **vision for Place** will focus on improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities.

The ICB will be expected to delegate NHS decision making functions and budgets to this place-based level to a ICB Subcommittee and local systems are free to develop their own wider partnership arrangements. This will provide wider expertise to inform the overall strategic vision and plan to address locally agreed priorities.

What is undertaken at system or place should be guided by the principle of subsidiarity, with decisions taken as close to local communities as possible and at a larger scale where there are demonstrable benefits or where co-ordination across places adds value.

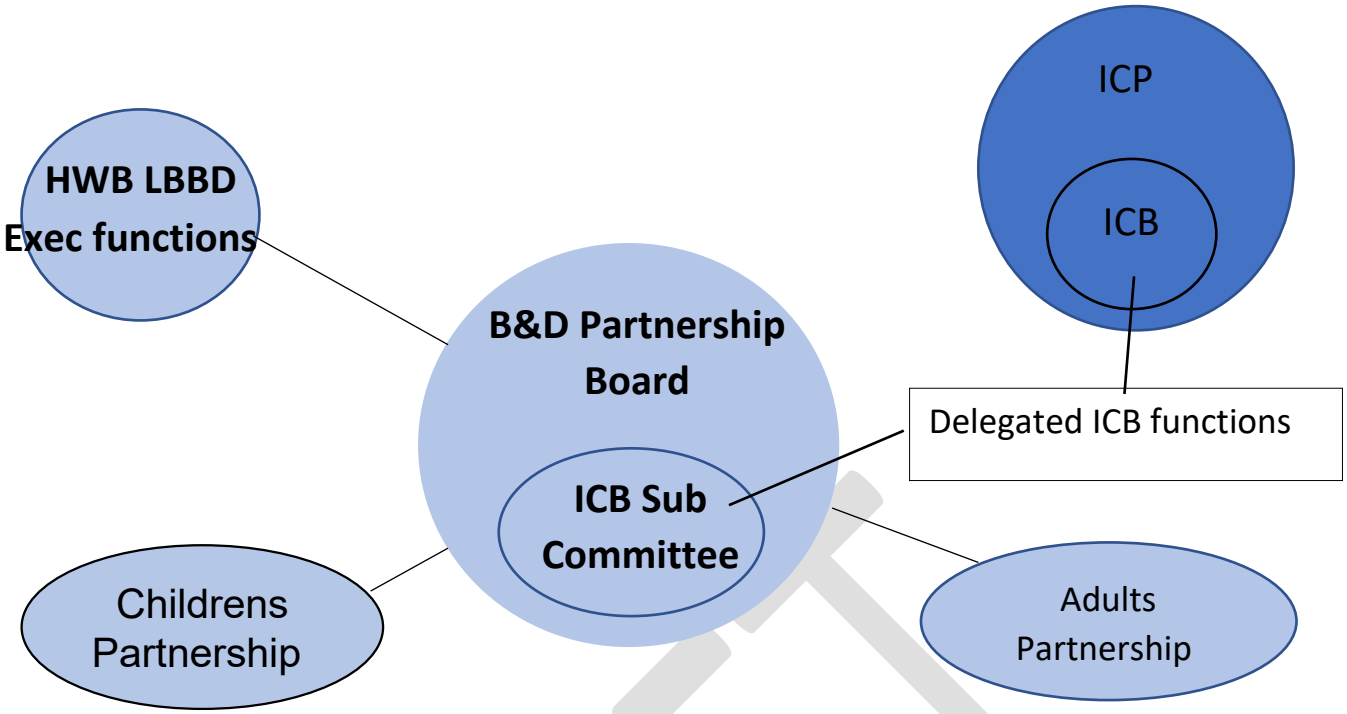


1.1 Place- Based Partnership Proposal

As part of development, NHS England and NHS Improvement asked ICSs to confirm their initial proposals for place-based arrangements for 2022/23 onwards.

2. PLANNED GOVERNANCE MODEL

The current B&D Delivery Group (DG) will transition towards becoming a shadow **place-based partnership board** (PbPB) within the North East London (NEL) ICS. An ICB Subcommittee will also be established for local decision making on ICB functions and will operate with the place-based partnership, working together with common agendas and papers. However, there may be decisions which only the committee can make and, in those circumstances, there will be a Part A and Part B to the agenda.



The role of the shadow PbPB (developed in consultation with partners) includes:

- To work in partnership to improve health and wellbeing and reduce inequalities.
- To set a local system vision and strategy,
- To develop the Place Based Partnership Plan for Barking & Dagenham, ('PBP Plan'),
- To provide system wide accountability for the delivery and performance of the PBP plan
- To review and assess new and revised models of care that better serve the population of Barking and Dagenham, and to achieve agreed outcomes.
- To develop and deliver a framework of community engagement
- To provide direction and oversee progress to the life course workstreams (adults, and children and young people)
- To provide a forum to share insight and intelligence into local quality matters, identify opportunities for improvement and identify concerns and risk to quality.
- To have oversight of how resources are utilised at place to inform discussions on how best to use money across the system
- To support the ICS to deliver against its strategic priorities
- To develop the formal Place Based Partnership governance at place for 1st April 2023

The role of the ICB Subcommittee:

- Exercise delegated functions at place (still to be confirmed)
- Make decisions, authorised by the ICB in relation to them regarding local objectives and priorities
- Support collaborative arrangements- including the development of the 'place based plan'
- Support ICB with aims and ambitions re joint plans and strategies
- Prioritise delivery against strategic priorities of the ICS
- Support discharge of statutory functions- supporting the core purposes of the ICS
    - Improve outcomes
    - Tackle inequalities
    - Enhance productivity and value for money
    - Support broader social/economic development

The shadow PbPB and ICB Subcommittee will operate from 1st July 22 in a 9-month shadow period, whilst a period of testing is undertaken to evaluate the functioning of the arrangements. The period until 1st April 23 will allow for development and finalisation of the formal place- based governance system and agreement on delegations and financial arrangements– nationally, regionally, and locally. Locally the future aspiration is for the alignment of the Health and Wellbeing Board (HWB) with the ICB Subcommittee.

2.1 Membership

The proposed membership of both the shadow PbPB and the ICS Subcommittee are included in the table below. There is overlapping membership between both, which will best support them operating together. This approach is taken to enable the Partnership Board to consider matters of wider scope than the ICB delegated responsibilities, which will enable the partnership to achieve its joint goals of improving outcomes for the residents of Barking and Dagenham.

Place- based Partnership Board	ICB Subcommittee
LBBD	
Elective Member (Chair) LBBD CEO (ex offico) Strategic Director Children and Adults (DAS & DSCS) Director of Public Health Director of Community Solutions Operational Director Adult's Care and Support	Elective Member CEO Strategic Director Children and Adults (DAS & DSCS) Director of Public Health
ICB	
Lead ICB Director Clinical or Care Director Finance Director Director of Nursing or nominated rep (TBC)	Lead ICB Director Clinical or Care Director Finance Director Director of Nursing or nominated rep
NHS Trusts	

Integrated Care Director- NELFT Director of Strategy & Partnerships- BHRUT	Integrated Care Director- NELFT Director of Strategy & Partnerships- BHRUT
Primary Care	
Chief Operating Officer- Together First CIC, B&D GP Federation Primary Care Network Director – North Primary Care Network Director – North West Primary Care Network Director – West One Primary Care Network Director – New West Primary Care Network Director – East Primary Care Network Director – East One NEL Pharmaceutical Committee	GP Provider/ PCN representative Primary Care Development Lead
Voluntary Sector	
BD Collective Healthwatch + one	BD Collective Healthwatch

3. OUTSTANDING ISSUES

During consultation several comments arose. Many have been resolved or are being addressed, however some remain relating to:

- Chair of the Partnership Board and the ICB Subcommittee
- PCN membership of the ICB Subcommittee
- Clarity on voting rights, powers and delegated authority for the PbPB
- The relationship between safeguarding boards, BHR and NEL transformation boards
- Obtaining wider primary care professional representation

Additionally, there remains an absence of statutory guidance relating to the HWB. Therefore, at this time it was considered best to delay the alignment of the HWB with the ICB Subcommittee.

4. NEXT STEPS AND TIMESCALES

4.1 Partnership Milestones

June 2022	• Joint Strategic Needs Assessment refresh published • Establishment of the ICB Subcommittee and Partnership Board agreed by the HWB • Appointment to ICB Place lead roles: – Clinical/Care Director – System lead (Director of Place) – Clinical or Care Director – Finance Director

	• Development of 'Joint Partnership Office' and appointment to Borough Partnership development and support roles: – Head of Borough Partnerships Planning and Delivery – Borough Partnership Business Manager
July 2022	• ICB and Partnership Board arrangements agreed by NEL • 9-month shadow arrangement for the Place Based Partnership begins • Population Health Management Pilot ends • Appointment to NEL Clinical and Care Professional Leadership roles (between July and November)
December 2022	Clinical Care and Leadership Model agreed and recruited
April 2023	• Formalisation of Place Based Partnership and ICB arrangements • Publication of the Health and Wellbeing Strategy and Plan at Place • New Joint Strategic Needs Assessment
Still to be confirmed	• Single Accountable Leader at Place • Establishment of Subgroups to the Partnership Board for: – CYP – Adults – Quality • Establishment of delivery functions e.g.: – Integrated Partnership Office – Executive Group – Ex CCG functions – finance, contracting etc • Agreement on the relationships with BHR TB, NEL TBs and Provider Collaboratives

5. APPENDICES

APPENDIX A: TABLE 2: CORE COMPONENTS OF ICB GOVERNANCE ARRANGEMENTS AND EXPECTATIONS

Core component	Expectation
Integrated care partnership (ICP) ***statutory***	• Each ICS area will have an ICP (a committee, not a body) at system level established by the ICB and relevant local authoritiesas equal partners and bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population. • The ICP to have a specific responsibility to develop an integratedcare strategy. • Each ICB will need to align its constitution and governance withthe ICP.

Integrated careboard *statutory*	• ICBs will be established as new statutory organisations, to leadintegration within the NHS. • The ICB will have a unitary board, responsible for ensuring thebody plays its role in achieving the four purposes • Minimum requirements for board membership will be set in legislation. We have set further minimum expectations for boardmembership. • Each board will be required to establish an audit committee andremuneration committee • All ICBs will need to put arrangements in place to ensure they can effectively discharge their full range of duties and functions.This is likely to include arrangements for other committees and groups to advise and feed into the board, and to exercise functions delegated by the board.
Place-based partnerships	• ICBs will be able to arrange for functions to be exercised and decisions to be made, by or with place-based partnerships, through a range of different arrangements. The ICB will remainaccountable for NHS resources deployed at place-level. • Each ICB should set out the role of place-based leaders within itsgovernance arrangements.
Provider collaborative (may be at sub system, systemor supra-system level)	• Provider collaboratives will agree specific objectives with one ormore ICB, to contribute to the delivery of that system's strategicpriorities. The members of the collaborative will agree together how this contribution will be achieved. • The ICB and provider collaboratives must define their workingrelationship, including participation in committees via partner members and any other local arrangements, to facilitate the contribution of the provider collaborative to agreed ICB objectives.

GUIDANCE DOCUMENTS AND PUBLICATIONS

- LGA/NHS, "Thriving places" https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf

- The King's Fund, "Developing place-based partnerships" https://www.kingsfund.org.uk/sites/default/files/2021-04/developing-place-based-partnerships.pdf

- The Kings Fund "Health and Care Bill- our work on the legislative agenda for health and care reform" https://www.kingsfund.org.uk/topics/health-and-care-bill

- NHS, “Interim guidance on the functions and governance of the integrated care board”
  Report template - NHSI website (england.nhs.uk)

- Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership
  B0664-ics-clinical-and-care-professional-leadership.pdf (england.nhs.uk)

- NHS, “Interim guidance on the functions and governance of the Integrated Care Board. Statutory CCG functions to be conferred on ICBs”

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

14 JUNE 2022

Title:	Place Partnership Lead - ICS Place Based Partnership
Report of the Chair of the Barking and Dagenham Delivery Group	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Author: Jane Leaman, Consultant in Public Health (Interim)	**Contact Details:** Jane.leaman@lbbd.gov.uk
Sponsor: Matthew Cole, Chair of Barking and Dagenham Delivery Group and Director of Public Health	

Summary:

Place Based Partnerships are a crucial building block of NEL's integrated care system (ICS), along with provider collaboratives and the new integrated care partnership and integrated care board**.**

The leadership of partnership working at place will be vital to how successfully it continues to support improvement to residents' health and wellbeing. The appointment of a Place Partnership lead is proposed, providing leadership at place alongside a Clinical and Care Director, a Primary Care Development lead, specific clinical and care leads (as part of a Clinical and Care Leadership model) and a Place Delivery Director, working with area focused Integrated Care Board (ICB) teams.

Recommendation(s)

The Health and Wellbeing Board is recommended to note:

- The development of the leadership model for the Place Based Partnership
- The need to identify the individual who the B&D Place Based Partnership best fit the role profile. However as there are still some unknowns, B&D Place Based Partnership needs to identify somebody who can fulfil the role as currently envisaged and work with the Chief Executive of NEL and others across the ICS in order to develop it over the coming months.

Reason(s)

The development of the Place Based Partnership is a crucial component of the health and care integration agenda proposed within the Health and Care Act April 2022.

The Place Partnership lead role will be accountable for the delivery of the agreed outcomes to improve the health and wellbeing of residents of Barking and Dagenham.

1. Introduction and Background

Two recently published documents describe principles and broad approaches to place leadership, rather than a prescriptive model.

1.1 Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems was published by NHS England and the Local Government Association in July 2021 identifies:

- Three potential categories of leadership role – convenor, executive lead and programme leads
- Leaders at place will often manage multiple roles across individual organisations and the wider system
- Agreed processes are required to manage any potential conflicts of interest
- Facilitative leadership and personal influence are critical, along with openness and honesty with colleagues, acting with integrity, a commitment to listening to others and understanding different points of view, strong relationship-building skills, a readiness to take ownership of complex problems, curiosity, and fostering a culture of continuous learning

1.2 Health and social care integration: joining up care for people, places and populations – a white paper published by the government in February 2022 prior to Royal Assent of the Health and Social Care Act (April 2022)

- The white paper commits to introducing changes that will bring together local leaders to deliver on shared outcomes through formal place-based arrangements which provide clarity over the responsibility for health and care services in each area
- By Spring 2023, all places within an Integrated Care System should adopt a model of accountability, with a clearly identified person responsible for delivering outcomes, working to ensure agreement between partners and providing clarity over decision making
- A clear, shared plan will be required, which demonstrates delivery against agreed shared outcomes, underpinned by pooled and aligned resources
- Local NHS and local authority leaders will be empowered to deliver against the agreed outcomes and will be accountable for delivery and performance against them
- There should be a single person, accountable for shared outcomes in each place or local area known as a Place Partnership Lead**,** working with local partners (e.g. an individual with a dual role across health and care or an individual who leads a place-based governance arrangement). This person will be agreed by the relevant local authority or authorities and Integrated Care Board (ICB). (These proposals will not change the current local democratic accountability or formal Accountable Officer duties within local authorities or those of the ICB and its Chief Executive)
- The Health and Social Care Leadership Review will look to improve processes and strengthen the leadership of health and social care in England. It will consider how to foster and replicate the best examples of leadership and will aim to reduce regional disparities in efficiency and health outcomes. The review will report to the Secretary of State for Health and

Social Care in early 2022 and will be followed by a delivery plan with clear timelines on implementing agreed recommendations

- A national leadership programme will be developed, addressing the skills required to deliver effective system transformation and local partnerships, subject to the outcomes of the upcoming leadership review

2. Proposal and Issues

The following gives an overview of the different leadership roles planned to support the role of the Place Based Partnerships.

2.1 Place Partnership Lead

The Role (see Appendix A for full role description):

- A prominent and accessible leader convening partners around a common agenda, holding overall accountability for delivery at place and ensuring full co-production with residents and service users
- A single person, accountable for the delivery of the shared plan and outcomes for the place, working with local partners (e.g., an individual with a dual role across health and care or an individual lead for a 'place board'). The single person will be agreed by the local authority and ICB. This proposal will not change the current local democratic accountability or formal Accountable Officer duties within local authorities, those of the ICB Chief Executive or relevant national bodies, such as the ability of NHS England to exercise its functions and duties

What:

- Building local relationships and developing mutually accountable ways of working
- Leading local oversight and collective peer challenge
- Arbitrating and resolving local issues and tensions
- Facilitating shared decision-making by chairing the place-based partnership and ICB place committee
- Representing place at key ICS forums

Who:

- An individual already closely involved in the leadership and delivery of health and care in the place
- Selected by partners, including the ICB, in line with a common role and person specification

Appointment Process:

- The B&D Place Based Partnership needs to identify an individual who they think best fit this role profile. However, as there are still some unknowns place needs to identify somebody who can fulfil the role as currently envisaged and work with Zena Etheridge (NEL ICB Chief Executive designate) and others across the ICS to develop it over the coming months.
- Zena Etheridge, through the Place Based Partnership Chair, needs to be informed of our nomination by 24 June, and it will then be confirmed whether this person meets the role profile from the ICB's perspective. Where there is a single nomination, this will be done for 1 July.

- If our Partnership does not agree on a single nominee, Marie Gabriel (the ICS's Independent Chair Designate), Charlotte Pomery (the ICB's Chief Participation and Place Officer) and Zena Etheridge will meet with each of the nominees to determine who best meets the requirements of the role and will then on this basis confirm who will take up the role. If they cannot agree to the Partnership's nominee, they will work with us to reconsider who is best placed to take on the role.

2.2 Place Delivery Role (JD currently being drafted)

The Role:

- A full-time dedicated and senior delivery role working with and on behalf of residents, service users, and partners

What:

- Leading co-production and joint delivery of the place plan, across residents, service users, and partners
- Leading integrated place teams delivering work on behalf of the partnership
- Holding accountability for partner functions delegated to place
- Reporting in a matrix arrangement to the place partnership lead and into the Council(s) and ICB

Who:

- Appointed by panels of resident representatives and partners, including the ICB, to a locally tailored role and person specification
- Jointly employed by councils and ICB

2.3 Clinical and Care Leadership Model (currently being agreed)

Each place already has a structure of clinical and care professional leadership, provided principally through:

- Statutory leadership roles: **Directors of Public Health**, **Directors of Adult Social Care**, and **Directors of Children's Services**; and
- Professional leadership roles: including **Social Work Professional Leads**, **PCN Clinical Directors**, and **Trust Medical Directors**

Additionally, a place **Clinical and Care Director** role is being co-designed as part of the ICS's clinical and care professional leadership work theme and provisionally covers support to overall:

- Co-ordination of clinical and care professional leadership into the place-based partnership;
- Facilitation of clinical and care professional engagement in support of local transformation and quality priorities; and
- Ensuring local clinical and care professional input to NEL-wide strategies
- The ICS-wide work also provides for:
    - A **clinical responsible officer for primary care development** in each place; and
    - **Pathway leadership roles**, to be determined in each place according to local priorities. The appointment of these leads is

deferred until Dec 2022. The currently appointed CCG clinical leads will remain until then
- Consideration of how we incorporate wider primary care clinical leads e.g. pharmacists, dentists and optometrists

The **Clinical And Care Director** role is currently out to advert, and interviews are planned for June 2022.

3 Consultation

The Clinical and Care Leadership Model – Barking and Dagenham Delivery Group.

4.4 Financial Implications

Clarification pending at the time of writing.

4.5 Legal Implications

Clarification pending at the time of writing.

5. Non-mandatory Implications

5.1 Staffing issues

This proposal will not change the current local democratic accountability or formal Accountable Officer duties within Local Authorities.

Public Background Papers Used in the Preparation of the Report:

Two documents describe place leadership models that we need to reflect in our overall approach:

- *Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems* – published by NHS England and the Local Government Association in July 2021 https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf
- *Health and social care integration: joining up care for people, places and populations* – a white paper published by the government in February 2022 https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations

List of Appendices:

Appendix A- NEL Place Partnership Lead Role Description

This page is intentionally left blank

Appendix A

v1.0

North East London Health & Care Partnership

Role description: place partnership lead

Place in North East London's integrated care system

The seven place partnerships within North East London are crucial building block of our integrated care system, along with provider collaboratives, the Integrated Care Partnership (ICP), and the Integrated Care Board (ICB).

This is because North East London's places are:

- where health services, the local authority, and voluntary- and community-sector organisations integrate delivery, supporting seamless and joined up care;
- where we will most effectively tackle many health inequalities through prevention, early intervention, and community development, including at neighbourhood level;
- where diverse engagement networks generate rich insight into residents' views, which we will need to act upon;
- where we can build detailed understandings of need and assets on a very local basis and respond with appropriate support; and
- where the NHS and local authority as a partnership are held democratically accountable.

In order to maximise their impact of collaborative working on residents' health and wellbeing, each place partnership is working with the ICB to create its own strong leadership team.

This will include residents and community leaders, clinical and care professionals, and executive leads from partner organisations. It will also include three specific roles leading each partnership as a whole: the place partnership lead (this role), a clinical or care director, and a delivery director.

The place partnership lead

The place partnership lead is the pivotal member of this team, as the prominent and accessible executive leader already working at place level who will combine her or his existing organisational responsibilities with assuming overall responsibility for the work of the place partnership.

Overall, this means ensuring that partners across health, care, and the community and voluntary sector are combining their insight, expertise, and resources to drive meaningful improvements to health, wellbeing, and equity – in line with the ICS's purpose statement.

Most specifically, this means being the key local figure leading partnership work between health and care organisations and with residents to improve and integrate services, reduce local inequalities, improve the social determinants of health and wellbeing, and harness partners' economic influence to the benefit of local communities.

The place partnership lead will hold the partner organisations at place level accountable for delivering their contributions to the place plan covering all of these areas. She or he will in turn be

accountable to the wider integrated care system, through the Integrated Care Board, for the delivery of this plan and other aspects of delivery and performance at place level.

The place partnership lead will direct and support partners to:

- devise and deliver a data-driven local plan to improve health and wellbeing, aligned to NEL-wide strategy and outcomes frameworks and based on a holistic view of how heath, wellbeing, and equity can be improved;
- base this plan on meaningful participation by local residents and engagement with clinical and care professionals, and that both groups are involved in evaluating its impact against agreed criteria, in line with NEL-wide standards and expectations;
- for areas of care for which place partnerships are taking a co-ordinating role in NEL's integrated care system, lead the process of analysis of need, co-design of care models, implementation, and evaluation;
- deliver key quality and performance metrics where these sit at place level, in line with the developing accountability framework for North East London's integrated care system;
- through the delivery director, lead the integrated place team and ensure that all partner organisations support the work of the place partnership through the provision of appropriate staff resources;
- in line with the overall ICS People Plan, lead on place- and neighbourhood-level interventions designed to support the sustainability of the local health and care workforce;
- ensure that the place partnership interacts constructively with NEL's provider collaboratives as well as the Integrated Care Board.

This role reflects the expectation in *Health and social care integration: joining up care for people, places and populations* (the white paper published in February 2022[1]) that there will be a 'single person accountable for delivery of a shared plan at a local level'. Across North East London, as across England, there is considerable work to do to understand the interaction of varying accountabilities within organisations and across systems at place- and ICS-level. All place partnership leads in North East London will work closely with the Integrated Care Board's Chief Executive Officer and Chief Participation and Place Officer to continue to evolve the local accountability framework.

The place partnership lead might or might not chair the place-based partnership and the ICB place committee, based on local agreement.

As a senior executive already working at place level, the person holding this role will bring advanced personal and professional attributes relevant to it. Most relevantly, this will include:

- experience of delivering meaningful improvement to health, wellbeing, and equity through collaboration across multiple organisations in a complex environment;
- the ability to create an open, honest and positive culture, encouraging partnership working across organisational and professional boundaries;
- a commitment to listening to others and understanding different points of view, along with strong relationship-building skills and the capability to work with partners to develop a shared vision;
- the ability to foster a culture of continuous learning, continually measuring effectiveness and adapting the approach on what is or is not working;
- readiness to take visible ownership of complex cross-system problems; and

[1] click here

- skills in influencing, negotiating, and arbitrating to lead organisations towards consensus decision-making.

Key relationships:

- all organisations participating within the place partnership, plus wider networks across the voluntary and community sector;
- place partnership leads across North East London, for the sharing of learning and best practice; and
- the Integrated Care Board's Chief Executive Officer and Chief Participation and Place Officer.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

14th June 2022

Title:	Barking and Dagenham Place Partnership bid to NEL Integrated Care System for health inequalities funding in FY22/23

Open Report	**For Decision:** No
Wards Affected: Barking and Dagenham	**Key Decision:** No
Report Author: Dr Mike Brannan, Consultant in Public Health	**Contact Details:** Tel: 07935 706002 E-mail: mike.brannan@lbbd.gov.uk

Sponsor:
Elaine Allegretti - Strategic Director Childrens and Adults

Summary:
The Barking and Dagenham Public Health Team is leading development of a bid, on behalf of the place-based partnership, to North East London Integrated Care System (ICS) by 17 June 2022 for £0.5-1.1m of funding during FY22/23 to address health inequalities.

NEL ICS has been allocated £6.5m of funding from a national health inequalities pot and is undertaking a process to allocate the majority of this money to place-based partnerships. Each partnership has been allocated £0.5 million and can bid for up to an additional £0.6m to address local health inequalities (which will be allocated based on potential to reduce NEL inequalities).

Objectives of the funding are: support leadership; support improved understanding and accelerate local plans; and enhance community resilience and widen participation

Co-production of the proposal is underway with system partners across the Barking and Dagenham place-based partnership: Community, Primary Care, Council and Secondary Care.

The bid will be signed off by the Delivery Group subgroup on 16th June for submission by midday on 17th June 2022.

Recommendation(s)

The Health and Wellbeing Board is recommended to note the process, the outcome of which will be updated at the next meeting.

Reason(s)

Final details of the funding opportunity were provided on 20th May and so there has been limited time to engage the HWBB, but key relevant parties within the Board and wider system are involved in the coproduction process.

1. Introduction and Background

1.1 Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. As a borough and across its communities Barking and Dagenham has higher levels of health inequalities than most other areas, including neighbouring NEL boroughs (e.g. Barking and Dagenham has age standardised deaths under 75 years of age of 120.2 versus 100 for England).

1.2 Addressing health inequalities is embedded across priorities at national (e.g. Core20PLUS5, NHS Operating Plan), regional (e.g. ICS) and local levels. The 2021 Annual Director of Public Health report, *Equality Challenges*, directly highlighted the need to address health inequalities across Barking and Dagenham, including actions to be taken to do so.

1.3 NEL ICS has been allocated £6.5m of funding from a national health inequalities to pot and is undertaking a process to allocate the majority of this money to Place Partnerships. Each partnership has been allocated £0.5 million and can bid for up to an additional £0.6m to address local health inequalities (which will be allocated based on potential to reduce NEL inequalities).

1.4 Primary Care networks have an obligation to address health inequalities through the Network Contract DES requirements for Tackling Neighbourhood Health Inequalities. This includes identifying a PCN Health Inequalities Lead and developing planned interventions for a population experiencing health inequality.

1.5 Objectives of the funding are:

- support leadership for tackling health inequalities in our place-based partnerships,
- support improved understanding of the health inequalities affecting local communities, maximise and accelerate local plans to tackle inequalities across health and care that takes a life course approach including babies, children and young people, as well as adults,
- enhance community resilience and widen participation

1.6 By 17 June 2022, Place based Partnership are requested to submit a proposed covering:

i) Up to £500k allocation to develop leadership, partnership working and capacity building
ii) Up to £600k based on addressing health inequalities that exist locally, including deprivation, specific health needs of vulnerable populations, and historic under-investment in tackling inequalities

1.7 Co-production has been undertaken across the breadth of system partners:

i) System-level – B&D Delivery Group
ii) Community - Community Solutions, BD Collective, Care City
iii) Primary Care – Together First
iv) Council – Commissioning (CYP), Insights and Innovation Team
v) Secondary Care – NEFLT B&D Leadership Group

1.8 Co-production is continuing, with a bid proposal to be signed off by the B&D Delivery Group on 16th June and submitted to the NEL ICS on 17th June 2022.

1.9 A decision will be communicated to LBBD on 24th June with implementation requested from 11th July 2022.

2. Proposal and Issues

To note and support the coproduction of a bid to NEL ICS for funding to support system development and delivery on health inequalities during FY22/23

There are no issues expected.

3 Consultation

N/A.

4 Mandatory Implications

N/A.

4.2 Financial Implications

A decision on the funding allocation will be made by NEL ICS by 24 June 2022.

This finding would be allocated to the LBBD, who would be responsible for allocating funding to relevant partners and managing and evaluating delivery.

Management capacity will be included within the bid to ensure all costs are covered.

4.3 Legal Implications

N/A.

4.4 Risk Management

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

a. Risk of undermining existing relationships and work (medium) – Despite the short timescale, significant effort has been undertaken to coproduce the proposal with a breadth of Place partners
b. Risk of financial liabilities (high) – Given the need to spend the funding within the FY22/23 financial year only projects capable of being rolled out and completed by April 2023 will be proposed.

4.5 Patient / Service User Impact

This work will support reducing health inequalities and improving health equity across residents and communities in Barking and Dagenham. It will include increasing community involvement in decision making and delivery of health and wellbeing support.

4.6 Crime and Disorder

N/A

4.7 Safeguarding

N/A

4.8 Property / Assets

N/A

4.9 Customer Impact

This work will support reducing health inequalities and improving health equity across residents and communities in Barking and Dagenham. It will include increasing community involvement in decision making and delivery of health and wellbeing support.

4.10 Contractual Issues

N/A

4.11 Staffing issues

Any staff recruited would only be recruited for the length of the funding (i.e. until end-FY22/23)

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

List of Appendices: Presentation to Barking and Dagenham Delivery Group on proposal development.

NEL ICS health inequalities funding 22/23: update on development of B&D bid

May 2022

Dr Mike Brannan, Consultant in Public Health

Final NEL ICS health inequalities 22/23 funding criteria

North East London Health & Care Partnership

Place-based funding

- **£500k initial allocation** for leadership, partnership working and capacity building
- **Up to £600k** based on local inequalities (e.g. deprivation, needs of vulnerable populations, historic under-investment)

(£200k at NEL level for Quality Improvement support)

Funding objectives

- Supports **leadership** and **partnership** working and builds **capacity** for tackling health inequalities locally.
- Supports **improved understanding** of health inequalities affecting local communities.
- Maximises and accelerates local plans to tackle inequalities across health and care that takes a **life course approach** including babies, children and young people, as well as adults.
- Enhances **community resilience** and widens participation.

Criteria

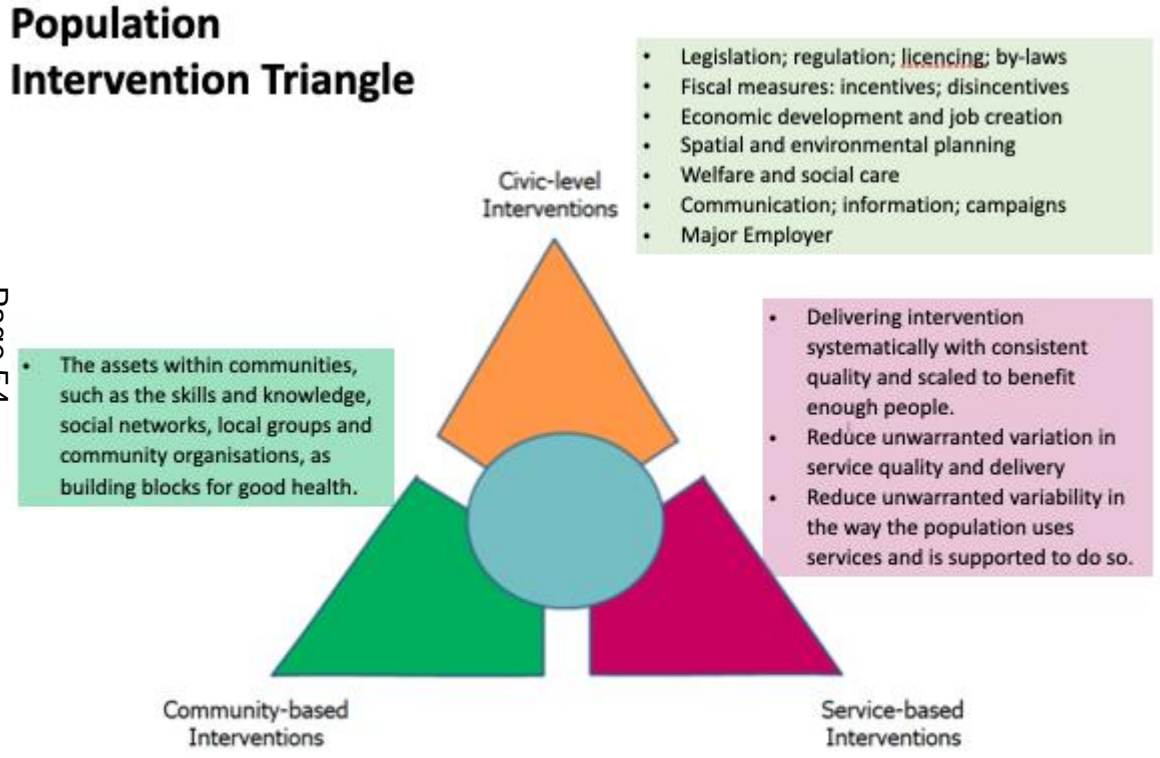
- **Align** to the **ICS purpose**, approach and priorities; the **Core20Plus5 framework** and/or the **NHS Operating Plan** health inequalities priorities.
- Be based on **clear evidence that health inequalities exist**, that the projects are needed and will deliver an impact.
- Focus on reducing inequalities by **targeting deprived neighbourhoods and/or underserved groups**.
- Demonstrate **community/ service user participation in development and delivery** of the programme.
- Contribute to strengthened **partnership working** for health inequalities particularly with the **community and voluntary sector**.
- Demonstrate how the work will be **sustained post-22/23** to support the delivery of longer-term outcomes.
- Include a clear outcomes and **robust evaluation plan**.
- Provide **value for money**.

Process

11 May	Initial discussion with B&D Delivery Group
11 May - 6 June	Coproduction with system partners • *System-level* – B&D Delivery Group Subgroup • *Community* – Community Solutions, BD Collective, Care City • *Primary Care* – Together First • Council – Commissioning (CYP), Insights and Innovation Team • *Secondary Care* – NEFLT B&D Leadership Group
20 May	Final process determined by ICS
6 June	NEL Community of Practice to support proposal development
16 June	Present final proposal to B&D Delivery Group Subgroup
17 June	Bid submitted
27 June	Decision communicated to Place-based Partnerships
11 July	Start implementation

What works for population level change

Different types of intervention



Bentley/PHE 2019

Principles of effective interventions

1. Evidence-based
2. Outcomes orientated
3. Systematically applied
4. Scaled-up appropriately
5. Appropriately resourced

Priorities – National, ICS and B&D

NHS England CORE20PLUS5

Target population:

- 20% most deprived
- ICS chosen groups

Clinical areas:

1. Maternity
2. Severe mental illness
3. Chronic respiratory disease
4. Early cancer diagnose
5. Hypertension case-finding

NHS Operating Plan

1. Restore NHS services inclusively
2. Mitigate against digital exclusion
3. Ensure datasets are complete and timely
4. Accelerate preventive programmes that proactively engage those at greatest risk of poor health
5. Strengthen leadership and accountability

NEL ICS

System priorities:

1. Employment & workforce
2. Long-term conditions
3. Children and Young People
4. Mental health

CORE20PLUS5 clinical areas

1. Continuity in maternity care
2. Annual Health Checks for people with SMIs
3. Vaccine uptake and focus on COPD
4. Early cancer diagnosis
5. Hypertension case finding

PCN Health Inequalities DES

1. PCN Health inequalities lead
2. Planned interventions for a population experiencing health inequality

B&D Health and Wellbeing Strategy

Best start in life

1. % children prepared for school at age 5

Early diagnosis and intervention

2. ED&I for Cancer, Liver Disease, Mental Health, Diabetes and Sexual Health.

Building Resilience

3. Support for those with Adverse Childhood Experiences
4. Aspiration through increased level of educational attainment, skills and employment
5. To improve physical and mental wellbeing
6. Ageing Well
7. Zero tolerance to domestic abuse

Mapping alignments / synergies

Aims, objectives and selection criteria

Aims:
Build capacity and increase the effectiveness of initiatives to reduce health inequalities for people, families and communities across Barking and Dagenham

Objectives:
1. Build **sustainable leadership**, **partnership working** and **capacity** to address health inequalities and health equity **across the health and care system** (including communities) that utilises the unique contribution of each actor.

2. Build on existing opportunities to undertake and evaluate **specific interventions** that will have the greatest impact to reduce local inequalities (e.g. geographic, specific groups, historic under-investment).

Selection criteria:
1. Evidence-based
2. Supports and increases effectiveness of existing work
3. Sustainable benefit
4. Life course (i.e. at least 50% aimed at CYP and families)
5. Deliverable within 9 months

Proposal: leadership, collaboration and infrastructure (£500k)

1. Community infrastructure to support access, referral and resilience for health - £215k

- Consolidate COVID response community health and wellbeing leadership infrastructure of 6 locality leads, neighbourhood networks and comms support

2. Knowledge and skills development and peer learning support - £65k

- Cross-system development programme including: Early years providers learning set on roles and signposting; Primary care workshops; Secondary and community care workshops; Facilitated learning set for PCN leads; Community group-led induction to communities (across 19 wards

3. Whole systems approach to debt and mitigating impacts on health pilot [pump prime] - £140k

- Identify and engage ‘at risk’ through One View/gov.notify; Case management by Link Worker with signposting to debt advice and social prescribing for; and Debt Protocol partnership of anchor partners

4. Social prescribing ‘community chest’ pilot [co-investment] - £40k

- Co-investment with NEL and ComSol into piloting support for community organisations as SP providers

5. Data support - £?k

- Development of common health inequalities dashboard and analytical support for PCN health inequalities leads

Subtotal = £460k (excluding management support and evaluation)

Other options: leadership, collaboration and infrastructure

- **Neighbourhood network hubs** – Infrastructure to support to support integration of Neighbourhood network with health settings (e.g. MDTs and ARRS to engage in Neighbourhood Networks) - £200k

- **‘BD Can’ fund** – Community-run fund supporting community-led solutions on health or services delivery issues - £200k

- **Digital poverty** – Building on WF Federation digital exclusion champions - £?k

- **Dementia diagnosis** – Partnership between PCNs and NELFT to undertake dementia diagnosis for individuals not eligible for NHS Health Checks (e.g.) - £?k

- **Expanding Barking Riverside model of care** – Piloting Barking Riverside Model of care at Thames View – £?k

Proposed: Addressing the greatest local inequalities (up to £600k)

1. Supporting access to services for people with no recourse to public funds – £65K

- Community-based pilot to raise awareness across residents and professionals/volunteers of support for NRPF

Cost = £65k

2. Community pop-up support / clinics - £125k

- Weekly clinic promoted by local trusted voices in 4 community settings focussed on CYP and family health.

3. 'Cradling' culture' maternity pilot - £32k

- Pilot volunteer 'Community doulas' to support women with English as second language in 3-9 months pregnancy

Cost = £32k

4. Case finding for hypertension - £46k

- Building on unmet needs analysis, practices to identify and assess at risk patients.

5. PCN child safe guarding multi-disciplinary teams - £100k

- Co-ordination, setup and running CYP MDTs at PCN level

6. Identification of CYP at safegudaring risk in GP practice - £100k

- Develop & operationalise template to identify at risk vulnerable children in practices for referral to timely support

7. Health education on screening for Eastern European communities - £20k

- Coproduction with communities of a communication plan to promote screening to Eastern European communities

Subtotal = £488k (excluding management support and evaluation)

Other options: Addressing the greatest local inequalities

- Cancer and frailty screening through enhanced 50+ health checks - £100-150k
- Mental health peer support for BAME and LGBT patients in every GP practice - £?k
- Call-recall for 65-70yo patients to encourage health checks – £71k
- Blood pressure monitors in community spaces – £105k
- Family health promotion for vulnerable populations (e.g. BAME communities) - £36k
- Tailored telephone needs assessment and support for people with Serious Mental Illness - £9k
- Targeted employment support for people with health barriers (including carers) - £?k
- ‘Quick start’ job fair of anchor employers - £?k
- Needs assessment and support for carers - £302k (plus £540k recurring)
- Emergency ‘Rescue pack’ for patients with COPD - £236k
- Workplace health promotion, assessments and signposting - £106k

Key questions for discussion

1. Do you agree on the overall approach?

2. Do you agree with proposed **priority interventions** and their potential **to reduce inequalities** and this funding can add value?

3. What **other funding** can be Are there any essential **alignments / synergies** not identified?

4. Where should **programme management** sit?

5. How should it align with **PCN health inequalities leadership** roles?

HEALTH AND WELLBEING BOARD

14th June 2022

Title:	Award of contract for Provision of Barking and Dagenham Healthwatch to Lifeline Community Projects

Report of the award of contract

Open Report	**For Decision:** Yes
Wards Affected: Barking and Dagenham	**Key Decision:** Yes
Report Author: Elizabeth Kitto Commissioning Manager	**Contact Details:** Tel: 07407039558 E-mail: Elizabeth.kitto@lbbd.gov.uk

Sponsor:
Elaine Allegretti - Strategic Director Childrens and Adults

Summary:

To award a contract for the provision of Barking and Dagenham Healthwatch to LifeLine Community Projects for a period of 3 years from 1st April 2022 with the option to extend for a period of up to 2 years on a 1+1 years basis at the sole discretion of the council as the successful bidder following a competitive procurement exercise. Amount: £575,440.

We awarded this tender since 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. By 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.

The procurement exercise will ensure compliance with the Council's Contract Rules and Public Contract Regulations 2015

Recommendation(s)

The Health and Wellbeing Board is recommended to agree:

(i) That approval be given for the Council to award a contract and enter into any other necessary or ancillary agreements for the provision of Barking and Dagenham Healthwatch services to LifeLine Community Projects for a term of 3 years from 1st April 2022 with an option to extend for a further period of up to 2 years in the total Contract Value of £575,440 inclusive of extension period.

Reason(s)

LifeLine Community Projects are the bidder that submitted the most economically advantageous tender following a fully compliant procurement exercise in accordance with the law, the Council's Contract Rules and the procurement strategy set out in the Procurement Strategy Report approved by the Health and Wellbeing Board the Corporate Director for People and Resilience on 9th November 2021 a copy of which is attached to this report.

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 April 1, 2015. As part of this an effective local Healthwatch will appropriately challenge and engage.

1.6 Barking and Dagenham Healthwatch has been in place since the 1st April 2013. Barking and Dagenham Healthwatch 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 Barking and Dagenham Healthwatch are:

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

1.7 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.

1.8 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.

1.9 The contract for Barking and Dagenham Healthwatch includes a performance framework, which requires them to submit regular service, organisational and financial information. As a minimum Barking and Dagenham Healthwatch 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.

1.10 The current contract for Healthwatch provision expires on 31 March 2022.

2. Proposal and Issues

To award the Healthwatch contract to LifeLine, a voluntary sector organisation based in Barking and Dagenham.

There are no issues associated with this award.

3 Consultation

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

4 Mandatory Implications

The mandatory 10-day standstill provisions apply once the approval being sought to Award these contracts is granted.

Notice of contract award letters with detailed feedback will be issued to the two bidders as they submitted compliant tender response.

4.1 Joint Strategic Needs Assessment

The Procurement Strategy Report sought Health and Wellbeing Board approval to tender and award the contract to a successful bidder for the provision of Barking and Dagenham Healthwatch by using the open procurement route to market following an advertisement in the Find a Tender Service (FTS), Contracts Finder, Bravo and Council's website. Tenders were sough based on the most economically advantageous tenders to the Council using the evaluation criteria detail below. A copy of the Procurement Strategy Report is attached to this report.

The Procurement Strategy report was presented and approved at Procurement Board in October 2021.

Summary of the works, goods or services procured.

The Contract is awarded to LifeLine Community Projects for a period of three years with the option to extend for further up to 2 years on a 1+1 years. The Contractor will deliver a local Healthwatch for Barking and Dagenham that will fulfil the following criteria;

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

4.2 Financial Implications

Implications completed by- Murad Khan – Group Accountant

This report seeks approval to award Contract to LifeLine Community Projects for the provision Healthwatch program in Barking Dagenham for 3 with the option to extend for additional 2 years. LifeLine Community Projects scored well in the Corporate Procurement evaluation process as demonstrated above, and therefore competent and low risk to deliver the program

Estimated cost is £579,595 for 5 years (£115,919 per annum, which is same as previous year's annual costs).

There is budget provision for this expenditure and any contract uplifts and variations will be contained within existing budget. Monitoring of this expenditure will be part of the monthly budget monitoring process and any risks identified will be reported accordingly for mitigation

4.3 Legal Implications

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

This report is seeking approval to award a contract award to LifeLine Community Projects for the provision of Barking and Dagenham's Healthwatch for a term of 3 years from 1st April 2022 with an option to extend for a further period of up to 2 years in the total Contract Value of £575,440 inclusive of extension period.

The report states that the contractor was identified by following an Open tender process under the Public Contracts Regulations 2015 by placing the tender opportunity on Find a Tender as required by the Regulations, Contracts Finder, the Council's procurement portal (Bravo) and the Council's website. This exercise appears to be following a complaint process.

This exercise is also in accordance with the requirements of the Council's Contract Rule 28.5 which states that contracts with a value of £50,000 must be competitively tendered.

The report author has advised that it presented this procurement to the Health and Wellbeing Board on 9 November 2021 and received approval for the procurement strategy. It is noted that the Board agreed to delegate the contract tendering process and the entering into of the contract and all other necessary or ancillary agreements with the successful bidder.

4.4 Risk Management

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

a. Contract award decision challenged by unsuccessful provider(s) (Low) - Procure contract in line with Council's contract rules and ensure process followed.
b. 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. Should there be concerns about the delivery of the contract, the provider will be placed on special measures and commissioners will work with the provider to ensure that the requirements of the contract are delivered to satisfaction.
c. Commissioners will actively work with the provider to ensure that implementation phase will set the foundations for the contract to be deliver the contract.
d. Monthly monitoring will ensure that the contract continues to deliver the desired outcomes.

4.5 Patient / Service User Impact

Improve the feedback

4.6 Crime and Disorder

N/A

4.7 Safeguarding

N/A

4.8 Property / Assets

N/A

4.9 Customer Impact

Improved health outcomes for Barking and Dagenham residents, due to improved feedback to Acute and Primary Care.

4.10 Contractual Issues

N/A

4.11 Staffing issues

TUPE does not apply in the awarding of this contract

Public Background Papers Used in the Preparation of the Report:

List of Appendices: N/A

HEALTH AND WELLBEING BOARD

14 JUNE 2022

Title:	Update on LBBD's Early Help Strategy and Best Chance Family Hubs
Report of the Strategic Director, Children and Adults	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Author: Justine Henderson	**Contact Details:** Justine.Henderson@lbbd.gov.uk
Sponsor: Elaine Allegretti, Strategic Director, Children and Adults	

Summary

This paper provides an update to the Health and Wellbeing board of LBBD's draft Early Help Strategy which encompasses the Early Help Targeted Operating model developed last year; the national vision for Family Hubs; Family hub networks and the new national Best Start for Life agenda.

The Strategy is currently in draft format, however, once the CYP Plan is completed, the Early Help Strategy, will be aligned and completed by September 2022.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1. Note the progress on the development of LBBD's Early Help Strategy, as part of the wider Children and Young People's Plan
2. Note the implications as to the new Best Start for Life agenda that government is due to publish shortly

Reason(s)

The London Borough of Barking and Dagenham is ambitious for its children and young people, with the aim of making the Borough one of the best places for children and young people to grow up in and fulfil their ambitions.

We want to give our children, young people, and their families the best chance in life to succeed. Central to this ambition is to ensure that all children, young people, and their families receive the support they need as soon as they need it, at the right time, with the right people, in the right place.

Key to achieving this ambition is a Borough-wide, multi-agency commitment to providing effective, proportionate, and high-quality early help and supporting families to have their needs met in their local communities.

1. Introduction and Background

2.1 The draft Early Help Strategy builds on the new Early Help System Framework, recently published by the Department for Levelling up, Housing and Communities, (DLUHC) as part of re-launching the new requirements for the Supporting Families programme, previously known as Troubled Families. This framework places much greater emphasis on partner agencies playing an integral role across the Early Help system and being accountable for doing so. The new Early Help system framework has been aligned to the DfE and DHSC's Start for Life and Family hubs programme.

2.2 The draft Early Help Strategy, outlines that Early Help is a system and not a single service, delivered by the Council. It is a network of services, processes and interactions that aim to help children, young people, and families at the earliest opportunity. In accordance with Supporting Families criteria, the Strategy makes it clear that Early help is everyone's business, and this strategy can only be delivered if a broad range of partners are involved, which include the NHS, Police, Probation, VCS, Schools, Education and SEND to name a few.

2.3 The draft strategy outlines the following enablers to deliver the strategy:

- To establish integrated Best Chance Family Hubs, in the North, South and East of the borough
- Leadership and governance
- Practice and workforce development
- Early Help and best start offer
- Lead professional and Team Around the Family
- Quality assurance
- System integration
- Co-production and building community capacity

2.4 The draft strategy also outlines the performance metric's so to measure our ability to delivery against our intended outcomes for families and children.

2.5 It also outlines our commissioning intentions and a draft action plan for delivering the strategy, over the next four years.

2. Proposal and Issues

2.1 As part of the Early Help Improvement Programme the development of the High-Level Early Help Target Operating mode (EH TOM) has been completed in conjunction with partners from the Social Care Institute for Excellence (SCIE). The EH TOM sets out how the Council's Early Help service will operate in the future. This stretches across several directorates and partner agencies to enable greater integration and to maximise the use of existing resource to intervene earlier through the development of three co-located hubs, called '**Best Chance Family Hubs'**, to strengthen the holistic offer of Early Help services to children and families, enabling much earlier identification and targeted interventions to be delivered.

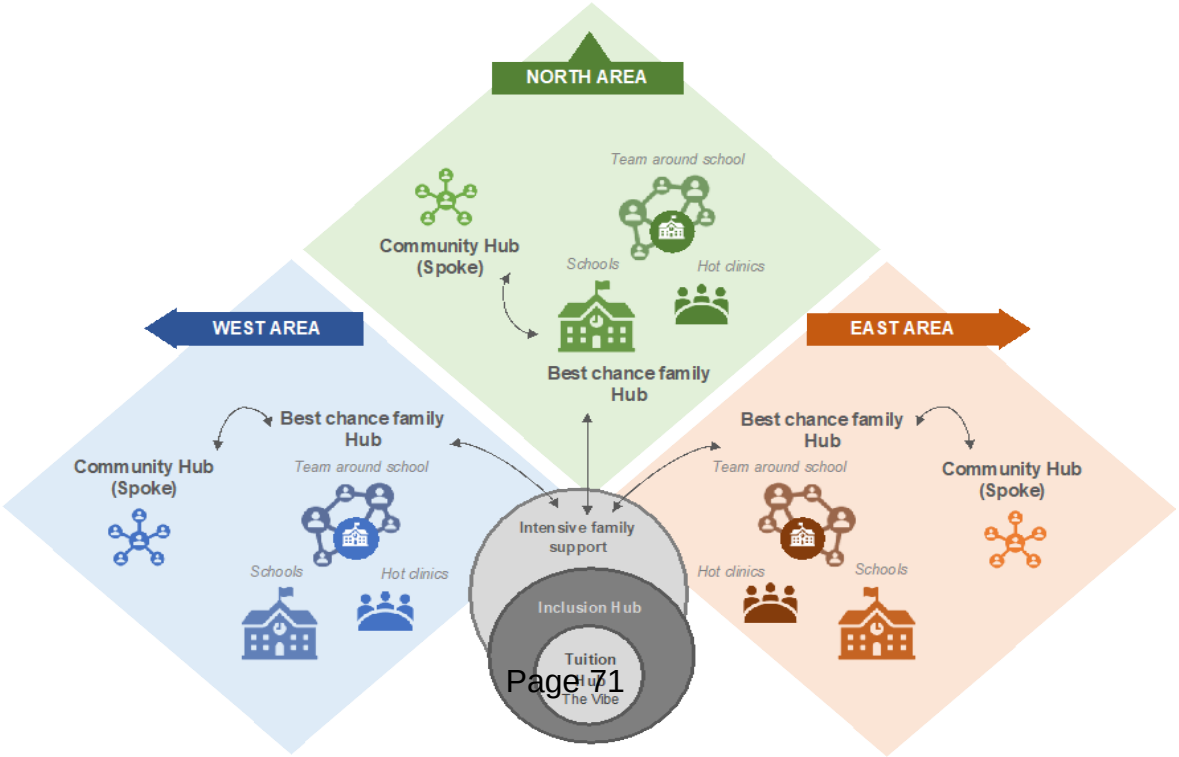
2.2 The EH TOM proposed that immediate action was taken to ensure the safety and effectiveness of the Targeted Early Help service, in the first instance. In ensuring the service is sufficiently resourced to manage the increased demand and to deliver purposeful and impactful interventions to families as a result. A £2 million investment has since been made, to secure the safety the Targeted Early Hep service and a

further £1million investment, next financial year, to start to curb demand into statutory services.

This has resulted in recruitment commencing for a further 27 additional Targeted Early Help posts in May 2022. In addition to this, a further £650K come online as of April 2022, through Public Health funding to recruit interim programme resources to implement the recommendations of the Early Help TOM which includes establishing the three family hubs; developing the business cases for any adaption and infrastructure work required as to the building of the family hubs, as well as integrated systems and information sharing to support integrated working and rolling out the Practice Framework.

2.3 The EH TOM further proposes that through greater partnership governance and single oversight of multi-agency working and commissioning, increased opportunities will be identified, within existing resource, to enable existing services to be reconfigured to achieve jointly agreed priorities. The immediate priorities are to commission parenting programmes; parenting support and earlier domestic abuse interventions, having secured a further £2 million investment, over the next two years in Public Health funding.

2.5 The three Best Chance Family Hubs are to provide integrated support to children and families in the Borough; based in the North, East and West of the Borough and coterminous with the Primary Care Network and Schools boundaries. The vision is to co-locate Targeted Early Help, Health Visiting, Mental Health advisors, Domestic Abuse workers, Education Inclusion Partners and Integrated Practice support advisors and Youth/YARM workers; Commissioned providers, THRIVE School Ambassadors and the VCS in each locality hub. Across each of the three hubs, the delivery of services to families with children aged 0-19 years, will be provided, so they can access a broad range of Early Help and Targeted services to overcome difficulties and build stronger relationships. This will support to address the current silo and fragmented arrangements currently existing, as outlined below.



2.6 The Best Chance Family Hubs will provide wrap round support to schools to strengthen the Integrated Schools offer (Team around the School), with a long-term vision to have dedicated Integrated Practice support Advisors, and Education Inclusion Partners and named EH workers for schools within the Family Hubs. For schools that are seeking to embed THRIVE practices, there too shall be THRIVE ambassadors linked to each of the Best Chance Family Hubs.

2.7 The Best Chance Family Hubs will also provide outreach support and services, in all other resident-based community hubs, ensuring the delivery of services, are as close to residents' homes and communities, that are not limited to money and debt, housing advice, health and wellbeing, learning, employment and skills, care and support, and social sector and other partners.

2.8 Wrapping round each of the three Best Chance Family hubs, will be the offer of borough wide, intensive family services, and include the targeted early help for children with disabilities delivered from Heathway, up to the age of 25 years and more specialist services such as CAMHS, Occupational Therapy and Physiotherapy: Community Paediatrics and Child Development services, through specialist nursing. Presently, specialist and intensive family support services are in several different parts of the system, and there is often poor coordination between the different services. Under a new EH TOM, specialist services will be brought together into a single Borough-wide Intensive Family Support Services.

2.9 For children and young people who are at high risk on being excluded, there will be referred to the Inclusion and tuition hub established at the Vibe Youth Centre, where wrap round support from the Best Chance Hub will be available.

2.10 The aim of the Best Chance hubs, will help to deliver:

- To enable children and families to tell their story once and support robust sharing information, where possible, across partners, where consent to given and for families to receive a more seamless and integrated service offer, with all partners working in a more integrated way.
- Enable people to access early help more easily which helps to connect them to the wider community and which builds their resilience, reducing demand for targeted and statutory services.
- To maximise opportunities for sharing skills, expertise, and resources across the partnership and reduce the level of duplication.
- To establish clear pathways to access services and establish locality and borough wide Family Information Directories and shared intelligence.
- To focus on the core offer, in response to a locality needs assessment and deliver tailored, evidence-based interventions to address local needs.
- Establish stronger connections with support such as housing advice, money, and welfare, parenting programmes, diversion activities for youth etc.
- To have delivery points for services e.g., parenting course, mentoring, integrated provision across health, disabilities, and early years access points.

- Bring together different professionals to create 'one team' of high performing workers who work to the same practice model, use the same language, and give people consistent support.

3 Consultation

3.1 The Draft Early Help strategy builds on the recent multi-agency consultation being carried out to inform the Best Chance Children and Young Peoples Plan. This consultation has informed the vision, the outcomes, and strategic priorities to be taken forward, as part of new ICS agenda.

3.3 Ideally, the CYP's plan should have shaped the Early Help Strategy, however, due to recent Ofsted focus visit and anticipated Supporting Families Assurance visit in July 2022, we have prioritised the development of the Early Help Strategy. It is currently in draft format, however, once the CYP Plan is completed, the Early Help Strategy, will need to be aligned and completed by September 2022.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment and Health and Wellbeing Strategy

The draft Early Help strategy outlines the six strategic priorities, the enablers that will underpin the delivery of the priorities, the commissioning intentions and action plan, that are all aimed to achieving our vision and outcomes for children and families. Our vision and outcomes are as follows:

Working together to give children, young people, and their families the best chance in life…

…so, every child and their family get the best start, enjoys, achieves, and thrives in inclusive school and communities, are safe and secure, and have every opportunity to become successful young adults.

The six strategic priorities, informed by an Early Help needs assessment and wide consultation with partners agencies are as follows:

1. Identify and provide holistic support to families experiencing poverty.
2. Improve the Start for Life off through, integrated locality Best Chance Family Hubs and networks
3. Increase access to and the quality of Social, Emotional and Mental Health provision to children, young people, and parents.
4. Develop a system-wide approach to tackling obesity amongst children and young people in LBBD
5. Improve availability, quality, and access to support for children and young people with special education needs and disability (SEND)
6. Develop leading domestic abuse services which significantly increase the level of support available to people – including children and young people - at risk from domestic abuse

Apart for two of the strategic priorities, Start for Life and Tackling Poverty, robust plans are already in place to support delivery of these strategic priorities.

4.4 Financial Implications

Clarification pending at time of writing.

4.5 Legal Implications

Clarification pending at time of writing.

5. Public Background Papers Used in the Preparation of the Report:

None

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 2022/23:

Edition	Publication date
June 2022 Edition	17 May 2022
September 2022 Edition	15 August 2022
November 2022 Edition	10 October 2022
January 2023 Edition	21 December 2022
March 2023 Edition	13 February 2023

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: 13.9.22	**Covid-19 Update in the Borough** The Director of Public Health will provide the Board with an update on the effects of that Covid-19 is having on Borough residents and the Council's response to dealing with the challenge of Covid-19. • Wards Directly Affected: All Wards	**Open**	Matthew Cole, Director of Public Health matthew.cole@lbbd.gov.uk
Health and Wellbeing Board: 13.9.22	**Joint Strategic Needs Assessment (JSNA)** The Board will be asked to approve the delivery of BHR Joint Strategic Needs Assessment where the London Boroughs of Barking and Dagenham, Havering and Redbridge collaborate to meet this statutory requirement via the production of three individual needs assessments, each of which mirror the other ones in both format and content whilst offering a localised and detailed view of the health needs in each borough. • Wards Directly Affected: All Wards	**Open**	Jane Leaman Interim Public Health Consultant Jane.Leaman@lbbd.gov.uk
Health and Wellbeing Board: 13.9.22	**Pharmaceutical Needs Assessment (PNA)** Barking and Dagenham along with Havering and Redbridge have opted to further their association and jointly produce a Pharmaceutical Needs Assessment. The Board will be asked to approve the proposals. • Wards Directly Affected: All Wards	**Open**	Jane Leaman Interim Public Health Consultant Jane.Leaman@lbbd.gov.uk

Health and Wellbeing Board: 13.9.22	**NELFT NHS Foundation Trust Quality Report 2021/22** All NHS healthcare providers are asked to write an annual report about the quality of services they provide. The Quality Report will enable the NELFT to engage with service users, carers, staff, stakeholders, partner organisations and the public in an open and transparent way. The Report will identify NELFT's key priorities for the year ahead and look back, showing the improvements made in the last year to improve the quality of care that NELFT provides. • Wards Directly Affected: All Wards	**Open**	Melody Williams, NELFT Integrated Care Director, melody.williams@nelft.nhs.uk
Health and Wellbeing Board: 8.11.22	**Annual Report of the Director of Public Health** The finalised report of the Director of Public Health, covering 2021/2022 will be presented to the Committee for approval. • Wards Directly Affected: All Wards	**Open**	Matthew Cole, Director of Public Health matthew.cole@lbbd.gov.uk
Health and Wellbeing Board: 8.11.22	**Covid-19 Update in the Borough** The Director of Public Health will provide the Board with an update on the effects of that Covid-19 is having on Borough residents and the Council's response to dealing with the challenge of Covid-19. • Wards Directly Affected: All Wards	**Open**	Matthew Cole, Director of Public Health matthew.cole@lbbd.gov.uk
Health and Wellbeing Board: 18.1.23	**Covid-19 update in the Borough** The Director of Public Health will provide the Board with an update on the effects of that Covid-19 is having on Borough residents and the Council's response to dealing with the challenge of Covid-19. • Wards Directly Affected: All Wards	**Open**	Matthew Cole, Director of Public Health matthew.cole@lbbd.gov.uk

Health and Wellbeing Board: 14.3.23	**Covid-19 update in the Borough** The Director of Public Health will provide the Board with an update on the effects of that Covid-19 is having on Borough residents and the Council's response to dealing with the challenge of Covid-19. • Wards Directly Affected: All Wards	**Open**	Matthew Cole, Director of Public Health matthew.cole@lbbd.gov.uk

APPENDIX 1

Membership of Health and Wellbeing Board:

Councillor Maureen Worby (Chair) LBBD Cabinet Member for Adult Social Care and Health Integration
Dr Jagan John (Deputy Chair), NHS North East London Clinical Commissioning Group
Councillor Syed Ghani, LBBD Cabinet Member for Enforcement and Community Safety
Councillor Jane Jones, LBBD Cabinet Member for Children's Social Care and Disabilities
Councillor Elizabeth Kangethe, LBBD Cabinet Member for Educational Attainment and School Improvement
Elaine Allegretti, LBBD Strategic Director, Children and Adults
Melody Williams, North East London NHS Foundation Trust (NELFT)
Elspeth Paisley, BD Collective
Matthew Cole, LBBD Director of Public Health
Louise Jackson, 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)