

**Notice of Meeting****HEALTH & WELLBEING BOARD****Wednesday, 18 January 2023 - 6:00 pm  
Council Chamber, Town Hall, Barking**

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**Membership**

Cllr Maureen Worby (Chair)	LBBB (Cabinet Member for Adult Social Care and Health Integration)
Dr Ramneek Hara	NHS North East London Integrated Care Board
Elaine Allegretti	LBBB (Strategic Director, Children and Adults)
Matthew Cole	LBBB (Director of Public Health)
Louise Jackson	Metropolitan Police
Cllr Syed Ghani	LBBB (Cabinet Member for Enforcement and Community Safety)
Kathryn Halford	Barking Havering & Redbridge University NHS Hospitals Trust
Cllr Jane Jones	LBBB (Cabinet Member for Children's Social Care and Disabilities)
Cllr Elizabeth Kangethe	LBBB (Cabinet Member for Educational Attainment and School Improvement)
Sharon Morrow	NHS North East London Integrated Care Board
Elsbeth 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	LBBB (Chair, Health Scrutiny Committee)
Narinder Dail	London Fire Brigade
Anju Ahluwalia	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 8 November 2022 (Pages 3 - 8)**
4. **Adult Social Care Discharge Fund (Pages 9 - 21)**
5. **Covid-19 Update (Pages 23 - 26)**
6. **Integrated Care Partnership Board - Update (Page 27)**
7. **Safeguarding Adult Board Annual Report 2021/22 (Pages 29 - 73)**
8. **Joint Local Health and Wellbeing Strategy (JLHWS) 2023-2028 Refresh (Pages 75 - 84)**
9. **Babies, Children, Young People and Families (0-25) Partnership - Best Chance Strategy (Pages 85 - 92)**
10. **Forward Plan (Pages 93 - 99)**
11. **Any other public items which the Chair decides are urgent**
12. **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.***

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

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## Our Vision for Barking and Dagenham

# **ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND**

## Our Priorities

### **Participation and Engagement**

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

### **Prevention, Independence and Resilience**

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

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

## **Inclusive Growth**

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

## **Well Run Organisation**

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

## MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 8 November 2022  
(6:00 - 8:00 pm)

**Present:** Cllr Maureen Worby (Chair), Elaine Allegretti, Matthew Cole, Cllr Syed Ghani, Cllr Jane Jones, Cllr Elizabeth Kangethe, Sharon Morrow, Elspeth Paisley, Nathan Singleton and Melody Williams

### **25. Apologies for Absence**

Apologies were received from Kathryn Halford of Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). Ann Hepworth represented BHRUT at this meeting.

Cllr Paul Robinson, Chair of the Health Scrutiny Committee and a standing invited guest, also sent his apologies.

### **26. Declaration of Members' Interests**

There were no declarations of interest.

### **27. Minutes (13 September 2022)**

The minutes of the meeting held on 13 September 2022 were confirmed as correct.

### **28. Covid-19 Update in the Borough**

The Director of Public Health (DPH) disclosed that he expected Covid-19 and flu to impact on services over the winter. However there had, so far, not been a large increase of Covid-19 cases as had been the case in the previous two years.

In relation to hospitalisations, the DPH stated that there had been an increase in admissions of children under the age of three. This was due to the lockdown where the lack of exposure to flu meant that children had less immunity.

Whilst progress had been made in immunising high-risk groups for flu, as well as the Covid-19 booster, uptake had been slow and this was a source of concern. The DPH said that the hesitancy being shown by residents of Barking and Dagenham as well as frontline staff was a challenge.

The Board noted the update.

### **29. Annual Report of the Director of Public Health**

The DPH presented their annual report to the Board. The DPH said that Covid-19 had had an impact on health inequalities and the health and social care system, and the consequences would continue to pose a challenge. Among the effects would be an increase in potentially preventable deaths from conditions such as heart disease and diabetes, owing to hospitals and GP surgeries being limited in

the services that they could provide during the pandemic.

The DPH also warned that rising inflation would impact on borough residents, though it was too early to ascertain the scale and scope. However, the DPH said that, given the demographics of the Borough, there would be a disproportionately negative impact. This would pose additional challenges in enabling the Council and its partners to meet their aims.

Universal services would be more difficult to provide under existing budgets and the DPH suggested that services would need to be targeted at those who were most vulnerable. The move to place-based partnerships provided an opportunity for a locality focused approach as a borough-based approach would not work as well. This would involve working closely with primary care networks, family hubs and the voluntary sector.

The DPH then discussed 'levelling up' funding, noting that there had been much discussion of the concept by Central Government and the media. However, there were difficult questions relating to identifying priorities for such funding.

The DPH also disclosed that it was likely that he would be required to give evidence to the Covid-19 public enquiry in relation to Barking and Dagenham Council's response to the pandemic.

Following comments by the Board, the DPH said that data sharing was crucial going forward. There had been no previous legal impediment, but data sharing was dependent on the willingness of partner organisations to share information. Different organisations had different rules relating to data; however, the introduction of place-based partnerships would address this. The DPH also added that Covid-19 had resulted in greater information sharing.

Barking and Dagenham Council's Chief Executive (CE) thanked the DPH for their report. The CE said that discussions were ongoing on how to run services in a challenging context but stressed that health integration offered an opportunity to provide better support to vulnerable residents. The CE added that one proposal was to recruit a senior level role that would co-ordinate the different services and providers.

The Board noted that demographic growth was a further challenge and emphasised that preventative services were important. The Chair stressed that the continuation of services would need to go hand in hand with reforms to delivery, noting that anti-smoking services had had limited effect. The Board agreed but noted that it required a greater risk appetite and bolder decision making.

The Board agreed to approve the Annual Report of the Director of Public Health.

### **30. NEL Integrated Care Strategy Update**

The Director of Strategic Development (DSD) at NHS North East London Integrated Care Board updated the Board on the Integrated Strategy. The Strategy was the responsibility of the new statutory Integrated Care Partnership (ICP), established in July 2022. The ICP included the NHS and the Council, as well as the community and voluntary sectors. The Strategy set the direction for the system, including the new planning cycle for the NHS, and this required submitting



a plan no later than 31 March 2023. Given the short time span, the plan would be based on an interim basis and further guidance was expected from the Department of Health and Social Care in June 2023. Partners across North East London had been keen to ensure that the Strategy addressed the unique contexts in North East London and that the plan, rather than be a one-off document, would be part of a process of continuous development.

The DSD said that tackling health inequalities were a component of all the local strategies, including improving access to underserved and disadvantaged groups, as well as improving collaboration between providers. The four system priorities had been agreed as:

- Children, Babies and Young People;
- Long-Term Conditions;
- Mental Health; and
- Workforce and Employment.

These would feature prominently in the Strategy going forward and workshops had been held to identify themes and ideas. The DSD said that the workshops had been well attended, with the DSD noting that 200 people attended a workshop on children, babies, and young people.

Among the issues discussed included:

- Equity-recognising that poverty affects health outcomes;
- Prevention- including primary prevention; and
- Personalisation- a more holistic approach that was also tailored to the patient.

The Board noted that there would be challenges in relation to workforce strategy, noting the competition from the private sector as well as the public sector elsewhere in London. The BHRUT Representative outlined the work that BHRUT was undertaking to address the inflationary pressures, such as a school uniform swap. The Chair noted that one of the issues was agreeing a collective approach with Redbridge and Havering Councils, highlighting that Barking and Dagenham had a policy of not commissioning work from contractors who did not pay the London living wage.

In relation to employment, the DPH noted that the demographics of Barking and Dagenham rendered providing support challenging, as many of the residents did not have family members to turn to, as they often lived abroad.

The Board noted the report.

### **31. Barking and Dagenham Place-based Partnership Winter Summit**

The Director of Integrated Care (DIC) at NHS North East London Integrated Care Board gave an update on the Winter Summit that took place on 20 October 2022. This summit, which was an NHS-led approach, took place every year to plan for the challenges of winter. This year's focus was on preventative approaches to support vulnerable people at home and avoid hospital admissions. This was the first summit since the establishment of the Integrated Care Partnership.

Discussions were held on the Office for Health Improvement and Disparities' Winter Resilience Framework. This framework had been set up for London and consisted of a ten-point plan. At the summit, three points were the focus:

- Promoting staying well and winter campaigns;
- Optimising case finding diagnosis and the management of long-term conditions; and
- Supporting health and wellbeing and the resilience of the work force.

Partner organisations were invited to share their top three challenges. The winter period was always a challenge and the continuing fallout of Covid-19 as well as rising inflation added to the pressure. Discussions were undertaken to agree a common approach and to identify six approaches that could then be taken forward. The DIC highlighted areas such as immunisation and prevention work. The DIC also highlighted discussions on helping families with additional needs, persons with complex needs and working with schools.

The Adults Delivery Board was due to meet next week (week beginning 14 November 2022) to consider the outcome of discussions held at the Winter Summit. The DIC concluded by adding that the partnership model would enable approaches to be taken that were not previously available.

The Board noted the update.

### **32. Healthwatch programme of work - 22/23 Progress Report**

The Healthwatch Manager (HM) updated the Board on the activities of Healthwatch since April 2022.

Healthwatch had five board members and interviews for an additional member were being undertaken. There were plans to recruit more volunteer board members as to improve representation from Barking and Dagenham. Membership of Healthwatch rose by 70.

30 pop up and engagement sessions had been held and Healthwatch attended the Mental Health Users Group. The feedback from the group was good and they had invited Healthwatch to return.

Healthwatch has sought to raise its profile and, during the reporting period has engaged with 622 people. The HM disclosed that dental care was identified by residents as a major issue and would have a major impact. The HM highlighted two projects; Healthy Living and Pre-Frailty.

In relation to Healthy Living the HM stated that:

- 126 responses were received;
- 40 pieces of information was received;
- 9 recommendations were made; and
- Barking and Dagenham Council had responded positively.

HM disclosed that residents were basing their conclusions on obesity on self-perception and were not checking their actual BMI which was a source of concern.

Feedback was also received in relation to how the health living service was taking into consideration ethnicity, religion and general culture awareness. Healthwatch had made recommendations in relation to this and would be following them up in two months.

In relation to Pre-Frailty, Healthwatch's report had been shared with stakeholders in London working in Anticipatory Care, to help others in its implementation. The report had uploaded to the London NHS Future website. Additionally, the findings were being used to develop a pilot model for pre-frailty care in Barking and Dagenham. The findings were also being reviewed on a national level.

GP practice websites were reviewed following residents' feedback on accessibility and ease of use. The draft report would be sent to NHS North East London for feedback and would be shared with the Board once feedback had been received. Another project, which was part of the wider maternity strategy, looked at pathways from antenatal to postnatal care and involved surveying 900 women across North East London via the use of interviews. The findings have been submitted to NHS North East London and NHS England. The HM regretted that she could not share the findings with the Board at this point but said that the report would be published in due course.

The HM then outlined the work in progress for the remaining period between October 2022 and March 2023. Among the projects outlined included:

- Who Knows? - which would consist of ascertaining how high the profile of Healthwatch was among residents;
- EHCP- this would involve visiting schools to talk to parents and children via focus groups. The plan was still being finalised and would not be completed until February 2023;
- Health Visiting- this piece of work was ongoing and would not be completed until February 2023. 47 responses from residents had been received at the time of the Board meeting; and
- Enter and View Visits- Healthwatch's Board had challenged the focus on health programmes and would like to see work undertaken on social care.

The DPH suggested that services were not being targeted at groups in the community that require them most and cited lifestyle and frailty services. In relation to maternity services suggested that, for the Board's assurance, a report be compiled on maternity services in Barking and Dagenham as the DPH noted Barking and Dagenham has a higher birth-rate than the national average.

In response to questioning, the BHRUT representative stated that BHRUT would respond to the report and to address any recommendations. Additionally, BHRUT would prepare a report for the Board next year. The HM clarified that Healthwatch's maternity report would address issues on a North East London basis.

Addressing concerns from the Board in relation to engagement, the Chair emphasised that the new area community hubs would offer a new source of engagement for residents and that this would be beneficial going forward.

The Board noted the report.

**33. Forward Plan**

The Board noted the forward plan.

## HEALTH AND WELLBEING BOARD

18<sup>th</sup> January 2023

<b>Title:</b>	<b>Adult Social Care Discharge Fund</b>
<b>Report of the Strategic Director (Children's and Adults)</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected: All</b>	<b>Key Decision: Yes</b>
<b>Report Author:</b> Louise Hider-Davies, Head of Commissioning	<b>Contact Details:</b> <a href="mailto:Louise.hiderdavies@lbbd.gov.uk">Louise.hiderdavies@lbbd.gov.uk</a>
<b>Sponsor:</b> Elaine Allegretti, Strategic Director (Children's and Adults)	
<b>Summary:</b>	
<p>A new Adult Social Care Discharge Fund was announced in September 2022, with just over £1.5m allocated to Barking and Dagenham to free up hospital beds and support discharge into social care. It was announced that the fund had to be spent by 31 March 2023 and could be used flexibly to support discharge but with a key focus on Home First and Discharge to Assess. The Discharge Fund will be pooled within the Better Care Fund for 22/23.</p> <p>In order to be awarded the funding, two templates needed to be completed. One was a template from the ICB stating how much had been given from their allocation to different local areas. The second was a template per Health and Wellbeing Board area which outlined the estimated breakdown of the allocated spend to the local authority and the ICB. Local authority officers led the completion of the template for the Fund with the ICB and it was signed off by Cllr Worby as Chair of the Health and Wellbeing Board (HWB) prior to submission on 16 December 2022. The template can be found at Appendix 1.</p> <p>The BCF Section 75 agreements will now be reviewed and amended with the details of the additional funding and will be in place by the end of January 2023.</p>	
<b>Recommendation(s)</b>	
<p>The Health and Wellbeing Board is recommended to:</p> <ol style="list-style-type: none"> <li>1. Note and agree the report and the template at Appendix 1.</li> <li>2. Note that fortnightly returns will be provided to DHSC and NHS England to track spend.</li> <li>3. Approve that the Section 75 governing the Better Care Fund is amended to include the Adult Social Care Discharge Fund for 22/23.</li> </ol>	
<b>Reason(s)</b>	

The Adult Social Care Discharge Fund will form part of the Better Care Fund for 22/23. The Better Care Fund enables the local authority and NHS organisations to jointly plan and deliver local services to support Barking and Dagenham residents. The BCF funds projects and services that are delivered by stakeholders from across the system, designed to improve health and social care outcomes, prevent re-admission to hospital, maintain and improve independence and support hospital discharge. The BCF works to deliver the Council's vision and priorities.

## 1. Introduction and Background

- 1.1 On 22 September 2022, the government announced its Plan for Patients. This plan committed £500 million for the rest of this financial year, to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The government stated that the focus for this funding would mainly focus on the two key discharge approaches of 'home first' and discharge to assess (D2A).
- 1.2 Although the fund was announced in September, details were only published in mid-November, with a requirement to submit templates to NHS England on 16 December 2022 to outline how the fund would be used locally. The guidance for the funding can be found [here](#) – please see summary at 1.5 below.
- 1.3 The funding is distributed to both local authorities and integrated care boards (ICBs) and allocated in 2 tranches. The first tranche (40% of the total allocation) was given in December and the second tranche (60% of the total allocation) will be given in January, contingent on receipt of an initial completed planning template and meeting the fund conditions.
- 1.4 For Barking and Dagenham, it was announced that the local authority would receive £760,884 and the ICB announced that Barking and Dagenham would receive £789,561 of their wider NEL allocation. In total Barking and Dagenham therefore received **£1,550,445** for its Adult Social Care Discharge Fund allocation.
- 1.5 A summary of the conditions are as follows:
  - Local authority and ICB funding should be pooled into local BCF Section 75 agreements, with plans agreed by LA and ICB chief executives and signed off by the Health and Wellbeing Board.
  - Funding should be used on permitted activities that reduce flow pressure on hospitals and enable more people to be discharged to an appropriate setting, prioritising approaches that free up the maximum number of hospital beds and reduce lost bed days. It was stated that discharge to assess and homecare should be prioritised as approaches where possible.
  - ICBs should ensure that support from the NHS for discharges into social care is available throughout the week, including at weekends.
  - ICBs, hospital trusts and local authorities should work together to improve all existing NHSE and local authority discharge data collections and providers should keep bed vacancy data, particularly via the capacity tracker data, up to date as frequently as possible.

- 1.6 The impact the additional funding is having will be tracked by the following metrics:
- The number of people discharged to their usual place of residence (existing BCF metric).
  - The absolute number of people 'not meeting criteria to reside' (and who have not been discharged).
  - The number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep).
  - The proportion (%) of the bed based occupied by patients who do not meet the criteria to reside, by trust.
  - The number of care packages purchased for care homes, domiciliary care and intermediate care.
  - The data on length of stay.
- 1.7 As part of the conditions for the funding it was stated that two templates should be completed – one by the ICB to confirm the distribution of the allocation to each local authority area, and another to outline how the total allocation will be spent in each local authority area (Appendix 1). The two templates were signed-off and completed by the relevant parties ahead of the deadline. Due to the short timeframes, the Chair of the Health and Wellbeing Board signed off Appendix 1 on behalf of the Health and Wellbeing Board.
- 1.8 It should be noted that each local area will need to submit fortnightly reports setting out what activities have been delivered in line with commitments in the spending plan, as well as an end of fund report in May.
- 1.9 It is not clear whether NHS England will formally 'approve' templates, however it has stated that a progress review across all areas will take place in January. Where there are persistent challenges or non-compliance with funding conditions, or if funds are not being spent in accordance with the agreed plan, then further scrutiny and challenge will be provided to local areas.

## 2. Proposal and Issues

- 2.1 Appendix 1 sets out the plan for the £1.55m allocated to Barking and Dagenham following discussions and agreement between partners. As ever with Better Care Fund announcements, the government gave local areas only 4 weeks to produce and sign-off their spending plans by 16 December.
- 2.2 The template does not enable much detail to be provided. However, our approach has focused on being as innovative as possible within the short timeframe provided and to concentrate on unblocking and improving issues that have been voiced by residents and the community, social workers, BHRUT, NELFT, Community Solutions and our providers over previous months. To provide more detail on our template, the following summary sets out our local approach:
- **Local authority staffing resource** to provide administration for the fortnightly returns and payments, commissioning capacity to commission and monitor projects e.g. reablement pilot and a new Consultant Social Worker role within Mental Health and Disabilities to support complex discharges.

- **Agency staff** to open up seven refurbished beds on the top floor of Kallar Lodge to support discharges to residential care over the Winter, while permanent recruitment is taking place.
- **Support for homeless residents** who are being discharged from hospital. This includes a pot to fund short-term accommodation and support to enable discharge while longer-term accommodation and support is being sourced. Additionally, this includes an enhanced 'Home, Settle and Support' service from the British Red Cross for more complex discharges.
- **Recruitment, retention and workforce initiatives**, including funding Care Provider Voice to provide intensive support to providers around recruitment and training, and incentive payments to providers to help recruit and retain staff and get them through a very challenging Winter.
- **Unfunded homecare, crisis intervention, nursing, residential and mental health packages and placements** to support discharge.
- **A reablement pilot** attached to Home First discharges to support more residents to live independently and remain in their own home without being re-admitted to hospital. This will be evaluated to see whether the outcomes over the Winter period point to the need for a new model of reablement within Barking and Dagenham instead of our current 'crisis intervention' model.

2.3 The Health and Wellbeing Board are asked to note and agree the approach taken. The use of the funding will be monitored and overseen by Officers in the local authority and the ICB and the Section 75 will be updated to reflect the additional funding.

### 3 Consultation

3.1 As stated above, funding has been used to unblock issues and challenges outlined by all stakeholders over the previous six months to improve discharge processes and pathways. This feedback has been gathered through interviews, meetings and sessions with social workers and partners from the Trusts.

### 4 Mandatory Implications

4.1 **Joint Strategic Needs Assessment:** The Better Care Fund supports the issues and challenges outlined in the JSNA and this is taken into account when planning and commissioning services funded by the Better Care Fund.

4.2 **Health and Wellbeing Strategy:** The priorities and outcomes within the Health and Wellbeing Strategy are used as a basis for the Better Care Fund plan and have been considered within our approach to the use of the Adult Social Care Discharge Fund, particularly in looking at preventative approaches e.g. reablement pilot.

4.3 **Integration:** The Better Care Fund and the Adult Social Care Discharge Fund is an integrated pot of funding and is planned, developed, commissioned, delivered, monitored and signed-off with partners across the health and social care system.

### 4.4 Financial Implications

Implications completed by Paul Durrant, Finance Manager (People & Resilience)



The Adult Social Care Discharge Fund is made up of Local Authority Funding of £760,884 and ICB Funding of £789,561, equating to total funding of £1,550,445.

A formal plan has been drafted, identifying how this funding is planned to be spent by 31<sup>st</sup> March 2023.

#### **4.5 Legal Implications**

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

This report sets out an update on new funding being received for the Better Care Fund. A new stream of funding is being received from the Adult Social Care Discharge Fund which is to be pooled with the Better Care Fund for the year 2022/2023.

The Better Care Fund encourages the integration of health and social care systems locally to support person centred care by requiring the ICB and local authorities to enter into pooled budget arrangements and agree an integrated spending plan. Local Authorities and the ICB have formalised these arrangements under a section 75 Agreement as provided for under the NHS Act 2006.

This report states that one of the conditions is that the funding should be pooled into local BCF Section 75 agreements. Therefore once approved there will be an update to the existing section 75 agreement between LBBB, Havering, Redbridge and the ICB. Full conditions of the funding are set out at paragraph 1.5 of this report.

The Legal team will be on hand to assist with these updates to the agreement, where required.

**4.6 Risk Management:** The Health and Wellbeing Board is required to note and agree the use of this funding in line with the requirements and the Better Care Fund planning.

**4.7 Patient / Service User Impact:** The experience of residents will be sought and used to improve services provided by this funding wherever possible. This will include feedback surveys as part of the reablement pilot and enhanced Home, Settle and Support service and phone calls to residents receiving homecare and crisis intervention. Impact will be measured via the metrics outlined above in paragraph 1.6.

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

- <https://www.gov.uk/government/publications/adult-social-care-discharge-fund/addendum-to-the-2022-to-2023-better-care-fund-policy-framework-and-planning-requirements>

#### **List of Appendices:**

**Appendix 1 - Adult Social Care Discharge Fund submission template**

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Version 1.0.0

**Please Note:**

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached to this funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners).

<b>Health and Wellbeing Board:</b>	Barking and Dagenham
<b>Completed by:</b>	Louise Hider-Davies
<b>E-mail:</b>	<a href="mailto:louise.hiderdavies@lbbd.gov.uk">louise.hiderdavies@lbbd.gov.uk</a>
<b>Contact number:</b>	020 8057 5553

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

<b>Confirm that use of the funding has been agreed (Yes/No)</b>	Yes
<b>Job Title:</b>	Chair of the Health and Wellbeing Board
<b>Name:</b>	Councillor Maureen Worby

If the following contacts have changed since your main BCF plan was submitted, please update the details.

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
<b>*Area Assurance Contact Details:</b>	Health and Wellbeing Board Chair	Councillor	Maureen	Worby	<a href="mailto:maureen.worby@lbbd.gov.uk">maureen.worby@lbbd.gov.uk</a>
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Charlotte	Pomery	<a href="mailto:charlotte.pomery@nhs.net">charlotte.pomery@nhs.net</a>
	Local Authority Chief Executive		Fiona	Taylor	<a href="mailto:fiona.taylor@lbbd.gov.uk">fiona.taylor@lbbd.gov.uk</a>
	LA Section 151 Officer		Philip	Gregory	<a href="mailto:philip.gregory@lbbd.gov.uk">philip.gregory@lbbd.gov.uk</a>

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

When all yellow sections have been completed, please send the template to the Better Care Fund Team [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

See next sheet for Scheme Type (and Sub Type) descriptions

**Discharge fund 2022-23 Funding Template**

**5. Expenditure**

Selected Health and Wellbeing Board:

Barking and Dagenham

Source of funding		Amount pooled	Planned spend
LA allocation		£760,884	£760,884
ICB allocation	NHS North East London ICB	£789,561	
		Please enter amount pooled from ICB	
		Please enter amount pooled from ICB	
			£789,561

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Hospital discharge, planning and	Administrative resource	Administration	<Please Select>				Social Care	Barking and Dagenham	Local authority grant	£15,504
2	Hospital discharge, planning and	Commissioning project management to support initiatives outlined	Additional or redeployed capacity from current care workers	Redeploy other local authority staff			Both	Social Care	Barking and Dagenham	Local authority grant	£70,000
3	Hospital discharge, planning and	Support for complex homelessness discharge cases	Reablement in a Person's Own Home	Other	Accommodation and placement support for	12		Social Care	Barking and Dagenham	Local authority grant	£72,000
4	Hospital discharge, planning and	Consultant Social Work capacity to support complex discharge for people with	Additional or redeployed capacity from current care workers	Redeploy other local authority staff			Both	Social Care	Barking and Dagenham	Local authority grant	£25,000
5	Market stabilisation and workforce issues	Care Provider Voice support around workforce recruitment, retention and	Local recruitment initiatives				Both	Social Care	Barking and Dagenham	Local authority grant	£70,000
6	Market stabilisation and workforce issues	Provider payments to incentivise workforce recruitment and retention	Improve retention of existing workforce	Incentive payments			Both	Social Care	Barking and Dagenham	Local authority grant	£240,000
7	Targeted out of hospital care	Unfunded homecare and crisis intervention packages to support discharge (single	Home Care or Domiciliary Care	Domiciliary care packages		70		Social Care	Barking and Dagenham	Local authority grant	£268,380
8	Targeted out of hospital care	Unfunded residential, nursing and mental health placements to support	Residential Placements	Care home		25		Social Care	Barking and Dagenham	ICB allocation	£404,709
9	Targeted out of hospital care	Reablement pilot as bolt on to Home First discharges	Reablement in a Person's Own Home	Reablement to support to discharge – step down		80		Social Care	Barking and Dagenham	ICB allocation	£309,852

10	Hospital discharge, planning and	Agency support to open up residential care beds	Additional or redeployed capacity from current care workers	Costs of agency staff		7	Residential care	Social Care	Barking and Dagenham	ICB allocation	£75,000
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**Scheme types and guidance**

<p><b>This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.</b></p> <p>The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should <u>only</u> be used when none of the specific categories are appropriate.</p> <p>The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.</p>	
<p>The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected</p>	
<p>The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.</p>	
<p>This funding is being allocated via:</p> <ul style="list-style-type: none"> <li>- a grant to local government - (40% of the fund)</li> <li>- an allocation to ICBs - (60% of the fund)</li> </ul> <p>Both elements of funding should be pooled into local BCF section 75 agreements.</p> <p>Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).</p> <p>When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)</p> <p>Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.</p> <p>For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.</p> <p>Assistive Technologies and Equipment Home Care or Domiciliary Care Bed Based Intermediate Care Services Reablement in a Person's Own Home Residential Placements</p>	

Scheme types/services	Sub type	Notes	home care?
Assistive Technologies and Equipment	<ol style="list-style-type: none"> <li>1. Telecare</li> <li>2. Community based equipment</li> <li>3. Other</li> </ol>	You should include an expected number of beneficiaries for expenditure under this category	Y

Home Care or Domiciliary Care	<ol style="list-style-type: none"> <li>1. Domiciliary care packages</li> <li>2. Domiciliary care to support hospital discharge</li> <li>3. Domiciliary care workforce development</li> <li>4. Other</li> </ol>	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	<ol style="list-style-type: none"> <li>1. Step down (discharge to assess pathway 2)</li> <li>2. Other</li> </ol>	You should include an expected number of beneficiaries for expenditure under this category	N
Reablement in a Person's Own Home	<ol style="list-style-type: none"> <li>1. Reablement to support to discharge – step down</li> <li>2. Reablement service accepting community and discharge</li> <li>3. Other</li> </ol>	You should include an expected number of beneficiaries for expenditure under this category	Y
Residential Placements	<ol style="list-style-type: none"> <li>1. Care home</li> <li>2. Nursing home</li> <li>3. Discharge from hospital (with reablement) to long term care</li> <li>4. Other</li> </ol>	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	<ol style="list-style-type: none"> <li>1. Childcare costs</li> <li>2. Overtime for existing staff.</li> </ol>	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	<ol style="list-style-type: none"> <li>1. Retention bonuses for existing care staff</li> <li>2. Incentive payments</li> <li>3. Wellbeing measures</li> <li>4. Bringing forward planned pay increases</li> </ol>	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	<ol style="list-style-type: none"> <li>1. Costs of agency staff</li> <li>2. Local staff banks</li> <li>3. Redeploy other local authority staff</li> </ol>	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible.	Area to indicate setting



Administration		Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA
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## HEALTH AND WELLBEING BOARD

18 January 2023

<b>Title:</b>	Covid-19 update in the Borough		
<b>Report of the Director of Public Health</b>			
<b>Open Report</b>		<b>For Information</b>	
<b>Wards Affected: All</b>		<b>Key Decision: No</b>	
<b>Report Author:</b> Richard Johnston Performance & Intelligence Analyst		<b>Contact Details:</b> E-mail: <a href="mailto:Richard.johnston@lbbd.gov.uk">Richard.johnston@lbbd.gov.uk</a>	
<b>Sponsor:</b> Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham			
<b>Summary:</b>  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.			
<b>Recommendation(s)</b>  The Health and Wellbeing Board is recommended to:  1. Review and provide feedback on the presentation.			
<b>Reason(s)</b>  Keeping the Health and Wellbeing Board informed of the current Covid-19 situation in the borough is vital as Covid-19 continues to pose a challenge.			

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

18<sup>th</sup> January 2023

**Barking &  
Dagenham**

one borough; one community; no one left behind

# Key updates

**Coronavirus remains a serious health risk, particularly to vulnerable populations. Coronavirus, in combination with other resurgent respiratory illnesses such as Influenza, continues to apply pressure to health services in the borough. Residents and visitors to the borough should stay cautious to help protect themselves and others.**

- All-age case rates remain at low levels within Barking and Dagenham. From the 23<sup>rd</sup> December to 31<sup>st</sup> December, the boroughs all-age case rose marginally from 32.2 cases per 100k residents to 35.5 cases, which was just above the London average of 35.0 cases. 15 of the 32 London boroughs had a lower all-age case rate than Barking and Dagenham on 31<sup>st</sup> December. It should be noted that these low all-age case rates are being observed in an environment of historically low pillar 1 and 2 testing levels, particularly among lower age groups.
- From the 23<sup>rd</sup> December to 31<sup>st</sup> December, Barking and Dagenham's 60+ case rate rose from 92.7 cases per 100k residents to 132.0 cases, a 42.2% increase, meaning the boroughs 60+ case rate has an amber rag rating. Over the same period, the London 60+ case rate fell from 104.4 cases per 100k residents to 89.0 cases, a 14.8% decrease. The only London borough that has a higher 60+ case rate than Barking and Dagenham is Bexley, with a rate of 143.6 cases. Over the same period the 80+ age groups case rate spiked from 144.8 cases per 100k residents to 362.1 cases, the highest of any age group.
- The number of borough residents who took a PCR test in the week to 25<sup>th</sup> December 2022 was 436. 8.9% of those tested were positive for COVID-19. One year prior, in the week to 25<sup>th</sup> December 2021, 13,525 residents had taken a PCR test and 33.0% received a positive result for COVID-19.
- As the focus of vaccination efforts now centre around vulnerable groups such as carers, the elderly and the immunocompromised, these are the only groups in which vaccination rates are still increasing week on week. The Autumn booster coverage percentage for all borough residents aged 50 and over rose from 64.0% as of 23<sup>rd</sup> December to 64.1% as of the 31<sup>st</sup> December. The 80-84 year old group remained the group with the highest Autumn booster coverage with 82.5% of this age group having received an Autumn booster.
- December saw 4 Consecutive weekly increases in the number of patients in a BHRUT G&A hospital bed with COVID-19. On 1<sup>st</sup> December this number was 1, on 31<sup>st</sup> December the number had risen to 73, as winter pressures continue to strain health care services in the borough. During the same period, the number of patients in critical care rose from 1 to 2, with a peak in December of 6 patients. This number may rise as the effects of higher G&A bed occupancy filter through to critical care services.
- In the week to 23<sup>rd</sup> December, no death certificates issued in the borough mentioned COVID-19. The total number of deaths in the borough that week was 8.0 deaths below the 2015-19 average for the same week. Positive excess mortality has now been recorded in 22 of the first 51 weeks of 2022. There have been 682 COVID-19 related deaths in the borough since the start of the pandemic, including 4 deaths in December 2022.

## HEALTH AND WELLBEING BOARD

18 January 2023

<b>Title:</b>	Integrated Care Partnership-Update		
<b>Report of the Director of Public Health</b>			
<b>Open Report</b>	<b>For Information</b>		
<b>Wards Affected: All</b>	<b>Key Decision: No</b>		
<b>Report Author:</b> Matthew Cole	<b>Contact Details:</b> E-mail: Matthew.Cole.lbbd.gov.uk		
<b>Sponsor:</b>	Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham		
<b>Summary:</b>	<p>At the meeting of the Board that took place in November 2022, the Board requested that an update be provided to the implementation of the Integrated Care Partnership relating to the implementation of the Integrated Care Partnership structure in order to ensure that all Board members are kept abreast of developments.</p>		
<b>Recommendation(s)</b>	<p>The Health and Wellbeing Board is recommended to:</p> <ol style="list-style-type: none"> <li>1. Review and provide feedback.</li> </ol>		
<b>Reason(s)</b>	<p>Keeping the Health and Wellbeing Board informed of the status of the Integrated Care Partnership implementation gives all stakeholders an opportunity to contribute to its development.</p>		

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## HEALTH AND WELLBEING BOARD

18 JANUARY 2023

<b>Title:</b>	<b>Safeguarding Adult Board Annual Report 2021/22</b>
<b>Report of the Independent Chair of the Safeguarding Adults Board</b>	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected: All</b>	<b>Key Decision: No</b>
<b>Report Author:</b> Anju Ahluwalia, Independent Chair of the Safeguarding Adults Board	<b>Contact Details:</b> Email: anju.ahluwalia@lbbd.gov.uk
<b>Sponsor:</b> Elaine Allegretti, Director of People and Resilience	
<b>Summary:</b>  Local Safeguarding Adult Boards (SABs) have a statutory obligation to compile and publish an Annual Report and to provide this to the Chair of the local Health and Wellbeing Board. The reports are expected to provide an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of vulnerable adults.  The SAB's Annual Report 2021/22 highlights the work of the Board between April 2021 and March 2022. It sets out the key achievements, work of the partners, information around the priorities and how the SAB has worked to improve the protection of adults across Barking and Dagenham.	
<b>Recommendation(s)</b>  The Health and Wellbeing Board is recommended to agree:  1. Receive the Safeguarding Adults Board (SAB) Annual Report 2021/22 and provide comments on its contents for the SAB to consider as they continue to develop their future plans.	
<b>Reason(s)</b>  For the Health and Wellbeing Board to have an opportunity to comment on the work of the Safeguarding Adults Board prior to the publishing of the SAB Annual Report 2021/22.	

### 1. Introduction and Background

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

- 1.2 The Care Act 2014 identifies six key principles that should underpin all safeguarding work. These are accountability, empowerment, protection, prevention, proportionality and partnership.
- 1.3 The Safeguarding Adults Boards is made up of three statutory partners who are the Local Authority, the Police and the NHS Integrated Care Board. The Barking and Dagenham Safeguarding Adults Board also includes representation from other key local partner organisations and these are Barking Havering Redbridge University Trust (BHRUT), North East London Foundation Trust (NELFT), the London Fire Brigade, the Probation Service, the chairs of the SAB's committees and other key officer advisors.
- 1.4 The objectives of the SAB are to:
- Ensure that local safeguarding arrangements are in place as defined by the Care Act 2014.
  - Embed good safeguarding practices, that puts people at the centre of its duties.
  - Work in partnership with other agencies to prevent abuse and neglect where possible.
  - Ensure that services and individuals respond quickly and responsibly when abuse or neglect has occurred.
  - Continually improve safeguarding practices and enhance the quality of life of adults in the local area.
- 1.5 All Safeguarding Adult Boards are required to produce an Annual Report. The Barking and Dagenham SAB have produced the Annual Report attached with contributions from all partners of the Board.

## **2. Proposal and Issues**

- 2.1 The Annual Report includes a foreword by the Independent Chair of the Board, information about the Board structure and its committees, safeguarding data, the activity of the Board and of its partner agencies, quality assurance information, and comment on how the Board will review and set its priorities going forward in light of system wide safeguarding issues.
- 2.2. Key achievements of the Board in 2021/22 include the work of the three committees. The Performance and Assurance Committee, which is chaired by the London Borough of Barking and Dagenham, has worked to improve the engagement from all partners and is presenting meaningful data and analysis to the Board on a quarterly basis. The Safeguarding Adults Review (SAR) Committee, which is chaired by the NHS Integrated Care Board (ICB), published one Safeguarding Adult Review in 2021. Towards the end of 2021/22 two new SARs were commissioned. The Committee has reviewed several cases against the SAR criteria and looked at wider learning from local and national cases.
- 2.3 The Adult Safeguarding Adult Complex Cases Group is chaired by the Council's Principal Social Worker for Adults Social Care and Strategic Lead for Safeguarding Adults and there is representation from all partners across the partnership as well as front line staff who are supporting service users. The group

discusses complex cases where there are safeguarding risks that need to be managed across more than one agency. Professionals from any partner agency can refer a case into the meeting.

- 2.4 The Board has continued to have excellent engagement and commitment from all partners.
- 2.5 Brian Parrott, the Independent Chair, took the decision to step down from the role towards the end of 2021. The Board undertook a recruitment process for a new Independent Chair and Anju Ahluwalia was appointed to the role.
- 2.6 The three statutory partners (LBBD, NHS ICB and Police) all made financial contributions to support the work of the Board. The Police contributed £5,000, the NHS ICB £30,000 and the Council covered staffing costs of the Independent Chair, support staff and any other work such as SARs and learning events.

### **3. Consultation**

The Barking and Dagenham Safeguarding Adults Board.

### **4. Mandatory Implications**

#### **4.1 Joint Strategic Needs Assessment**

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

#### **4.2 Health and Wellbeing Strategy**

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

#### **4.4 Financial Implications**

Implications completed by Isaac Mogaji, Finance Business Partner:

This report is largely for information and seeks the Health and Wellbeing Board to consider the Safeguarding Adults Board (SAB) Annual Report 2021/22. As such, there is no obvious financial implications of the report.

However, it is noted that the three statutory partners (LBBD, NHS ICB and Police) all made their respective financial contributions to support the work of the Board in 2021/22.

## **4.5 Legal Implications**

Implications completed by Daniel Longe, Principal Solicitor for Education, Children and Adults:

Section 43 of the Care Act 2014 imposes a specific duty on local authorities to establish a Safeguarding Adults Board for its area to help and protect adults in its area who has needs for care and support or has experienced or is at risk of abuse or neglect and is unable to protect themselves from such risk or abuse.

Furthermore, Schedule 2, paragraph 4 of the Care Act 2014 also imposes a specific obligation on SABs to publish a report at the end of each financial year and must send that report to among others, the chief executive and the leader of the council.

Accordingly, the said annual report is in line with legislative obligations.

## **4.6 Risk Management**

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

## **5. Non-mandatory Implications *(delete if none)***

### **5.1 Safeguarding**

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

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

- Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

### **List of Appendices:**

**Appendix A - The Safeguarding Adults Board Annual Report 2021/22**

**Barking  
and  
Dagenham**



**Safeguarding Adults Board**



**Barking & Dagenham**

**Safeguarding  
Adults  
Board**

**Annual Report  
2021-22**



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# 1. Independent Chair's Foreword and Overview



This is my first foreword for the Annual Report, as Independent Chair of Barking and Dagenham's Safeguarding Adults Board (SAB). I started in this role in April 2022 after the last chair had completed his three years in the role. My aim is to ensure the voice of the service users and community is heard within the work of the SAB. I will be going out into the community and meeting community groups, service users and individuals as well as professionals who work across safeguarding in the borough.

I also have the role of the Independent Chair of the Violence Against Women and Girls (VAWG) Group that I started in June this year. I feel that both roles will complement each other and some of the work will cross-over.

This report will be made up of information and views from the last chair as well as myself. As I have only been in the role for 6 months it is important to capture the progress the board has made before I started in the role.

For me, it is important to look at contributions to the SAB work including who can bring wider expertise and the voice of the community to the work of the board. I also want to support the board to address any themes in relation to multi agency learning, training and development so that all professionals have the tools required to ensure our community is supported and kept safe.

I have been and will continue to work closely with the Independent Chair of the Safeguarding Children's Board on cross-cutting themes around supporting young people moving into adulthood and through the system.

From what I have seen so far I am really encouraged and appreciative of the way the partnership works together, particularly around the challenges and demands services are facing following Covid.

During my time as the SAB Independent Chair, an independent Safeguarding Peer Review was undertaken and the learning from this will be embedded to improve safeguarding outcomes across the whole partnership system.

I have had the pleasure of attending a learning and development workshop based on a Safeguarding Adult Review. This provided an opportunity for all practitioners from across the partnership, including health, adult social care, GP's etc to learn and reflect on safeguarding work. It was such a valuable experience for all involved and I would like to see more of these to take place as the discussions and connections that are made are invaluable.

There are a number of areas that the board will need to focus on in the coming year:

- Assuring 'sight' of the risks of harm, abuse and exploitation in communities.
- Robust processes for receiving feedback from people with lived experiences of safeguarding interventions in the context of health, social care and support services generally, and in the context of the diverse cultural backgrounds of Barking and Dagenham's changing community.
- Continued use of safeguarding adult performance and quality assurance information, including case audit by all partner organisations, and of those cases involving more than one organisation or service intervention.
- Joined up of knowledge, thinking, planning, practice and assurance across all ages of children and adults and in all circumstances, especially through better ways of working preventatively and earlier with our residents.
- Continued commitment to the SAB, its committees, communication and relationships from all partner organisations.

There are several aspects that the SAB have looked at this year and are continuing to work on in the coming year that including the following:

- Multi agency learning and development to support professionals in safeguarding across the partnership.
- A Hoarding Policy and work programme in response to themes arising across the partnership in Barking and Dagenham.
- Focussing on outcomes from the Safeguarding Peer Review to direct SAB priorities going forward.

I would like to take this opportunity to thank everyone across the partnership for welcoming me into the role of SAB Independent Chair and supporting me to understand the community



and services in Barking and Dagenham that keep our residents safe. It is important that I work with all the local community so that we are hearing the voice of people in Barking and Dagenham within the work of the SAB.

I hope after reading this SAB Annual Report that you are assured that the SAB partnership is committed to keeping all individuals in Barking and Dagenham safe from harm and abuse and that all professionals continue to work hard to support our community and provide services that keep people well and safe.

**Anju Harmit Ahluwalia BEM**

**Independent Chair**

**Barking and Dagenham Safeguarding Adults Board**

## 2. What is Safeguarding Adults?

The Care Act 2014 statutory guidance defines adult safeguarding as:

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

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

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



### 3. The SAB's Vision

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

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

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

The Safeguarding Adults Board developed a strategic plan which sets out how we will work together to safeguard adults at risk. The strategic plan was initially for 2019-22 but was updated at the end of 2020/21 going into 2021/22 for the remainder of 2021/22 and beyond. It can be viewed here <https://www.lbbd.gov.uk/barking-and-dagenham-safeguarding-adults-board#tabs-3> and is referred to again in section 10.

The Safeguarding Adults Board has a responsibility to:

**Protect adults at risk**

**Prevent abuse  
occurring**

**Respond to concerns**

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

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

## 4. The Board and Committees

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

- The Local Authority
- The Borough Police
- The NHS Integrated Care System.

Other members of the board include:

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

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

- The Performance and Assurance Committee (chaired by the London Borough of Barking and Dagenham)
- The Safeguarding Adult Review Committee (chaired by NHS Integrated Care System)
- The Safeguarding Adults Complex Cases Group (chaired by the London Borough of Barking and Dagenham)

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

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

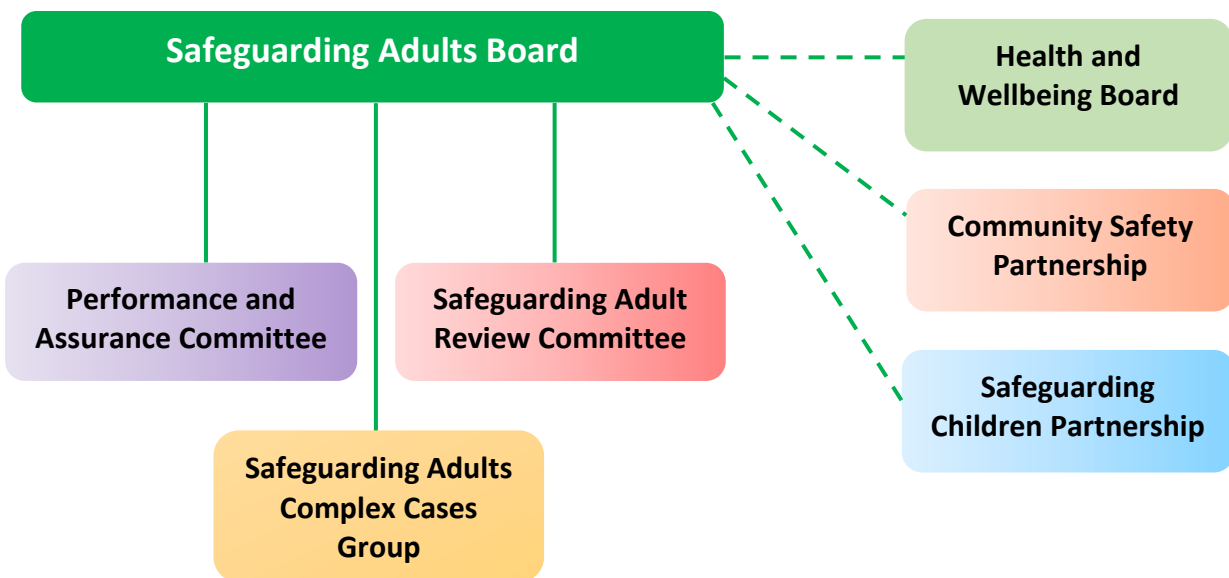
- Developing a work programme which is incorporated into the SAB strategic plan and monitored by the SAB
- Resourcing the meetings of the committee
- Reporting on the progress of the committee's work to the SAB and ensuring that the membership of the committee draws in the required experience.

During 2021/22 the Independent Chair met with the Independent Scrutineer of the Safeguarding Children’s Board. This allowed for opportunities to consider safeguarding adults and children at risk, and the issues affecting both areas.

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

The Independent Chair also met regularly with LBB Council’s Director of People and Resilience and Adult Social Care Operations Director and other partners as well as with committee chairs and other key SAB partners.

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



## The SAB's Statutory Responsibilities

The SAB must publish an Annual Report each year as well as having strategic plan. This Annual Report of the Barking and Dagenham SAB looks back on the work undertaken by the SAB and its committees, throughout 2021/22 and provides an account of the work of the partnership including achievements, challenges and priorities for the coming year.

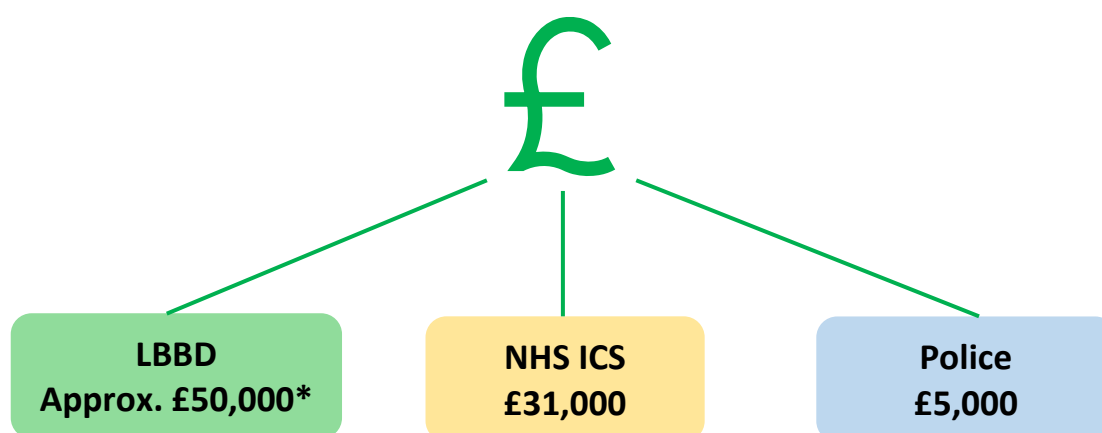
In addition, the SAB has a statutory duty to carry out Safeguarding Adult Reviews (SARs) where an adult in the Local Authority area:

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

The implementation of recommendations and action plans from a SAR must be reported in the Annual Report, including any decision not to implement any recommendation. One SAR was published in 2021/22. More information on this SAR can be found in chapter 6. Two SARs were also commissioned and continue into 2022/23.

## Financial Contributions and Expenditure

Statutory partners make financial contributions to the Safeguarding Adults Board. This supports the running of the SAB including the cost of the Independent Chair, Safeguarding Adult Reviews and any multi agency learning and development activity undertaken across the partnership.



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

## 5. Safeguarding Data

The Safeguarding Adults Collection (SAC) data is collected and published by NHS Digital. It reports on the statutory duties of local authorities under the Care Act, to safeguard adults at risk of abuse or neglect. The data is published annually and provides local and national data tables and comparative data on safeguarding activity.

The data for Barking and Dagenham presented in this report covers period from 1st April 2021 to 31<sup>st</sup> March 2022. The latest comparative data covers the period from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021. At the time of writing, national comparative data for 2020-21 has not been published.

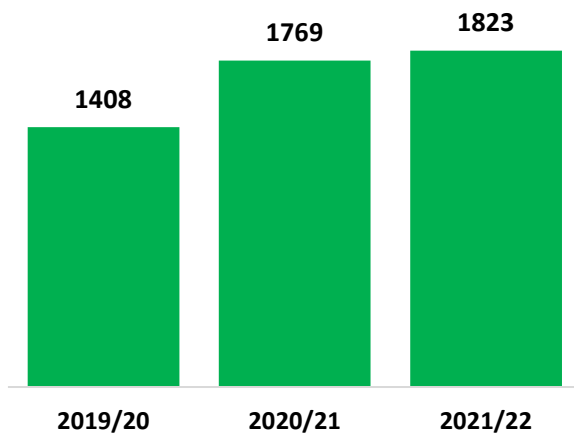


## Concerns raised by year

There were 1,823 safeguarding concerns raised during 2021/22, an increase of 3% on the previous year.

Overall, the data shows an increase in reports of abuse, which started in 2020/21 and has continued to date. This shows more people are reporting abuse and neglect.

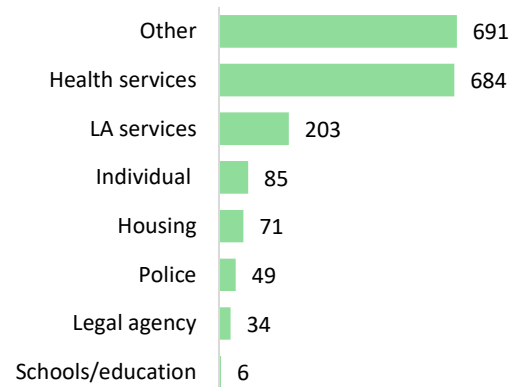
**Concerns Raised by Year**



## Source of concerns

684 of the 1,823 safeguarding concerns raised during 2021/22 were raised by health services, which include London Ambulance Service and primary health care providers. This is equivalent to 38%. 691 concerns were raised by other sources which may include social care providers.

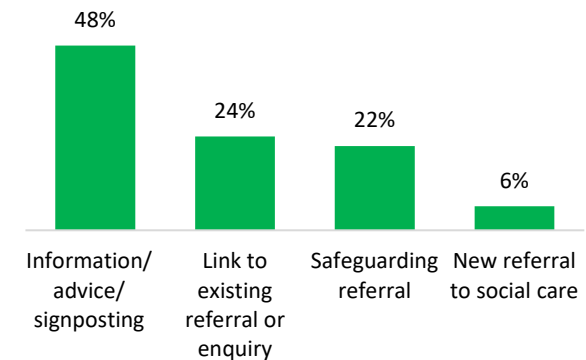
Local authority services, either in the council or in other councils raised 203 concerns during the year.



## Concern outcomes

When further enquiry is not required, other forms of support, advice, information or other services may be provided, dependent upon the nature of the risks, specific concerns and the individual's needs.

Of the 1,823 concerns received during the year, 48% resulted in information and advice. 24% of people had an existing case or enquiry with social care that the concern was linked to, and 22% resulted in a safeguarding referral that was progressed for further enquiry.



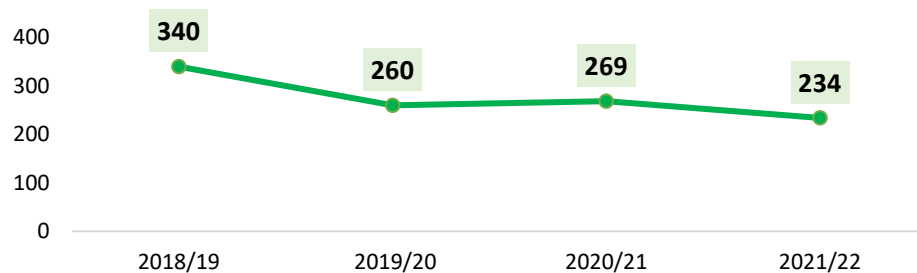
## What is a Section 42 Enquiry?

Section 42 of the Care Act 2014 requires that each local authority must make enquiries if it believes an adult is experiencing, or is at risk of, abuse or neglect. When an allegation about abuse or neglect has been made, an enquiry is undertaken to find out what has happened.

An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

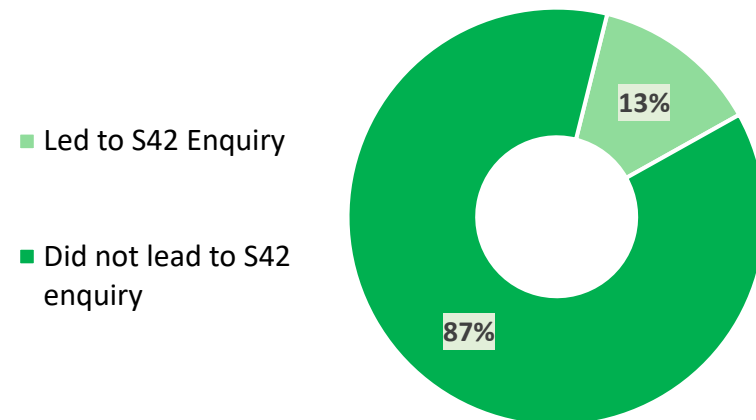
### Section 42 Enquiries started in year

There were 234 Section 42 enquiries during 2021/22. This is lower than in 2020/21, when there were 269 enquiries in response to increased reporting and greater frequency of risk and neglect at the height of COVID-19 pandemic. However, overall, the number of Section 42 enquiries appears to be on a downward trend over the past few years.



## Concerns leading to further enquiry

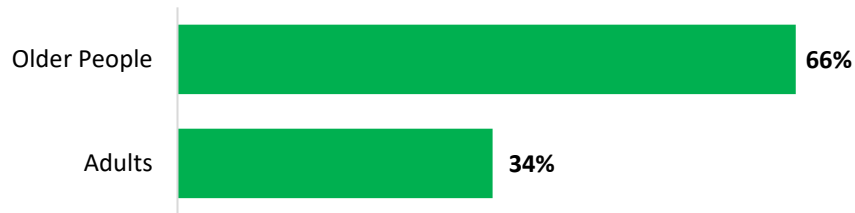
The council received 1,823 concerns about an adult believed to be at risk of abuse or neglect. After further consideration, 234 led to a Section 42 enquiry, to ascertain if abuse or neglect occurred. This is equivalent to a rate of 13% and is down from 15% in 2020/21.



## People involved in Section 42 enquiries

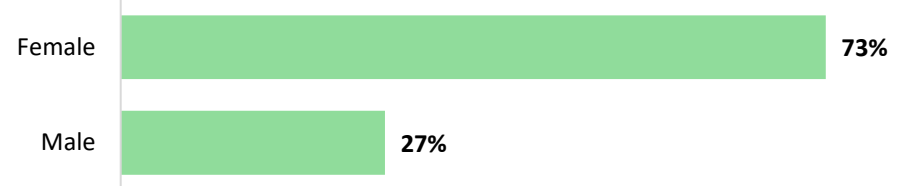
### Age

39% of section 42 enquiries concerned adults aged 18 to 64, while 61% were for those aged 65 and over.



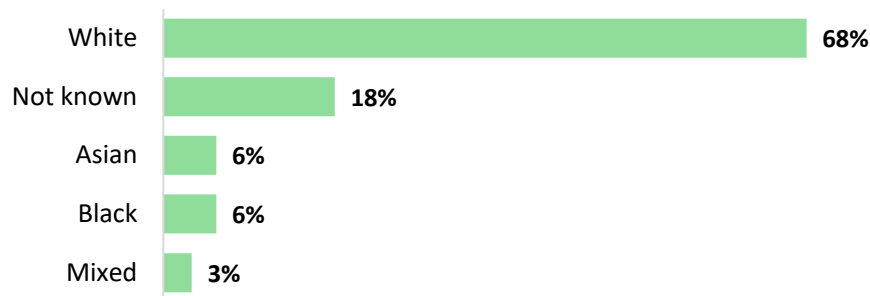
### Gender

There were more Section 42 enquiries concerning women than men, with 73% involving women compared with 27% for men.



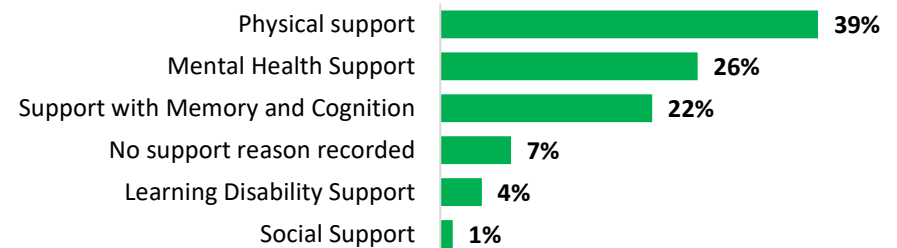
### Ethnic group

Over two-thirds of Section 42 enquiries concerned White adults (68%). 6% of people were Asian and further 6% were Black African or Caribbean. The ethnicity of 18% of people was unknown.



### Primary Support Reason

39% of Section 42 enquiries concerned an adult with physical support needs. 26% needed mental health support, while 22% needed support with memory and cognition. In 7% of cases support needs were not recorded, either because it was not known or the adult at risk had no identified needs.



## Type and Location of Risk in Section 42 Enquiries

### Common Risk Types in Barking and Dagenham

**Neglect and Acts of Omission:** Includes failure to act or ignoring medical, emotional, or physical care needs.

**Physical Abuse:** Includes hitting, slapping, pushing, and use of unnecessary restraints.

**Financial abuse:** Includes theft, fraud, and coercion with regards to financial affairs.

**Self-neglect:** Neglect of own health, hygiene, or home surroundings. This can include hoarding.

**Psychological:** Includes emotional abuse, threats of harm, attempts to control, coercion, verbal abuse, and bullying.

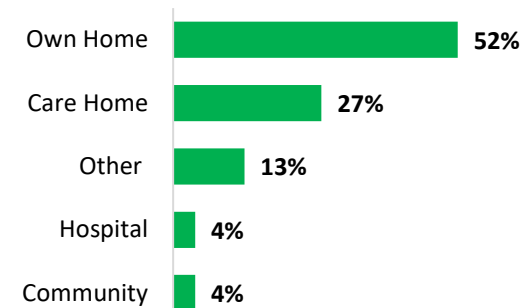
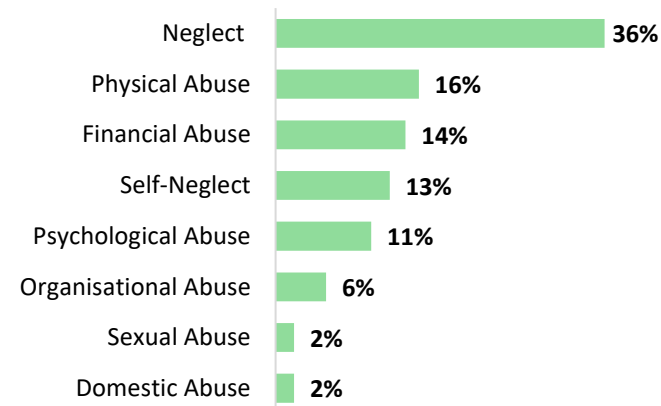
### Type of risk

As with previous years, neglect and acts of omission remains the most common category of abuse (36%). Physical abuse was present in 16% of enquiries; this is a slight increase compared with 2020/21. Financial abuse remained the same as the previous year, at 14% as did self-neglect at 13%.

This data is reported regularly to the SAB in order identify patterns in types of risk.

### Location of risk

Over half of the alleged abuse took place in the adult’s own home (52%). 27% occurred in care homes, while 4% of abuse or neglect was in hospital and another 4% in other locations in the community. In the remaining 13% of cases the alleged risk was in an unspecified location.



## Making Safeguarding Personal

Making Safeguarding Personal is an approach that ensures the adult at risk and/or their advocate in the safeguarding enquiry, are consulted and can participate in the process and that their views are central to the final outcomes, as far as is possible. The Safeguarding Adults Board is committed to this person-centred approach.

### Identifying risk

#### Was risk identified?

Risk was identified in 80% of concluded enquiries. In a further 9% risk assessment was inconclusive. There was no risk identified in 6% of enquiries and 4% ceased as the individual did not want the enquiry to continue.



#### Reducing or removing risk

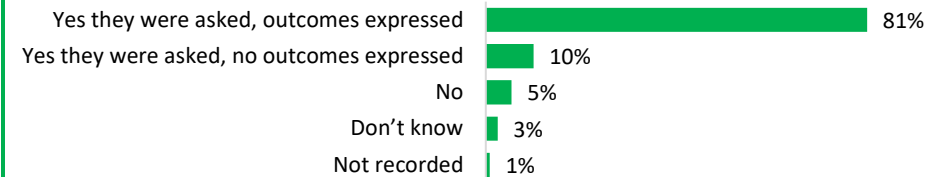
Where risk was identified, it was removed or reduced in a 91% of cases. This remains unchanged from 2020/21. Risk remained in 9% of enquiries.



### What does the individual at risk want?

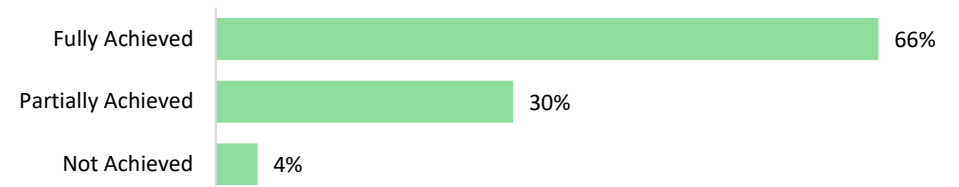
#### Expressing safeguarding outcomes

In a total of 81% of concluded enquiries, the individual at risk was asked their desired outcome of the enquiry and expressed outcomes, 10% were asked but did not express outcomes. The remaining 8% of people were either not asked, or this was not recorded.



#### Achieving desired outcomes

In total, 96% of people who expressed outcomes achieved those outcomes, fully or partially (66% fully achieved, 30% partly achieved). Overall, this was the same percentage as in 2020/21.



## 6. Safeguarding Adult Reviews

In 2021/22 the Barking and Dagenham Safeguarding Adult Board (SARs) published the SAR JA the full report, findings and recommendations which are available at this link [Safeguarding Adult Reviews \(SARs\) | London Borough of Barking and Dagenham \(lbbd.gov.uk\)](https://lbbd.gov.uk/safeguarding-adult-reviews-sars/). Learning has been undertaken in relation to this SAR in the form of a multi agency training and collaboration event. A number of actions are being taken forward to address the recommendations in this SAR around hoarding, self-neglect and making safeguarding personal. The full SAR report can be read at the link above.

Towards the end of 2021/22 two Safeguarding Adult Reviews were commissioned to be undertaken by Independent Reviewers and are still in progress.

## 7. The SAB's Partners

### London Borough of Barking and Dagenham Adult Social Care

#### Developments and Improvements in Safeguarding Adults Practice

The London Borough of Barking and Dagenham are continuing to see high levels of safeguarding concerns. Referrals are being carefully monitored to ensure that trends and new developments are identified.

Work is being conducted with Community Solutions Intake Service to improve the classification and responsiveness to safeguarding alerts being submitted from partner agencies. We have enhanced the performance management of referral data with the outcome of clearer focus on referrals that meet safeguarding thresholds. Work is also being undertaken to review the referral processes and oversight of training and practice within the workforce.

A Peer Review was conducted May 2022 that focused on 'the persons journey and experience' within the context of safeguarding. The findings evidenced areas where practice could be enhanced. An action plan is in development to benefit experience and practice.

The peer review identified areas which they believed demonstrated excellent practice:

- Operational response to safeguarding on an individual level is good and safeguarding principles are reflected in practice
- High-risk cases are dealt with rapidly and responsively
- Excellent joint work with carers and carer providers on co-produced support
- Strong community knowledge and signposting within Community Solutions
- Excellent policies and procedures
- Strong quality assurance process between commissioners and providers
- Trusting relationship between providers and the Council, and some positive feedback on links to safeguarding
- The Safeguarding Adults Complex Cases Group works well and is an example of good practice
- Strong, committed, engaged leadership and relationships
- Good co-production in places and a commitment to strengthen this further
- Stable and committed workforce
- Good management supervision and support
- The role of the Principal Social Worker is embedded and valued by staff
- Excellent support to the Independent Chair of the SAB.

The action plan will focus on the following areas to enhance practice:

- Personalisation, support and the voice of the resident
- Quality assurance and implementing a structured and regular quality assurance process
- Co-production.

Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services and to improve the lives of people who live and work in their area. Forty-two Integrated Care Systems were established across England on a statutory basis on 1 July 2022. We are part of the North East London (NEL) ICS. As part of this wider consortium of organisations, safeguarding must be paramount and we are ensuring that it remains so throughout the integration process.

### **Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements**

Following the completion of a Safeguarding Adult Review the Safeguarding Adult Board commissioned the production of a multi-agency protocol to support staff when responding to safeguarding issues related to pressure ulcers.

A multi-agency learning and development event was held which gave professionals from across the partnership an opportunity to discuss safeguarding outcomes and improvements with an emphasis on improving practice.

The process for oversight and support for practitioners in their management of complex situations is strengthened through the Complex Cases Group which is a committee of the SAB. At the Complex Cases Group, multi agency cases and safeguarding risks are presented and discussed and the risks are managed through the monitoring and review process. The process was recently reviewed and now ensures better management oversight and enhances the timeliness of the outcomes for adults and the management of multi agency risks across the partnership.

## **London Borough of Barking and Dagenham Community Solutions**

### **Developments and Improvements in Safeguarding Adults Practice**

Community Solutions works closely with Adults Social Care and meets regularly to discuss practice, operational issues and performance and quality. We are in the process of recruiting a duty manager to the Adult Intake Team to provide further capacity to managing



safeguarding referrals. We are establishing a pathway for Care Technology as a prevention approach and in partnership with the transformation programme.

We continue to strengthen community and partner links, including co-locating the Adult Intake Team with partners in physical hubs at Barking Learning Centre and Dagenham Library, the benefits of which were recognised in peer review. By strengthening partnerships and links across the community, faith and voluntary organisations we are able to improve pathways to support.

Targeted hardship funding has been distributed as part of the support for vulnerable groups. Wellness calls and checks introduced during Covid have been embedded to ensure that residents seeking help are fully engaged with, listened to and offered alternative community support. This includes offering interventions for safeguarding concerns that do not meet the threshold for a Section 42 enquiry.

### **Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements**

Re-alignment of Mental Health Vocational Support with the Adult Intake function will strengthen pathways and relationships for the team to access community support. A newly appointed Social Isolation and Loneliness Support Worker has further strengthened connection opportunities and community partnerships for people at risk of isolation.

Community Solutions are represented on various meetings that support the wellbeing of vulnerable adults including the Complex Cases Group, Substance Misuse meetings, the Channel Panel and MARAC.

There has been borough-wide support for the Ukraine refugee schemes supporting and enabling over 100 sponsoring households and guests. Work continues supporting the Council's response to the cost of living crisis including pathways to access support such as the warm spaces network and food clubs.

Funding has been secured to tackle health inequalities in respect of marginalised groups such as residents with immigration restrictions. Alongside colleagues from the voluntary and community sector, we have appointed a voluntary organisation to lead the support and co-ordination of work in this area.

Work with the domestic abuse programme lead will help to develop and contribute to the strengthening of domestic abuse pathways and service provision in the borough.

## The Metropolitan Police

### Developments and Improvements in Safeguarding Adults Practice

Recognising the challenges faced by Police Constables in identifying and responding to mental health vulnerabilities, our mental health Detective Sergeant is rolling out training to Emergency Response Policing Teams. This will include training around the Mental Capacity Act and identifying risk indicators of suicide.

We have worked to support frontline officers with the migration from paper sectioning forms under Section 136, to a digital form which will streamline the process and make it more auditable.

We have worked closely with health partners to divert mental health users away from A&E into the Crisis Care Unit based at Goodmayes Hospital to reduce demand and improve the experience of users in a health based place of safety.

The capacity of our missing persons unit has been increased to allow investigations of high risk missing persons, many of whom are vulnerable adults, requiring complex safeguarding interventions.

### Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Police currently Chair the Multi Agency Risk Assessment Conference (MARAC) fortnightly meeting, which supports vulnerable victims of domestic abuse. We engage with partners in supporting suicide prevention, including training for staff. We are also a critical partner for the implementation of Safeguarding Adult Reviews and attend the SAB's Complex Cases Group meeting to discuss high risk cases and support the management of risks, where relevant.

## NHS North East London Integrated Care System (formerly Barking and Dagenham NHS Clinical Commissioning Group)

### Developments and Improvements in Safeguarding Adults Practice

The Designated Nurse for Safeguarding Adults has continued to engage with the wider safeguarding agenda in Barking and Dagenham as well as across London by attending London-wide safeguarding forums. Any best practice and updates from these forums continue to be shared with services across Barking and Dagenham. The Integrated Care

System (ICS) continues to plan for upcoming Liberty Protection Safeguards (LPS) and there is a LPS Manager who now in post. This is a system-wide role working with health and social care providers across Barking and Dagenham to help prepare for the implementation of the new framework.

### **Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements**

The Designated Nurse for Safeguarding Adults has continued to chair the Local Quality Surveillance Group which supports assurance and safeguarding work in relation to care homes, supported living schemes, and domiciliary care providers. Representatives from the Local Authority Quality Assurance Teams and the Care Quality Commission (CQC) regularly attend this forum to provide updates where concerns are raised. The Director for Nursing from NHS NEL has continued chairing the Barking and Dagenham Safeguarding Adults Review (SAR) Committee. The Designated Nurse for Safeguarding Adults attends the Community Safety Partnership in Barking and Dagenham as well as the Domestic Abuse Operational Group. NHS NEL's Liberty Protection Safeguards Manager continues to be involved in the LPS Task and Finish Group which oversees the preparations for the implementation of the new framework across Barking and Dagenham, Havering and Redbridge. NHS NEL are responsible for seeking assurance that providers are fulfilling their legislative duties in relation to safeguarding adults in accordance with the Health and Social Care Act 2012 and Care Act 2014. The Designated Nurse for Safeguarding Adults continues to engage with providers in Barking and Dagenham and attends assurance meetings held by providers.

## **Barking Havering and Redbridge University Hospital Trust (BHRUT)**

### **Developments and Improvements in Safeguarding Adults Practice**

Safeguarding training has been strengthened in relation to Domestic Abuse with signposting online learning programmes. An audit has been completed to review 'Staff Knowledge and Evaluation of Staff Training using the Safeguarding Adult Framework'. Participation in the Trusts Ward Accreditation Scheme during 2021/22 enabled the Safeguarding Team to identify any deficits in staff knowledge and address them immediately and this included learning around the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Safeguarding activity is included in a quarterly safeguarding dashboard and progress report which is presented at the Trust's Safeguarding Operational and Safeguarding Strategic and Assurance Groups, Quality Governance Steering Group and at the Quality Assurance Committee (sub-group of the Trust Board).

The Trust's new Safeguarding Strategy was launched on the 22nd April 2021. The work undertaken to achieve the Priorities within the Safeguarding Strategy is aligned to the Safeguarding Annual Workplan and the Safeguarding Audit Schedule.

Training staff at all safeguarding levels has remained a key driver throughout the reporting period, with a focus on adapting our training methods to ensure that key areas receive the support they require during a time of significant clinical pressure. Training at end of year Year-end compliance with Safeguarding Adults Levels 1 and 2 training achieved both the CCG's year-end KPI of 90% and the Trust's own internal target of 95%, with compliance levels on 31 March 2022 achieving 100% for Level 1 and 97% for Level 2. Level 3 year-end training compliance achieved 93%.

Safeguarding cases are discussed at the Trust's Patient Safety Summits and at the Trust's Safeguarding Case Discussion meetings, which are advertised Trust-wide and attended by all disciplines. The Safeguarding Adults Team remained visible in clinical areas during the reporting period.

### **Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements**

#### **North East London Foundation Trust (NELFT)**

##### **Developments and Improvements in Safeguarding Adults Practice**

Significant work continues across the safeguarding and operational teams to constantly improve patient safety and standards of care. The Safeguarding Advice Service continues to be a well-used resource. Safeguarding governance has been strengthened through this reporting period. The Safeguarding Strategy is being refreshed in partnership with staff and service users. The strategy will inform the Trust, service users and partner agencies of the key safeguarding objectives and our plans going forward are underpinned by and aligned to the Trust values, objectives and outcomes.

Following an allegation of serious sexual assault reported in the Acute and Rehabilitation Directorate inpatient hospital, four workstreams were identified to support the service users affected by this incident, work with safeguarding and police partners in the statutory process and to support the Trust to improve sexual safety on the inpatient mental health wards. This work built on the sexual safety collaborative workstream that had been led by the clinical effectiveness team.

Online interactive safeguarding training has also been commissioned to further support staff including safeguarding children supervision skills training, exploitation (including criminal and sexual exploitation across the age ranges), gangs training and domestic abuse. All training sessions have been well received by staff.

Mandatory Safeguarding adult training has been reviewed to ensure compliance with the adult safeguarding guidance. This has been agreed and the mapping of eligibility for each level of training has been completed. The mandatory training matrix was updated in April 2021 to reflect the updated training offer. A bespoke safeguarding training package was delivered to the Trust Board in December 2021. To evaluate the effectiveness of safeguarding training, the Safeguarding Team will be working with the Quality Improvement and Clinical Effectiveness team to assess how learning outcomes will be measured.

There has been an increase in Prevent information requests being received by NELFT. The Trust Prevent Lead has identified the need to improve the information sharing agreements. Specific justification is required for each request in order to be compliant with data protection legislation. The Trust requires assurances that the service user has consented for NELFT to share their information or the requester must provide a legitimate justification for why consent has not been sought. The Trust Prevent Lead has been working with the Regional Serious Violence and Contextual Safeguarding Lead (London) and Serious Violence Coordinator Safeguarding Lead NHS England to resolve this issue and to embed a more robust information sharing pathway.

NELFT have recently reviewed their governance structure. The review of governance was an opportunity to strengthen safeguarding governance within the Trust. As such a Safeguarding Assurance Group had been established. This group supersedes the previous Senior Safeguarding Meeting and has a wider membership reflecting the ethos of safeguarding being everybody's business.

To strengthen leadership within the Safeguarding Team an interim post of Head of Safeguarding and Serious Incidents has been recruited to. It is planned to review this role within the current Quality Governance/Safeguarding structure with the aim of a substantive post being created.

A new Mental Health Legislation Team has been set up with responsibility for both the Mental Health Act and Mental Capacity Act/DoLS. The aim is to provide a single integrated approach to mental health legislation across the Trust. This post will support preparation for Liberty Protection Safeguards (LPS).

### **Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements**

During 2021/22 NELFT have continue to prioritise safeguarding partnership working, attendance and participation at partnership meetings at both a strategic and operational level.

SAB members continue to work as a partnership and progress the development of partnership strategies. Following the pandemic, partners have embraced and continued to utilise technology and online meeting platforms, such as MS Teams. This has enabled them to continue its function to oversee and lead adult safeguarding in Barking and Dagenham, including delivering awareness, training and attendance at all Barking and Dagenham multi-agency meetings, including Section 42 enquiries and Safeguarding Adult Reviews.

The SAB is attended by the Integrated Care Director for Barking and Dagenham. NELFT continue to be represented and contribute at all safeguarding meetings.

## The Fire Service

### Developments and Improvements in Safeguarding Adults Practice

During 2021/22 the London Fire Brigade have made the following developments and improvements in our Safeguarding Adults Practice:

- Introduction of the new London Fire Brigade electronic person at risk safeguarding referral form
- Delivering bespoke safeguarding training to 150 Senior Officers
- Revising and updating our the Safeguarding Adults Policy
- Revision of the safeguarding online training for all staff (regardless of rank or role)
- Publication of our new Fire Brigade Carers Fire Safety video
- Working towards the new National Fire Chiefs Council Safeguarding Fire Standards.

### Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

During 2021/22 the London Fire Brigade continues to be a key multi-agency safeguarding partner and make safeguarding referrals to Social Services. The London Fire Brigade Central Safeguarding Team remain an actively engaged in pan London meetings and work.

The Barking and Dagenham Fire Service supports the work of the Complex Cases Group where high risk cases are discussed. We are able to address the fire risk, provide direct support to service users and advise on hoarding in the community. We also support Safeguarding Adult Reviews where relevant.

## **The National Probation Service**

### **Developments and Improvements in Safeguarding Adults Practice**

2021/2022 continues to present challenges for the Probation Service. In June 2021 the new unified service was launched combining the previous National Service and 21 privately run Community Rehabilitation Companies. During this period, we have continued to move to blended caseloads and roll out mandatory training for all staff (including safeguarding training) to ensure everyone is equipped to effectively deliver services and protect the public.

We have continued to improve data quality including the recording of protective characteristics allowing for the better identification of needs for specific cohorts. The service launched Catch 22 which is a contract to deliver wellbeing services to those subject to probation supervision. This includes a suite of interventions focused on mental health and wellbeing including mentoring and low-level mental health intervention. In July 2022, we launched the local learning and development plan across Barking, Dagenham and Havering and this is thematically led to continue the professional development of all staff.

### **Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements**

Partnership working continues to remain a priority for the Probation Service. At a strategic level we prioritise participation in the local safeguarding boards, Community Safety Partnership and Reducing Reoffending Boards.

Operationally, we have a dedicated SPOC for the Integrated MASH and MARAC. We have good engagement from partnerships in the MAPPA and continue to drive better usage to manage risks posed to individual and the wider community.

## 8. Statement from the Principal Social Worker (PSW)

### Introduction

This year was a significant year as social workers and other practitioners from Adult Social Care (ASC) participated in an ADASS Safeguarding Adults Peer Review. As part of this, the review team completed a case file audit to consider our Safeguarding Adults practice in more detail. The outcome was that our practice was good, but further trends are highlighted below.

During the pandemic Adult Social Work and Care Standards were developed and this year we have focussed on further embedding them into our practice. As the International Social Work theme suggests, ASC are working on building new ecosystems to support the needs of adults where they require safeguarding services, as we continue with new relationships and more robust processes with the Safeguarding Adults Complex Cases Group which now not only identifies risks, but monitors and reviews them to manage the risks with the multi-agency practitioners involved.

With many changes in our community and in Adult Social Care, we sustain investment in the workforce development of social workers and care practitioners, to cultivate and enhance the necessary skills, knowledge and values to do their work. Practitioners work alongside very vulnerable adults in the borough to support them where they have experienced neglect or abuse and to improve their health and wellbeing.

### Social Work Practice in Safeguarding Adults

Social workers and care practitioners managed significant workloads of safeguarding adults practice, as there was a further increase of safeguarding concerns of 3% compared to the year before. This increase has not been reflected in our workforce and further investment in adult social care would need to occur as a consequence if this is to be sustained. Community Solutions and Adult Social Care considered 1823 safeguarding concerns overall. In the majority community safety actions were taken such as providing adults with relevant information and advice to support their safety decisions where they have the mental capacity to make their own decisions. Adults are often unaware that they had been referred to Adult Social Care for support and in keeping with Making Safeguarding Personal, they are in the driving seat to decide the outcomes they want. Many may decide that they do not want further input. 234 adults had a more in-depth Safeguarding Adults Enquiry as a social worker considered their safety and supported them with a safety plan of how to stop or



reduce the abuse or neglect. A very encouraging part of our safeguarding practice is that in 91% of cases, the risk of abuse reduced thus having a positive impact on their health and wellbeing.

Adult Social Care has continued to partake and consider the findings of the Local Government Association Safeguarding Adults Data Insight Project. This was a voluntary submission of safeguarding data, to look at trends in safeguarding across London and the country. This enabled us to identify concerns and types of abuse and use this information to shape our services and adapt our responses to better support people.

### **Safeguarding Adults Peer Review Case File Audit**

As part of the Safeguarding Adults ADASS Peer Review a case file audit was conducted of thirty cases. Reviewers included six professionals, of which four, were Adults Principal Social Workers (PSW) from other London Boroughs. They found our practice was good and highlighted our strengths that included good use of Making Safeguarding Personal that enabled adults to make safety decisions themselves. They found that friends, family members and advocates part-took in safety arrangements and responses were timely with robust multi-agency input and safety plans were well-coordinated. ASC safeguarding practice and risk management was proportionate and there was good support offered to adults with hoarding behaviours. Social workers regularly evidenced mental capacity assessments where there was a concern that the adult may not be able to decide about their health, wellbeing and safety.

The review highlighted areas for ASC to consider in order to enhance best practice. This included that more timely risk assessments could be completed for concerns of fire and hoarding. Where the thresholds for safeguarding were not met, the recording of the next steps and actions taken to mitigate the risks, could be improved. The review noted that professional curiosity and assertiveness to explore risks and skills of cultural competence, required some attention. They added that the management oversight and systematic supervision recording could improve and that feedback to referrers could be more consistent, so that they know the outcomes of the safeguarding concerns made. We will of course endeavour to work on our practice in future and incorporate these themes within the future practice development opportunities for social workers and other practitioners.

### **Strength-based Social Work Forum**

The Strength-based Social Work Forum continues to meet monthly and social workers have explored many topics of across social care practice with a connection to safeguarding adults. This year we explored: outcome focussed approaches to work with adults about what their priorities and aspirations are; community engagement with the third sector; coercion and

control with the Police. We have discussed the risks to adults with care and support needs who date and meet off-line, especially in light of the local murders by Steven Port, where the failings of the police and discrimination towards the LGBTQ+ community was of particular concern. The Forum used the Workforce Race Equalities Scheme (WRES) to discuss with the Standing Together Against Racism local staff network, how we best support adults in our community, especially those who are from Black, Asian or from other ethnic groups. We reflected together on some of the training delivered by BASW's Wayne Reid, around 'culturally competent practice' and where anti-discriminatory and anti-racist practice must be used to safeguard all adults in our community equally well.

## Workforce Development

The PSW continues to work with Higher Educational Institutes through the North East London Teaching Partnership to ensure good quality training in safeguarding and risk management for social workers and other practitioners in Adult Social Care. This year a number of individuals completed their Continuous Professional Development in this way. Safeguarding adults managing concerns training, continues as the standard offer to social workers who carry out Section 42 Enquiries. Twenty-three Best Interest Assessors also refreshed their training to support those individuals who require a Deprivation of Liberty Safeguard as part of their care or treatment.

This year a Consultant Social Worker (CSW) worked within Commissioning Services to help tailor the Direct Payments training for practitioners. We have upskilled social workers to be more professionally curious in checking whether the care needs of the adults and the money they receive, are being used appropriately to support their health and wellbeing outcomes.

A number of social workers and other practitioners participated learning and development workshops as part of the Safeguarding Adult Review (SAR) for JA. This allowed closure for many who were involved in the case and have continued working with her son, to achieve his best health and wellbeing outcomes following his mother's passing.

The local authority continues to subscribe to resources such as Research in Practice (RIP) to support their learning on many safeguarding resources such as the research undertaken with survivors on domestic abuse, that featured adults from Barking and Dagenham. The resources can be found here: [The survivor voice in tackling domestic abuse | Research in Practice](#). Two Consultant Social Workers completed the Supervisors of London Course provided by RIP, as commissioned through the London ADASS PSW Network. ASC is committed to good quality supervision of social workers and practitioners to support them to risk manage cases appropriately and to ensure good management oversight on decisions made, regarding the safety of adults.

## Working with People with Lived Experience (PWLE)

The Re-Imagining Adult Social Care Group has continued to meet with the Operational Director of Adults Care and Support, the Adults PSW and Consultant Social Workers. Conversations continue between stakeholders including private and voluntary organisations and groups which represent the voices of people with lived experience, to ensure their stories are considered in local service provision to keep adults safe. The Independent Living Agency, Lifeline, Age UK, Healthwatch and other organisations form part of the meetings and have played a vital role in providing perspective to the Safeguarding Adults Peer Reviewers about the need of the local community. The PSW undertook a visit to Thames Ward Community Project this year. This project supports people to be active and engaged as citizens and supports vulnerable people and adult safety.

The Consultant Social Worker group worked closely with the carers services this year, including Carers of Barking and Dagenham and the Carers Commissioner to develop the Barking and Dagenham Carers Charter. All CSW's operate as Carers Champions in ASC, as we support people who may care for adults who may require safeguarding at some point. We are now continuing to link all social workers and practitioners to a third sector engagement through the Community Engagement Project. These local relationships are critical to work with organisations and groups that support the prevention of safeguarding concerns.

## Safeguarding Adults Complex Cases Group

The Safeguarding Adult Complex Cases Group (SACCG) is chaired by the PSW and continues to meet monthly, as a committee of the SAB. Here safeguarding concerns are discussed relating to individuals who are at high risk of abuse or neglect and where their health and wellbeing may be compromised. The meeting is attended by statutory safeguarding adults partners, other agencies and front line professionals from across the partnership. The group work together to identify, monitor, review and manage the safeguarding risks experienced by individuals. In many cases, serious further ill health and potential loss of life have been prevented due to proactive multi agency working.

## Policy Development

This year the SAB was supported by the PSW to develop the Person in Position of Trust (PIPOT) Protocol, which was ratified by the SAB in February 2022. This process now describes the responsibilities of all SAB partner agencies to refer people that may be putting an adult at risk and to manage the related risks. The policy is also in place to support people who may have caused harm, to get support.

Following on from a recent SAR it was necessary to update practitioner knowledge of how best to safeguard someone with pressure ulcers. The SAB was supported by the PSW who worked closely with the Integrated Care System, NELFT and BHRUT, Tissue Viability Services, Community Solutions, Care Home Provider Forum and Commissioning colleagues, to develop a local Pressure Ulcer Protocol.

## **Mental Capacity Assessment Audit**

In November 2021 Adult Social Care undertook an audit of the use of the Mental Capacity Act 2005 (MCA) practice, which included elements of keeping adults safe and considered some adults who need care or treatment with a Deprivation of Liberty Safeguard (DoLS) in place. The outcome was that in most cases mental capacity assessments are completed and recorded where the circumstances of the adult necessitated it. No least restrictive alternatives were found and risk management for the adults were found to be proportionate and appropriate.

Case recording was generally of good quality and timescales for episodes of intervention, for example, with care reviews were followed. There were some recommendations for improved practice which included: practitioners should ensure that all basic details are documented and reviewed; practitioners could elaborate more about how adults are supported in terms of their diversity and comment on anti-discriminatory practice; better recording and description of how an adult that has mental capacity is making unwise decisions.

Where a DoLS was in place it offered proportionate safeguards for the adults and enabled a second and independent view on their mental capacity about their care and support decisions. The report also focused on ways in which practice had to adapt during the Covid-19 pandemic included practitioners taking extra precautions when visiting care homes and people's homes. An action plan is in place to support our MCA related practice in future.

## **Conclusion**

Social workers and practitioners work hard to protect the most vulnerable adults with care and support in the community from abuse and neglect. This statutory service continues to play a pivotal role in our society to keep the stories of adults alive and enable good health and wellbeing outcomes for people living in Barking and Dagenham.

## 9. Quality of Care

### Overview from the Council - Adult Social Care Provider Market

The pandemic tested the resilience of our social care workforce, both within the local authority and in the provider market. However, partners from across the health and social care system have worked closely and collaboratively. Nearly all providers across residential care, and many of our supported living and extra care schemes, experienced a Covid-19 outbreak in 2021/22 and we worked closely with these providers to manage the outbreaks swiftly and safely. We did this using coordinated outbreak management teams (with input from a range of health and care professionals), infection and prevention control specialist advice, distribution of PPE and support around vaccination take-up. Our Public Health, Commissioning and Provider Quality and Improvement teams provided a seven-day support service to providers throughout most of 2021/22. This comprised of advice, information and guidance and moral support. To maintain provider capacity and workforce stability, teams sourced additional bank and agency staff for providers to draw on.

Our providers were also supported throughout 2021/22 with COVID grants from the Department of Health and Social Care which was focussed around three distinct areas: infection control, vaccinations and workforce. The fund was crucial in supporting our provider market over the course of the pandemic and came to over £3 million which was divided up through prescribed per bed/user values or as part of a wider bid process.

Most importantly the Provider Quality and Improvement team established a virtual inspection regime using Microsoft Teams which kept up monitoring activities during lockdowns. 80 provider inspections were completed between May 2021 and the end of 2022 in this virtual format, with physical visits still undertaken for providers who were high-risk on our provider risk register. In 2022 the team recommenced their physical inspection regime.

As an example of providing support to Registered Managers, the Provider Quality and Improvement Team organised psychosocial group sessions, delivered by British Red Cross practitioners, to recognise and discuss the impacts and trauma the pandemic was having on providers. The sessions were important for morale as they became a space for celebration and recognition of the work that was being done in the most difficult circumstances. They brought colleagues together through sharing feelings and experiences. Although outside of their usual remit, the team recognised the value and impact of psychosocial group therapy, knowing the biggest risk to maintaining quality and standards is provider workforces becoming burnt out and suffering mental and physical ill health. Following the sessions, the feedback from participants was very positive and we are looking to continue this support.

We continue to meet regularly with providers through our Home Care and Care Home Forums, and we will be hosting our first all provider forum for any provider registered in Barking and Dagenham since before the pandemic. This will ensure that any social care provider in Barking and Dagenham is well informed and supported by the Council. Providers are also working closely with Care Provider Voice Northeast London, who are a care provider run organisation seeking to support the social care sector. They provide support with recruitment and access to a peer support network. Recruitment and retention remains an issue across health and social care providers due to ongoing Covid-19 and Brexit issues, as well as the impact of inflation, the rise in living costs and the increase in National Living Wage. The situation is being closely monitored, particularly on the impact of placements and packages within the market. The Council is working with Havering and Redbridge to look at a sector response. An uplift has been applied for older adult homecare and care home providers and this will be reviewed again as part of the Fair Cost of Care exercises that will be undertaken over the coming months.

We continue to work in partnership to develop and commission innovative services to support discharge and reduce re-admission to hospital. We are working with Havering, Redbridge, the Hospital Trust and NELFT to continue to develop the Barking, Havering and Redbridge Integrated Discharge Hub to support the discharge of residents from hospital to the community. We have worked across all discharge pathways to improve the experience and outcomes for our residents and also to support the local acute hospital system with the demand increases for their bed base. Internally within the health system, we have worked with Havering, Redbridge, NELFT and the Hospital Trust to support the creation of community-based discharge which has driven care decisions into the community rather than keeping them based in a hospital setting. Developing a single point of access SPA (now called the Integrated Discharge Hub – IDH) for discharges across BHR has been successful and we are continuing to streamline discharge processes as the Hub progresses. Key to the success of the IDH is the trusted assessor model which situates trusted assessors of care needs on the hospital wards to increase the efficiency of assessments for placements across care settings.

We have also launched two new jointly commissioned services with the Clinical Commissioning Group (now ICB) to support discharge. The first of which was eight 'discharge to assess' beds in a nursing home in Barking and Dagenham with wrap-around therapy support designed to increase the numbers of residents going back home after a nursing home stay. The second is a Home First project in which therapists meet residents at home when they are discharged from hospital to assess their needs and to ensure that residents have access to a range of support to help their recovery and to reduce re-admission to hospital. Both of these services are being evaluated and monitored to determine the longer-term plan to benefit residents in Barking and Dagenham.

Two new Strategies have been adopted in 2021/22 to improve support to vulnerable residents in Barking and Dagenham. The Carers Charter has been adopted by all system partners within health and social care and was formally approved by Cabinet in February 2022. This acts as a framework for the delivery and development of services, working practices, identification and support of unpaid or informal carers in the borough, through a partnership approach. The Carers Charter comprises a series of “I” statements that have been co-produced with over 100 carers in the borough alongside key stakeholders from health, social care and the community and voluntary sector. Building on existing partnerships with health and the community and voluntary sector, the Charter will work towards developing effective pathways with partners to identify ‘hidden carers’. Hidden carers are those who do not recognise themselves as a carer or are not known to services as providing an informal, unpaid, caring role.

In addition to this, the Council’s Cabinet approved a new Aids and Adaptations Policy which sets out how private homeowners, housing association tenants and private tenants with disabilities will be helped through aids and adaptations to live as independently as possible in good quality homes that meet their needs. The publication of this Policy allowed Barking and Dagenham to enact six new additional grants to the current mandatory Disabled Facilities Grant usage. This includes a non means test for anything under £15,000 and some innovative Grants tailored for individuals with more specific needs. We are of the understanding that the Sensory Needs Grant is the first of its kind in the country. The Policy also enables us to designate funding towards four specific social care projects aimed at private residents, including spend towards care and care technology, minor adaptations, handypersons and an occupational therapy assessment project. The Policy enables more residents with disabilities to stay in their own home, in an environment that is better adapted to meet their needs and improve their health and wellbeing.

Finally, 2021/22 saw a tender carried out for an Innovation Partner for the management and delivery of an all-age Care Technology solution for our residents. This service moves away from the traditional reactive models of assistive technology centred around a conventional monitoring and response alert-based service, to digitally transformed health and social care systems and services centred around technology to achieve better outcomes for residents, fully harnessing the role of the wider community and support networks. This will mean embracing the full suite of technological advancement available ranging from artificial intelligence and machine learning to augmented and virtual realities to offer a truly personalised experience for our residents. The move to digital represents a huge expansion in the range and depth of available devices and data. Backed up by increased stability and reliability leading to enhanced accuracy and visibility that delivers informed choices for care recipients, their families, caregivers and the wider health and care system. Barking and Dagenham’s new Care Technology service represents a significant step for the system’s wider digital transformation journey however, there is significant scope to expand the offer,

both in terms of the user groups who can access the service and the types of technology available to support them. A Digital Transformation Strategy for Care and Support is currently being developed which will set out our wider ambitions around innovation, our use of data-insights and our commitment to a technology-first culture with service provision and in support of the wider integration agenda. We will look forward to providing an update in the next SAB Annual Report as to the impact of the new service on residents and their families.

During 2022/23, we will be monitoring and analysing the new initiatives, technology, packages and placements set out above to determine further areas for commissioning and operations and the way that we work with health partners. We will also be crucially preparing for the Adult Social Care Charging Reforms and undertaking our Fair Cost of Care market exercises with over 18 residential care and homecare provision in Barking and Dagenham. We will also be undertaking the re-tendering of extra care services in which the successful organisation will be required to provide 24-hour care and support to the residents of four schemes, including a range of personal care and support tasks which will enable residents to live independently for as long as possible.

### **Barking and Dagenham Primary Care Providers**

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

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

One practice is rated as 'inadequate'. NHS NEL continue to engage with the practice management team and have a robust support plan in place which is reviewed regularly to ensure the quality of service from this GP practice improves. NHS NEL are working closely alongside the CQC and the GP Federation to ensure that whilst changes are made, patients continue to receive good quality, safe care.



# Partnership Priorities

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

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

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

The board agreed a Three-Year Strategic Plan in 2019/22. Specific priority areas for attention in 2021/22 were identified as:

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

With regard to the SAB’s priorities for 2022/23 and beyond we have updated our thinking and published some revised priorities in line with current developments and learning across the partnership. Below sets out our revised priorities in tabulated form.

Priorities	How will we work to implement these?	Assurance	Learning & Development	Delivery
1. Support for Hoarding and Self Neglect	<ul style="list-style-type: none"> <li>• Develop a hoarding and self neglect policy and guidance document.</li> <li>• Deliver a pathway and programme of support for service users experiencing hoarding and self neglect.</li> <li>• Develop practice around self-neglect, mental capacity, people’s exercise of their ‘rights to choose’.</li> </ul>	✓	✓	✓
2. Implement a Learning and Development Committee to deliver joint multi agency learning	<ul style="list-style-type: none"> <li>• Develop a multi-agency audit programme.</li> <li>• Provide assurance around learning from SARs and LeDeR reports undertaken in Barking and Dagenham and across London.</li> </ul>	✓	✓	
3. Preparing for CQC regulation	<ul style="list-style-type: none"> <li>• Implement learning from the Adult Safeguarding Peer Review.</li> <li>• Support the development of a Safeguarding MASH, (Multi-Agency Safeguarding Hub) in Adult Social Care, to enable safe and effective triage of all safeguarding being managed in one place.</li> <li>• Assurance from Community Solutions and the ‘front door’ around safeguarding referrals.</li> </ul>	✓		✓

	<ul style="list-style-type: none"> <li>• Being alert to abuse and harm which is not visible and identify indicators and communicate with others to ensure a good practice response.</li> </ul>			
4. Joining up with children’s social care on key cross cutting themes	<ul style="list-style-type: none"> <li>• Transitional safeguarding.</li> <li>• ‘Think Family’ approach.</li> <li>• Domestic abuse.</li> </ul>	✓	✓	✓
5. Develop governances, safeguarding and quality interfaces with North East London Integrated Care Board (NEL ICS)	<ul style="list-style-type: none"> <li>• Develop partnership structures to support safeguarding.</li> <li>• Support joint working across NEL in cross cutting issues.</li> </ul>	✓	✓	
6. Develop a community safeguarding offer and preventative offer for adults	<ul style="list-style-type: none"> <li>• Develop plans for a stronger community-based and community-led offer for prevention of the escalation of social care needs.</li> <li>• Stronger community-focused support around safeguarding intervention and reporting.</li> <li>• Develop an effective process to engage with the personal experiences and hearing the voices, of people with lived experience of safeguarding.</li> <li>• Strengthen training and awareness of generalist staff, including for example enforcement, caretakers and protectors of the public realm.</li> <li>• Build better community awareness of mental wellbeing through campaigns and other mental health preventive initiatives.</li> </ul>	✓	✓	✓

	<ul style="list-style-type: none"><li>• Strengthen and reinforce awareness of exploitation in all its possible forms and clarity of appropriate responses to cases which become known or suspected.</li></ul>			
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# Safeguarding Information

For further information about safeguarding and information about the Safeguarding Adults Board please use the following link

[Safeguarding adults at risk of abuse or neglect | London Borough of Barking and Dagenham \(lbbd.gov.uk\)](https://lbbd.gov.uk)

**To report a safeguarding concern:**

**Adult Triage, Community Solutions**

020 8227 2915

[intaketeam@lbbd.gov.uk](mailto:intaketeam@lbbd.gov.uk)

[safeguardingAdults@lbbd.gov.uk](mailto:safeguardingAdults@lbbd.gov.uk)



**In an emergency:  
Call 999 and ask for the Police**

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

**Out of Hours Emergency Social Work Duty Team**

020 8594 8356

[adult.edt@nhs.net](mailto:adult.edt@nhs.net)



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18<sup>th</sup> January 2023

<b>Title:</b>	Shaping the Refresh for the Joint Local Health and Wellbeing Strategy 2023-28	
<b>Report of the Director of Public Health</b>		
<b>Open Report</b>	<b>For Information</b>	
<b>Wards Affected: all</b>	<b>Key Decision: Yes</b>	
<b>Report Author:</b>	<b>Contact Details:</b>	
Jane Leaman, Consultant in Public Health, LBBD Jess Waithe, Public Health Specialist, LBBD	<a href="mailto:Jane.leaman@lbbd.gov.uk">Jane.leaman@lbbd.gov.uk</a> <a href="mailto:Jess.waithe@lbbd.gov.uk">Jess.waithe@lbbd.gov.uk</a>	
<b>Sponsor:</b>		
Matthew Cole, Director of Public Health, LBBD		
<b>Summary:</b>		
<p>The current Barking and Dagenham Health and Well Being Strategy (HWBS) ends in March 2023. On review, following the publication of the refreshed JSNA and the Babies, Children's' and Young Peoples Plan, it is proposed the strategy (now known as the Local Joint Health and Well Being Strategy (JLHWBS)) remains but is refreshed in the context of the new Integrated Care System (ICS) and in the aftermath of the COVID Pandemic and the current 'cost of living crisis' for the period 2023 -2028 (as recommended in the Director of Public Health's report 2021-22).</p> <p>In the context of the new Place-based partnership and integrated working, this refreshed Strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of residents' lives by 2028.</p> <p>As most issues impacting on people's health are outside of the health service, the heart of this strategy will be tackling health inequalities supported by the value of relationships and connecting with residents in designing or delivering changes in services, to meet the individual needs and characteristics of our communities.</p> <p>The HWB will need to consider the NHS NEL Integrated Care Strategy when refreshing the JLHWBS to ensure that they are complementary. And conversely, the Integrated Care Strategy should build on and complement the JLHWBSs, identifying where needs could be better addressed at the system level. It should also bring learning from across the system to drive improvement and innovation.</p> <p>Recent guidance on the publication of the ICB joint forward plan (JFP) specifies ICBs and their partner Trusts must involve relevant HWBs in preparing or revising the JFP. This includes sharing a draft with each relevant HWB and consulting relevant HWB's on whether the JFP takes proper account of each relevant Joint Local Health and Well being Strategy. The 23/24 JFP needs to be published by June 30<sup>th</sup> 2023.</p>		

<p>A programme of community engagement is currently being planned to help define 'what good looks like' against the agreed priorities.</p>
<p><b>Recommendation(s)</b></p> <p>The Health and Wellbeing Board is recommended to agree:</p> <ol style="list-style-type: none"> <li>1. The direction of travel for refreshing the Joint Local Health and Wellbeing Strategy, in the context of the newly established Place- based partnership and Integrated Care System.</li> <li>2. Consider NHS NEL's proposed Integrated care Strategy in its considerations on how the refreshed JLHWBs will be shaped.</li> <li>3. A full discussion on the draft Joint Local Health and Wellbeing Strategy at its next meeting in March.</li> </ol>
<p><b>Reason(s)</b></p> <p>The Health and Wellbeing Board has a statutory responsibility to publish a Health and Wellbeing Strategy.</p>

## 1. Background and Context

The Health and Social Care Act 2012 requires each local council area to have a Health and Wellbeing Board (HWBB), which brings together key leaders from local health and care organisations to work together to improve the health and wellbeing of local people and to reduce inequalities that are the cause of ill health.

The HWBB must produce a Health and Wellbeing strategy (now known as Joint Local Health and Well Being Strategy (JLHWS)) that describes the key local health and care issues and explains what the board is going to do to make improvements to these issues.

The JLHWS sets out the vision, priorities and action agreed by the HWB to meet the needs identified within the JSNA and to improve the health, care and wellbeing of local communities and reduce health inequalities.

### 1.1 Role of the Joint Strategic Needs Assessment and Joint Local Health and Wellbeing Strategy

These are vehicles for ensuring that the needs and the local determinants of the health of the local population are identified and agreed. The JSNA provides the evidence base for the health and wellbeing needs of the local population and should be kept up to date regularly. The JLHWS sets out the agreed priorities and joint action for partners to address the health and wellbeing needs identified by the JSNA. They are not an end in themselves, but a regular process of strategic assessment and planning.

Local authorities and ICBs must have regard to the relevant JSNAs and JLHWSs so far as they are relevant when exercising their functions, including NHS England in exercising any functions in arranging for the provision of health services in relation to the geographical area of a responsible local authority.

### 1.2 Recent guidance on Health and Wellbeing Boards (HWBs) (Nov 2022)<sup>1</sup>



HWBs continue to be responsible for:

- Assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA).
- Publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA.
- The JLHWS should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.
- Developing a pharmaceutical needs assessment (PNA) for their area.

### 1.3 **Local Joint Health and Well Being Strategy and Integrated Care Strategy**

The HWB will need to consider NHS NEL's Integrated Care Strategy when preparing the JLHWBS to ensure that they are complementary. Conversely, the HWB should be active participants in the development of the Integrated Care Strategy as this may also be useful for HWBs to consider in their development of their strategy.

The Integrated Care Strategy should build on and complement JLHWSs, identifying where needs could be better addressed at the system level. It should also bring learning from across the system to drive improvement and innovation.

JSNAs will be used by Integrated Care Partnerships (ICPs) to develop the Integrated Care Strategy, identifying where the assessed needs within the JSNA can be met by local authorities, ICBs or NHS England in exercising their functions.

The Department for Health and Social Care has issued guidance for integrated care strategies<sup>2</sup> with a suggestion that partnerships may wish to develop interim strategies to influence system planning for 23/24 ahead of further strategy guidance expected in June 2023.

### 1.4 **NHS NEL Integrated Care Strategy Proposal**

System partners across North East London Health and Care Partnership have reached collective agreement on NHS NEL's ICS purpose and four priorities to focus on together as a system. The priorities and cross-cutting themes (see below) will set a clear direction for the development of the new NHS Joint Forward Plan due end March 2023 (see Appendix A for what good looks like against the cross-cutting themes).

The interim strategy document will be completed taking on board any further feedback from the Integrated Care Partnership on 11<sup>th</sup> January. The strategy will not however be a one-off process, more a dynamic dialogue across all parts of the system and with local people.

#### **Priorities:**

- To provide the best start in life for the Babies, Children and Young People of North East London
- To support everyone at risk of developing or living with a long- term condition in North East London to live a longer and healthier life

- To improve the mental health and wellbeing of the people of North East London
- To create meaningful work opportunities and employment for people in North East London now and in the future

**Cross-cutting themes** describing ‘how’ NHS NEL will work differently as an integrated care system:

- Working together as a system to tackle health inequalities including a relentless focus on equity
- Greater focus on prevention
- Holistic and personalised care
- Co-production with residents
- A high trust environment
- Working as a learning health system

## Other Relevant Plans and Assessments

### 1.5 LBB Corporate Plan

The Council Corporate Plan is currently in development, it will set out how and what the Council will deliver against agreed priorities – many of which directly or indirectly impact on the health of residents, as well as good health of residents it will also enable the achievement of all. Therefore, the Health and Well Being Strategy is a key overarching strategy for this plan.

### 1.6 ICB Joint Forward Plan (JFP) (replacing commissioning plan)

Before the start of each financial year, an ICB, with its partner NHS Trusts and NHS Foundation Trusts, must prepare a 5-year joint forward plan, to be refreshed each year. The plan sets out any steps on how the ICB proposes to implement any JLHWS that relates to the ICB area, and the ICB must have regard to the Integrated Care Strategy when exercising any of its functions.

Recent guidance<sup>3</sup> specifies that systems have flexibility to determine their JFP’s scope as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner Trusts. However, it is encouraged that systems use the JFP to develop a shared delivery plan for the Integrated Care Strategy and the JLHWS that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners. As a minimum, the JFP should describe how the ICB and its partner Trusts intend to arrange and/or provide NHS services to meet their population’s physical and mental health needs. This should include the delivery of universal NHS commitments, address ICSs’ four core purposes and meet legal requirements.

ICBs and their partner trusts must involve relevant HWBs in preparing or revising the JFP. This includes sharing a draft with each relevant HWB and consulting relevant HWB’s on whether the JFP takes proper account of each relevant joint local health and wellbeing strategy (JLHWS).

The guidance specifies ICBs and their partner trusts have a duty to prepare a first JFP before the start of the financial year 2023/24 – i.e. by 1 April. For this first year, however, the date for publishing and sharing the final plan with NHS England, their Integrated Care Partnerships and Health and Well-being Boards, is 30 June 2023. Therefore, it is expected that the process for consulting on a draft (or drafts) of the plan, should be commenced with a view to producing a version by

31 March, but consultation on further iterations may continue after that date, prior to the plan being finalised in time for publication and sharing by 30<sup>th</sup> June.

The plan itself must describe how the ICB proposes to implement relevant JLHWSs. ICBs and their partner trusts must send a draft of the JFP to each relevant HWB when initially developing it or undertaking significant revisions or updates. A HWB must respond with its opinion and may also send that opinion to NHSE, telling the ICB and its partner trusts it has done so. If an ICB and its partner trusts subsequently revises a draft JFP, the updated version should be sent to each relevant HWB, and the consultation process described above repeated. The JFP must include a statement of the final opinion of each HWB consulted.

## 1.7 **ICB Annual Reports**

The ICB is required as part of their annual report to review any steps they have taken to implement the NEL borough's JLHWS. In preparing this review, the ICB must consult each relevant HWB.

## 1.8 **Joint Outcomes Framework<sup>4</sup>**

A framework will be developed nationally with a focused set of national priorities, and an approach for prioritising shared outcomes at a local level, focused on individual and population health and wellbeing. The implementation of shared outcomes will begin from April 2023.

The national government will set some delivery standards for organisations, to ensure that the public receive a consistent standard of care, via setting a Mandate for NHS England. The outcomes will sit alongside - and complement - systems' and organisations' statutory responsibilities and wider regulatory frameworks.

## 1.9 **Performance Assessments**

In undertaking its annual performance assessment of an ICB, NHS England must include an assessment of how well the ICB has met the duty to have regard to the relevant JSNAs and JLHWSs within its area. In conducting the performance assessment, NHS England must consult each relevant HWB for their views on the ICB's contribution to the delivery of any JLHWS to which it was required to have regard.

**The Care Quality Commission (CQC)** will consider outcomes agreed at place level as part of its assessment of ICSs. The CQC will also continue to develop its assessment of individual providers, to ensure their contribution to plans that improve outcomes at place and ICS level are assessed as part of the overall oversight framework. In addition to its current role in regulating and inspecting health and care providers, the CQC will also review integrated care systems including NHS care, public health, and adult social care and assess local authorities' delivery of their adult social care duties.

## 2. **Shaping the Health and Wellbeing Strategy**

The current Barking and Dagenham Health and Well Being Strategy ends in March 2023. However, on review following the publication of the refreshed JSNA, and the Babies, Children's' and Young Peoples Plan, and as recommended in the Director of Public Health's report 2021-22, it is proposed the strategy remains but

refreshed in the aftermath of the COVID Pandemic and the current 'cost of living crisis' for the period 2023 -2028.

But, as most issues impacting on people's health are outside of the health service, the heart of this will be tackling health inequalities supported by the value of relationships and connecting with residents in designing or delivering changes in services, to meet the individual needs and characteristics of our communities.

In the context of the new place-based partnership and integrated working this refreshed Strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of residents' lives by 2028, aspiring to the development of a 'system of health'.

## 1.10 Proposed Framework for the 2023 – 2028 Strategy

### Vision

By 2028 as Barking and Dagenham (B&D) continues to grow, our residents will have improved health and wellbeing, with less health inequalities between B&D residents and the rest of London: no-one will be left behind.

Our residents will have increased resilience, empowered to not just survive, but to thrive. Residents will benefit from a place-based system of care, where partners across the Barking, Havering and Redbridge system work together to get upstream of care and improve the health of the population. Partners will increasingly focus on outcomes and impact, rather than outputs with outcomes-based commissioning working effectively to improve outcomes for residents.

The strategy will place the 'Marmot Principles' and associated indicators at the heart of what it says as an evidence-based approach to putting health equity at the centre of post-pandemic recovery.

It will also consider the impacts of the 'cost of living' crisis which nationally has resulted in over half (55%) of people feeling their health has been negatively impacted. These numbers will be much greater across our community where poverty and deprivation are high, given we were the fifth most deprived area in England in 2019, up from the 20th in 2004.

The strategy will be built around the following four pillars of population health<sup>5</sup> :

- The wider determinants of health
- Our health behaviours and lifestyles
- An integrated health and care system
- The places and communities we live in, and with

And will reflect the current priority themes of:

**Priority Theme 1:** Best Start in Life

**Priority Theme 2:** Early Diagnosis and Intervention

**Priority Theme 3:** Building individual and community strength

The following partnership priorities will be reflected within these themes:

- **Addressing long term conditions** (adults and children) (early diagnosis and treatment preventing long term serious health conditions including serious

mental health problems, avoidable admissions and reducing demand on social care services)

- **Addressing obesity and smoking**
- **Best start in life** including healthy pregnancy, developmental support, diagnosis and support for SEND
- **Domestic violence and addressing adverse childhood experiences**
- **Health in all Policies/anchor institutions**
- (Including training, education and skills development, employment, housing and inclusive growth)

These will be underpinned by addressing health inequalities with a focus on the [Core20Plus5](#) (adults and children) priorities. The strategy will take a place-based approach delivered through locality working, involving three types of interventions:

- Civic-level interventions (e.g. licensing, economic development)
- Community-based interventions (e.g. using and building assets within communities)
- Services-based interventions (e.g. quality and scale, reducing variation)

### 1.11 Developing Outcomes and Delivery Plans

Coproduced with residents:

- Each theme will reflect the relevant partnership priority and will have outcomes (short medium and long term) associated to them.
- A detailed set of delivery plans will be developed to describe activity to achieve the agreed measures.
- All interventions will be evidence-based, outcomes orientated, systematically applied across the borough, scaled-up appropriately and appropriately resourced to meet needs, and sustainable.
- Responsibility and accountability for delivering these plans will be both the Adult and Best Chance for Children and Young People Delivery Groups.
- Measures (performance indicators) will be identified against which progress will be tracked.

## 3 Consultation and Engagement

This process has been broken down into three phases. The first included gathering relevant insight from Partnership Board members (as well as internally) relating to recent and related engagement undertaken that could help to identify gaps, newly emerging themes- such as 'cost of living crisis', or feed into development of the delivery plans. It also included a survey hosted on One Borough Voice, where residents were asked to 'sense check' the relevance of current strategy priorities that fall with current themes.

Phase two is currently being formulated and focusses on working with LBBDs Participation and Engagement Team to develop a plan for engagement with communities and existing groups/organisations, with input being sought from partners within the community and voluntary sector. The intention is to engage with underserved groups and within key geographic areas (by linking in with Locality Leads) that have the greatest need/are impacted most by the issues outlined within the partnership priorities listed in 2.1 above.

This is expected to be undertaken through different approaches (including workshops) to seek views, mainly on 'what good looks like' which will inform measures for the refresh as well as potentially feeding into outcome development and actions within the delivery plans.

Due to the extensive engagement work recently undertaken during the development of the Babies, Childrens and Young Peoples Plan. Engagement for this strategy refresh will be focussed on engagement with adult populations only.

The final phase will be to write a refreshed draft of the strategy and provide an opportunity for residents (via One Borough Voice), identified peer reviewers and other colleagues (throughout the internal governance process) to revise the document during final stages of consultation, ahead of its finalisation and publish.

## **4 Mandatory Implications**

### **4.1 Joint Strategic Needs Assessment**

The Health and Well Being Strategy is informed by the JSNA.

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

None

#### **List of Appendices:**

**Appendix A – What success will look like for The NHS NEL Integrated Care System**

## What success will look like for The NHS NEL Integrated Care System

### Health Inequalities

*In addition to the specific health inequalities measures set out in relation to our four priorities below:*

- Across North East London we are reducing the difference in access, outcomes and experience with a focus on people from black and minority ethnic communities, people with learning disabilities, people who are homeless, people living in poverty or deprivation and for carers.
- Healthy life expectancy is improved across NEL and the gap between our most and least deprived areas / those living in poverty and the wealthiest is reduced.
- We have improved ethnicity data collection and recording across health and care services and deliver inclusive, culturally competent, and trusted health and care services to our population.
- Our staff have access to training on health inequalities and we routinely measure and address equity in NHS waiting lists.
- We are mitigating against digital exclusion.
- Tackle racism and increase cultural competence and cultural awareness in services.

### Prevention

*In addition to the specific prevention measures set out in relation to our four priorities:*

- We invest more in prevention as a system to reduce prevalence of long-term conditions and mental health equitably across all of our places.
- We identify and address unmet need including diagnosing more people early and increasing access to care and support particularly for our most vulnerable or underserved groups.
- We invest in our community and voluntary sector to support prevention and early intervention in a range of ways to suit our diverse population.
- Through our role as anchor institutions, we support economic development by employing local people and prioritising social value in procurement.
- We share and use data to identify the most vulnerable people living locally including those not using services and those frequently using services to provide more targeted and proactive support which better meets their needs.

### Personalisation

- Staff have access to all the information they need in one place to enable them to provide seamless care to local people and can share this information safely through our IT systems.
- Local people including carers only need to tell their story once through their health and care journey.
- Local people are asked what matters to them in setting their treatment or care goals and can access a wide range of non-medical support in the community.
- Particularly vulnerable residents are identified and given additional support to access services ensuring their experience and outcomes of care are equitable.
- Our staff are equipped to deliver trauma-informed care based on the principles of physical and psychological safety; trust; choice; collaboration; empowerment; and cultural competence.
- We aim for at least one PCN in each place-based partnership to have a CYP social prescribing service, in line with local needs.

### Coproduction

- We can evidence how decisions taken by our boards are informed by the views of local people.

- We helped establish a community and voluntary sector collaborative and actively support and resource its development.
- We train a wide range of health and care staff in co-production and power sharing approaches.
- We can demonstrate how we have identified and engaged underserved groups and the full diversity of our local population.
- We use existing sources of insight from local people including carers to shape our strategies and plans and resist repeatedly asking the same questions.
- We close the loop when we seek the views of carers and local people by feeding back.

### **High Trust environment**

- Partners in the ICS feel actively engaged.
- Partners have adopted an 'open book' approach including how we spend our money.
- We challenge each other constructively without blame.
- We are open to new ways of working and share risk as a system.

### **Learning System**

- We use data, evidence, and insights to build our understanding of our population and to drive our ambitions, priorities, transformation and improvements.
- We regularly review the impact we are having through evaluation of our services and transformation programmes and make changes based on this learning.
- We innovate and enable shared learning to accelerate adoption of innovation, research and best practice throughout our system.
- We support and encourage research that is focused on improving health and care for local people and involve more local people in research.



## HEALTH AND WELLBEING BOARD

**18<sup>th</sup> January 2023**

<b>Title:</b>	Babies, Children, Young People and Families (0-25) Partnership - Best Chance Strategy		
<b>Report of the Cabinet Member for Children's Social Care and Disabilities</b>			
<b>Open Report</b>		<b>For Decision</b>	
<b>Wards Affected:</b> All		<b>Key Decision:</b> No	
<b>Report Author:</b> Chris Bush, Commissioning Director for Children's Care and Support & Rebecca Nunn, Consultant in Public Health		<b>Contact Details:</b> Tel: 0208 227 3188 E-mail: <a href="mailto:christopher.bush@lbbd.gov.uk">christopher.bush@lbbd.gov.uk</a>	
<b>Sponsor:</b> Elaine Allegretti, Strategic Director Children and Adults			
<b>Summary:</b>			
<p>The Best Chance 0-25 Partnership Strategy is our partnership plan for babies, children, young people and their families. This is the plan for whole-system working on improving outcomes - it will guide our partnership work, provide a sound baseline for our ambitions and make clear the outcomes we are working on together – to give our babies, children, young people and families, the best chance at life. It includes a co-created partnership vision, ambitions and outcomes, and a proposed governance structure for the future of children’s work in Barking &amp; Dagenham (sitting under the new Place Based Partnership).</p> <p>The partnership has agreed strategic outcomes of “We want our babies, children and young people to:</p> <ul style="list-style-type: none"> <li>• get the best start, be healthy, be happy and achieve</li> <li>• thrive in inclusive schools and settings, in inclusive communities</li> <li>• be safe and secure, free from neglect, harm and exploitation</li> <li>• grow up to be successful young adults</li> </ul> <p>It is proposed that the governance for this strategy sits under the ‘Best Chance 0-25 Partnership’ – a newly created group which focuses on babies, children and young people, sitting under and reporting into the Borough Partnership. This group will hold the strategic vision for babies, children and young people in the borough, shape action plans to deliver the strategy, and monitor progress against the outcomes framework.</p>			
<b>Recommendation(s)</b>			
The Health and Wellbeing Board is recommended to:			
<ol style="list-style-type: none"> <li>1. Endorse the Barking and Dagenham Best Chance Strategy 2022 - 2025 as set out at Appendix 1 to the report, including the proposed governance arrangements</li> </ol>			

## Reason(s)

To assist the Council to achieve its priority of 'Prevention, Independence and Resilience'.

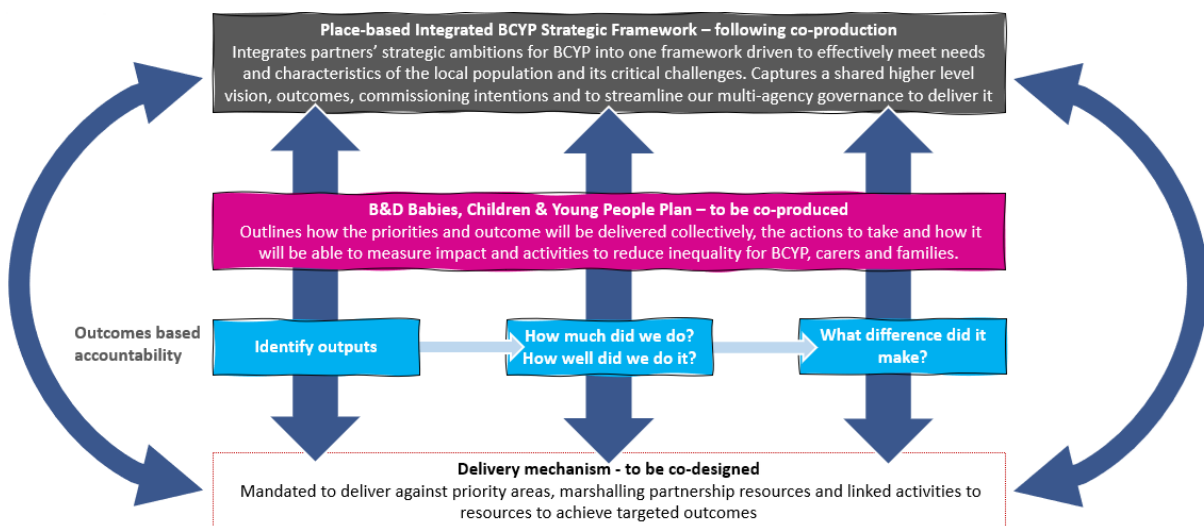
### 1. Introduction and Background

- 1.1. Barking and Dagenham has a high percentage of children and young people, and the highest under 5s proportion in the country. There are a number of challenges to tackle to improve the outcomes of our children and young people – including child poverty being amongst the highest in London boroughs and the country, highest levels of Year 6 overweight and obesity in England, increased number of children with learning disabilities and diagnosable mental health problems, and high levels of young people not in education, employment or training (NEET), and a high demand for children's social care.
- 1.2. With the system-wide governance arrangements for place-based working changing to an ICS and borough partnership model, new governance and a shared strategic direction is needed for the 0-25 (babies, children and young people) agenda.
- 1.3. The Best Chance 0-25 Partnership Strategy is our partnership plan for babies, children, young people and their families. This is the plan for whole-system working on improving outcomes - it will guide our partnership work, provide a sound baseline for our ambitions and make clear the outcomes we are working on together – to give our babies, children, young people and families, the best chance at life.
- 1.4. It includes a co-created partnership vision, ambitions and outcomes, and a proposed governance structure for the future of children's work in Barking & Dagenham (sitting under the new Place Based Partnership). System leaders for babies, children and young people came together, forming a multi-agency executive task and finish group, to develop this borough-wide joint framework, which will focus an agreed vision, set of principles, priorities and outcomes.
- 1.5. As part of this process, we spoke to many stakeholders including children, young people, families and staff across the local authority, health and the VCSE. This allowed us to describe our collective strengths, address key challenges, identify opportunities and capture quick wins along the way. This co-production allowed us to bring together the voice of the child, parent and carers to inform the experience of system leaders to become agents for change.
- 1.6. The product of this engagement and co-production was a collective vision, priorities for action and an outcomes framework to track progress against our ambitions. The partnership will work together to give Barking and Dagenham's babies, children, young people and their families the best chance in life. The partnership has agreed strategic outcomes of "We want our babies, children and young people to:
  - get the best start, be healthy, be happy and achieve
  - thrive in inclusive schools and settings, in inclusive communities
  - be safe and secure, free from neglect, harm and exploitation
  - grow up to be successful young adults

- 1.7. We also identified a governance structure to allow us to work together as a system, streamline governance, hold partners to account, and report to the borough partnership. It is proposed that the governance for this strategy sits under the ‘Best Chance 0-25 Partnership’ – a newly created group which focuses on babies, children and young people, sitting under and reporting into the Borough Partnership. This group will hold the strategic vision for babies, children and young people in the borough, shape action plans to deliver the strategy, and monitor progress against the outcomes framework.

## 2. Proposal and Issues

- 2.1 The proposed Best Chance 0-25 Partnership Strategy sets out a strategic framework for the Best Chance 0-25 partnership through ICS delivery.
- 2.2 It is important to have the whole system working together on this single strategic vision to make it a new way of working, with the partnership collectively funding and owning delivery and progress against outcomes.
- 2.3 This is the strategic document and detailed delivery plans will be the next stage of this work. These will be brought forward to forums (including CSG) with detail of any financial implications.



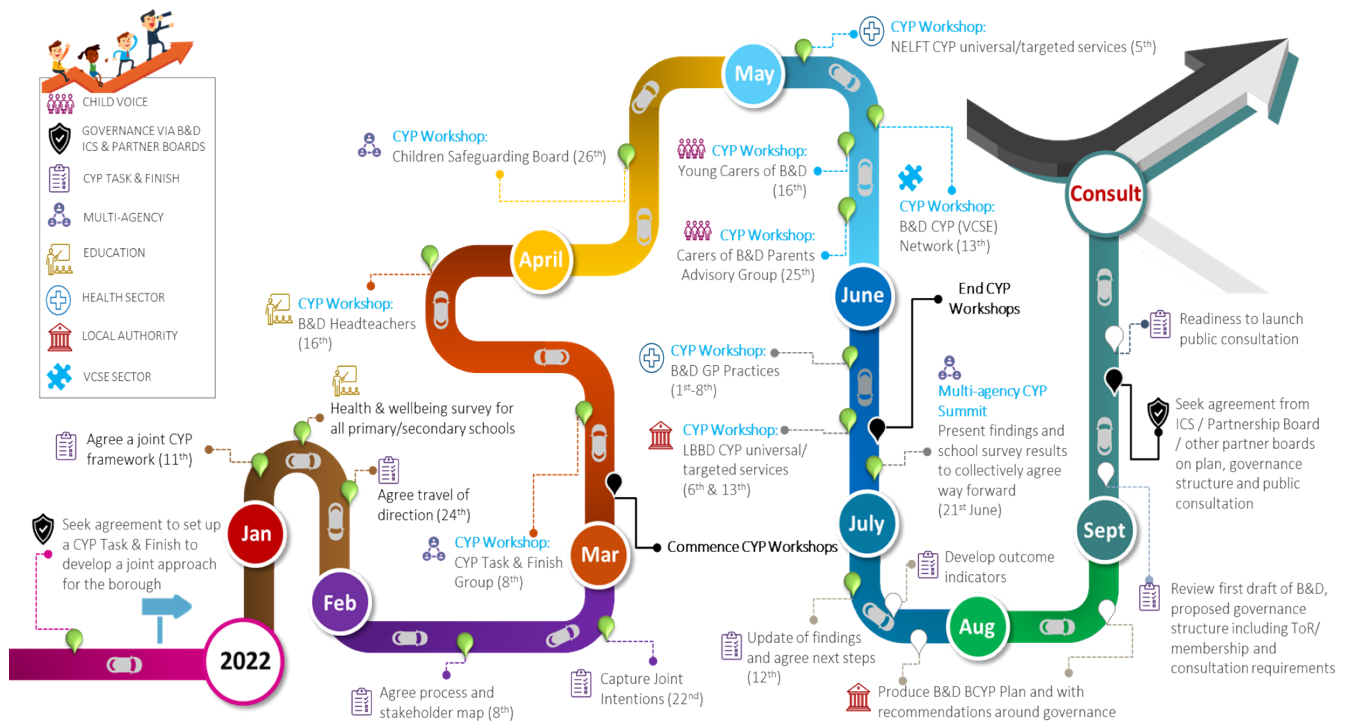
- 2.4 Most of the workstreams which will deliver this strategy as already familiar to the partnership and senior corporate leadership as they are already set up and part of ‘business as usual’ in many cases. New initiatives, such as start for life and family hubs, are already being discussed corporately and across the partnership.

## 3 Consultation

- 3.1 A series of engagement workshops took place with NELFT colleagues (including school nursing, health visiting, CAMHS, community paediatrics, therapies and YOS staff), head teachers and schools’ colleagues, young carers, children and young people’s network, primary care, and children’s safeguarding partnership board in order to generate a shared vision and priorities for the strategy. The results of the school’s health survey and the youth safety summit were also used. The

partnership task and finish group met a number of times to bring together results of the workshops and turn it into the strategy

- 3.2 A workshop on outcomes then took place to give a full list of outcomes that we need to achieve. This also gives us the basis for a framework of indicators to track progress.
- 3.3 This strategy will now be socialised and passed through governance structures of partner organisations.



3.4 This Strategy has been to Corporate Strategy Group (CSG) and to member portfolio for the Cabinet Member for Children and Young People.

3.5 The proposals in this report were considered and endorsed by the Corporate Strategy Group at its meeting on 20<sup>th</sup> October 2022, and by the Assembly at its meeting on 23<sup>rd</sup> November 2022.

## 4 Mandatory Implications

**4.1 Joint Strategic Needs Assessment** – this strategy has used the JSNA as a basis for identifying need in the borough, and built on it with additional data. The Best Chance strategy seeks to highlight areas in which action is needed to improve outcomes for our babies, children and young people, identify outcomes which the system can work together to improve, identify actions which the system can implement together, and set ways to measure progress on these actions.

As recommended by the JSNA, significant emphasis is placed on prevention and early intervention, prevention of adverse childhood experiences and working as a system to support our children and families. As highlighted in the JSNA, we have made clear that

certain groups need targeted support (such as LAC, SEND and those experiencing mental health distress) and that the wider determinants of health (including employment, housing, finances) need to be addressed as part of the package to ensure that our babies, children young people and their families has the best chance in life.

This system wide strategy aims to ensure that every baby, child, young person and their families gets the best start, is healthy, happy and achieves, thrives in inclusive schools and settings, in inclusive communities, are safe and secure, free from neglect, harm and exploitation, and grow up to be successful young adults.

## **4.2 Health and Wellbeing Strategy**

This strategy links to the Joint Health and Wellbeing Strategy, Inclusive Growth strategy, borough manifesto, VAWG strategy and many others. It will be the overarching strategy for babies, children, young people and their families. All impacts are all hoped to be positive – we are seeking to improve outcomes across the four ambitions of the strategy, including reducing inequalities between groups (for example CYP with SEND, looked after children, young carers, residents from different ethnicities). It seeks to fulfil the borough vision of ‘no one left behind’ by identifying groups who are experiencing inequalities and then taking action to address this.

The Best Chance Strategy aligns with the principles of the Joint Health and Wellbeing Strategy and the 3 priorities, especially the Best Start in Life (but also has clear aspirations for early diagnosis and intervention and building resilience. It seeks to reduce the exposure to Adverse Childhood Experiences (ACEs) (including domestic violence) and increase support for those children who have experienced them, using a trauma informed approach.

This Best Chance Strategy will have a positive impact on health by giving children a better start in life and providing the right support at the right time when they need it. By giving children the environment and support that they need to succeed, it improves their life chances and therefore their risk of poor health in later life (the evidence is clear that providing children with the best start in life sets them on a trajectory to achieve at school, secure good quality employment and live in better health). This strategy also seeks to ensure that children's health is protected and any illness or disability is given the right care and support at the earliest possible time. It seeks to make the borough a safe and inclusive environment, where children and young people with disabilities and health conditions are supported to thrive, and where inequalities in outcomes are identified and measures put in place to address them.

The vision, aspirations and outcomes specified in this strategy will feed into the new Joint Health and Wellbeing Strategy currently in development.

**4.3 Integration** – this co-developed, system wide strategy is another step towards a system which works closely together and is integrated where practicable. It seeks to have a support offer which wraps around families, giving the right support at the right time, from a range of agencies working as one. It seeks to move towards a system where families only need to tell their story once and do not ‘fall between the cracks’.

The Best Chance strategy will have system wide governance, bringing together statutory and community / voluntary organisations to all work towards a common vision, and accountability into the borough partnership.

#### **4.4 Financial Implications**

Implications completed by: Katherine Heffernan, Head of Service Finance

- 4.4.1 This report is largely for information, asking the Council to support the proposed governance structure for the Best Chance 0-25 Partnership Strategy, and to commit to its strategic objectives.
- 4.4.2 The services affected by the strategy in this report are largely funded already by partners across the system, such as education, social care, lifestyle services, and the 0-19 Healthy Child Programme and by additional funding streams such as Start for Life/ Family hubs.
- 4.4.3 Further work containing detailed delivery plans will be developed in line with this strategy. At this stage there is no intention to pool funding and any decisions about Council services and expenditure will need to be brought back to the relevant decision-making body for approval. Any additional investment required will be considered along with the delivery plans.
- 4.4.4 It should be noted that we are currently in a difficult time for the UK public sector which is facing a range of financial and service pressures. It is unlikely that there will be significant new resources available to achieve the ambitions set out in this strategy. It will therefore be necessary to prioritise investment – which this strategy will provide a framework for doing.

#### **4.5 Legal Implications**

Implications completed by: Dr Paul Feild, Principal Governance Lawyer

- 4.5.1 The Assembly has responsibility for approving plans and strategies which form part of the Council's policy framework. The Best Chance Strategy will be driven through 'The Best Chance 0-25 partnership' (see graphic in appendix to this report). It will be the lead forum for agencies working with babies, children, young people and families in the borough. The partnership scope being to set and agree strategy and ensure that the Best Chance Strategy improvement plans are delivered. It will work closely with the local Safeguarding Board and place-based partnerships and overseen by the Brough Partnership.
- 4.5.2 In terms of accountability it is envisaged there will be at least six meetings per year. It will report to the Health and Wellbeing Board and the new Integrated Care Board. It will also have a close relationship with the Community Safety Partnership, the Schools Forum and the SEND area partnership.

**4.6 Risk Management** – none. Any risks arising from the strategy will be identified, brought together in a risk / issue log, and brought through the appropriate governance

systems (initially the Best Chance Partnership and the Borough Partnership, with escalations to relevant organisations via their representatives on these partnerships)

**4.7 Patient / Service User Impact** – The Best Chance strategy is a shared commitment to reconfigure services and support to best meet babies, children, young people and family's needs, which will be holistic to the whole family's need and delivered within their local communities. This will empower our staff and partners to go the extra mile for our children and families to ensure they get the best outcomes. The intended impact of this strategy will be improved service user experience and outcomes – including the need to only tell their story once, to receive the right help and support at the right time and in the right place, and to receive support which is strength-based, trauma informed and places value on relationships.

## **5. Non-mandatory Implications**

**5.1 Crime and Disorder** - The strategy makes commitments of preventing children and young people from entering the criminal justice system and being victims of CSE (criminal and sexual exploitation). It seeks to improve outcomes that we know are linked with increased risk of crime and disorder (such as educational inclusion and attainment, parental conflict, domestic abuse and substance misuse, and financial stability) in order to reduce the number of children and young people who end up entering the criminal justice system, are involved in serious youth violence, or become victims of CSE. Delivery of these commitments will be linked into existing governance and plans, including the Community Safety Partnership and the Violence Against Women and Girls Strategic Group and Domestic Abuse Improvement Programme.

**5.2 Safeguarding** - This seeks to improve safeguarding of our babies, children and young people by working as a partnership to raise standards, improve links between organisations and professionals, and make early identification and intervention a core of our practice. It will prevent escalation of issues and better safeguard our children by closer working, professional curiosity, etc. It will also reduce inequalities, especially those experienced by LAC and SEND.

**5.3 Property / Assets** – none at this stage

**5.4 Customer Impact**

**5.5 Contractual Issues** - There are no contractual issues with this high-level strategy. Delivery of the strategy may include redesign or recommissioning of current contracts / provider arrangements – but this will be planned at the next stage (detailed delivery plans). It will certainly include redesign and re-procurement of the council contracted 0-19 healthy child programme services (health visiting and school nursing) but this was on the agenda anyway as we are nearing the maximum extension period of the contract and redesign and re-letting of the contract is scheduled for 2023.

**5.6 Staffing issues** - There will be no impact on staffing levels or job roles. The impact on staff will be some changes to ways of working to join up delivery, making staff more impactful, and make their work less challenging. It is hoped that by focusing on integrated working, earlier identification and intervention, that there will be less risk in the system and therefore staff will no longer hold large amounts of high-risk caseloads. It is

hoped that this will have a positive impact on recruitment, retention and staff wellbeing and job satisfaction.

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

- Babies, Children, Young People and Families (0-25) Partnership - Best Chance Strategy – Assembly report 23/11/2022

**List of Appendices:**

**Appendix A - The Best Chance Strategy 2022 - 2025**



**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://modern.gov.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](mailto: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:

<b>Edition</b>	<b>Publication date</b>
June 2022 Edition	16 May 2022
September 2022 Edition	15 August 2022
November 2022 Edition	10 October 2022
January 2023 Edition	20 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](mailto: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
<b>Health and Wellbeing Board:</b> <b>14.3.23</b>	<p><b>SEND Green Paper, SEND Inspection, &amp; SEND Area Committee</b></p> <p>The Government undertook a consultation as part of its Green Paper on Special Education Needs and Disabilities (SEND). The Green Paper follows the review of SEND reforms introduced in 2014 which found that, whilst there had been improvements, navigating the SEND system and alternative provision was not a positive experience for many children, young people and their families. The review also found that outcomes for children and young people with SEND or in alternative provision were consistently worse than their peers across every measure and that the system was not financially sustainable.</p> <p>The Board will be updated on the Green Paper and NELFT's response.</p> <ul style="list-style-type: none"> <li>• Wards Directly Affected: All Wards</li> </ul>	Open	Elaine Allegretti, LBBB Strategic Director, Children and Adults Elaine.Allegretti@lbbd.gov.uk
<b>Health and Wellbeing Board:</b> <b>14.3.23</b>	<p><b>Integrated Care Partnership (ICP) Update</b></p> <p>The Director of Public Health will provide the Board with an update on the implementation of the ICP which will see the Board operate as part of an Integrated Care Board.</p>	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
<b>Health and Wellbeing Board:</b> <b>14.3.23</b>	<p><b>NEL Long Term Conditions Outcomes Framework</b></p> <p>The framework was born out of the LIS/LES Equalisation programme that was established in June 2021 to level up general practice across North East London ICB clinically and financially. In June 2022, the ICS Executive approved this programme's reshaping to develop an LTC Outcomes Framework for general practice instead.</p> <ul style="list-style-type: none"> <li>• Wards Directly Affected: Not Applicable</li> </ul>	Open	Hugh Collins, Consultant, Royal Free London NHS Foundation Trust hugh.collins2@nhs.net

<b>Health and Wellbeing Board:</b> <b>14.3.23</b>	<b>Covid-19 update in the Borough</b>  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.  <ul style="list-style-type: none"><li>• Wards Directly Affected: All Wards</li></ul>	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
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**Membership of Health and Wellbeing Board:**

Cllr Maureen Worby (Chair), LBBB Cabinet Member for Social Care and Health Integration

Dr Ramneek Hara (Deputy Chair), NHS North East London Integrated Care Board

Elaine Allegretti, LBBB Strategic Director, Children and Adults

Cllr Syed Ghani LBBB Deputy Leader and Cabinet Member for Community Leadership and Engagement

Cllr Jane Jones LBBB Cabinet Member for Children's Social Care & Disabilities

Cllr Elizabeth Kangethe LBBB Cabinet Member for Educational Attainment and School Improvement

Melody Williams, North East London NHS Foundation Trust

Elsbeth Paisley, Lifeline Community Resources (BD Collective)

Matthew Cole, LBBB Director of Public Health

Louise Jackson, Metropolitan Police

Kathryn Halford, Barking Havering and Redbridge University Hospitals NHS Trust

Sharon Morrow, NHS North East London Integrated Care Board

Nathan Singleton, Healthwatch Barking and Dagenham (CEO Lifeline Projects)

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