

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 14 March 2023  
(6:00 - 8:00 pm)

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

## **47. Apologies for Absence**

Apologies were received from Cllr Elizabeth Kangethe, Cabinet Member for Educational Attainment and School Improvement, and Elspeth Paisley from BD Collective.

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

The Chief Executive informed the Board that the by-election for Heath Ward would be taking place on 30<sup>th</sup> March 2023. Therefore, the Council was subject to pre-election restrictions as set out in Section 2 of the Local Government Act 1986, as amended. The Chief Executive reminded the Board that they were required to refrain from making any comments that could be interpreted as supporting or opposing a political party, and to be mindful of the restrictions when discussing matters affecting Heath ward.

## **49. Minutes - To confirm as correct the minutes of the meeting on 18 January 2023**

The minutes of the meeting held on 18 January 2023 were confirmed as correct.

## **50. Joint Local Health and Wellbeing Strategy 2023-28 Refresh Framework for Delivery**

The Interim Public Health Consultant (IPHC) updated the Board.

The Board had a statutory requirement to produce a Health and Wellbeing Strategy (HWS). The present strategy would expire on 1<sup>st</sup> April 2023. The IPHC presented the Board with the draft strategy which would replace it. The new strategy sought to incorporate all the other strategic plans relating to the place-based partnership. The Integrated Care Strategy, the Joint Local and Wellbeing Strategy and the Council Corporate Plan would be incorporated into the HWS.

The consultation would commence following the Board meeting and the strategy would be published in June 2023. The Board would be invited to approve the new framework at their next meeting, provided that the Joint Forward Plan was ready.

The key principles of the strategy were:

- Addressing health inequalities;
- Place based working; and
- Co-production with communities.

The IPHC indicated that the joint framework had three purposes:

- Best Start in Life;
- Living Well; and
- Ageing Well.

The IPHC gave a short summary of each proposal noting that these would be expanded upon at the next meeting.

The Health and Wellbeing Board agreed to the following areas of the strategy:

1. Vision;
2. Principles;
3. What we are planning to achieve;
4. How we are planning to achieve delivery and plans for co-production;
5. Priorities;
6. Proposed actions;
7. How success is measured;

The Board also agreed to the start of the consultation period, following the publication of the Strategy in June 2023 subject to the Joint Forward Plan being agreed.

## **51. Health & Wellbeing Board and ICB subcommittee Governance Options**

The Director of Public Health (DPH) updated the Board.

The Integrated Care Boards (ICB) replaced Clinical Commissioning Groups on 1<sup>st</sup> July 2022 following the passing of the Health and Care Act 2022. This act changed the architecture of health provision and necessitated that the Health and Wellbeing Board work closely with North East London ICB (NELICB). However as statutory guidance had not been published, it was not possible to finalise the specific provisions of the relationship.

Following the publication of the guidance, the DPH announced that, following legal advice, a committees in common approach had been proposed which would see the Health and Wellbeing Board and the ICB Sub-Committee meeting together. Legally, they would remain separate bodies; however, would have an overlapping membership. This approach would streamline decision making and avoid duplication whereby different boards and committees discuss the same issues. This would improve services for residents as it would enable decisions to be taken more quickly.

Some sectors were not represented on the Health and Wellbeing Board and the DPH highlighted dentists, primary care networks and primary care contractors as examples and emphasised that this would need to change. Additionally voluntary sector membership of the Health and Wellbeing Board would need to be increased. The proposed model would be in shadow form from 1<sup>st</sup> April 2023, would continue for a year and would be regularly reviewed for effectiveness including the challenges that the expansion of membership would bring in relation to conflicts of interest.

The Strategic Director of Adults and Children Services (SDAC), added that the

changes to the regulatory framework would have the effect of binding the Health and Wellbeing Board and the ICB closer together notwithstanding existing laws and mechanisms.

The Board noted the update.

## **52. Joint Forward Plan**

The Director of Partnership and Delivery (DPD) at NELICB updated the Board.

The principles underpinning the plan was that it should be fully aligned with the wider system partnership and support subsidiarity by building on existing strategies and plans. The plan should be delivery focused with clear objectives, trajectories and milestones were appropriate. Although it was an NHS plan, the DPD emphasised that it would involve external stakeholders.

The NHS was required to deliver the first plan by June 2023 and to update the plan annually. Engagement events involving health partners were planned before implementation. Drafts of the proposals would be circulated to Board members offline.

The DPD outlined the risks; highlighting the short deadlines and it was possible that the plan would not be completed by the June 2023 deadline. There was also a risk of insufficient resourcing.

The Board noted the update.

## **53. The SEND Green Paper, SEND Inspection Arrangements and Government Improvement Plan**

The Strategic Director for Children and Adults (SDCA) updated the Board.

The Special Educational Needs and Disabilities (SEND) Green Paper was published in March 2022. The SDCA added that the green paper had to be considered alongside the White Paper 'Excellent Education for all' which must include children with SEND.

The SDCA said that the Government's proposal were long awaited noting that, at present, outcomes for children with SEND were poor. Parents, carers and families had expressed frustration at what they felt was a complex and adversarial system. The present system had also come under financial pressure. The Council had seen a large rise in SEND related requests; rising from 250 to 500. Since 2019, the number of SEND related plans rose from 1,500 to over 2,000.

The SEND green paper included the following-

- Children with SEND would be educated in mainstream schools where possible;
- New national standards for every need and every stage would be established;
- Digitised and standardised education, health and care plans;
- Preparing people with SEND for adulthood to access employment;

- A dashboard to compare performance of areas and new inspection framework; and
- Significant additional investment.

The new inspection framework began in 2023 and the SDCA stressed that the inspections were not of the Council but of the local area partnership and SDCA confirmed that notification of an inspection had been received. The inspection would track six children with SEND and to test what was like for them. The inspection would use a sample of eighty children.

The Council undertook a self-evaluation noting that Ofsted had recognised that Barking and Dagenham had highly inclusive schools and that half of mainstream schools had an additional source provision. There was strong alternative provision where mainstream schooling was not appropriate but that this needed strengthening to meet the needs of the borough. The SDCA Residents with SEND still had trouble accessing employment with only 1.6% in employment compared with 7% for London as a whole. Increasing this figure was a priority. However, the SDCA cautioned that growing demand for SEND services was putting pressure on resources and this would be a challenge going forward.

The Healthwatch Representative disclosed that they were carrying out work with parents whose children had applied for EHCP plans regardless of whether they were successful or not. In addition to this, there was a pilot involving advocate mentors for children with special educational needs and have trouble controlling their emotions and behaviour. This was being undertaken in four schools.

The Board noted the update.

#### **54. Covid-19 Update**

The DPH updated the Board.

Covid-19 was contributing to pressures; however, was now being managed in the same way that influenza. The DPH added that it was no longer necessary for updates to be given. Instead the focus should be on pressure points noting that there had been effects on the acute sector.

The NELFT Representative emphasised the challenges of mental health whilst the Chief Nurse at BHRUT emphasised that health and social care was under pressure. The Chair suggested that a dashboard be provided to the Board going forward, highlighting the pressure areas and the action being taken.

The Board noted the update.

#### **55. Forward Plan**

The Board noted the forward plan.

#### **56. Any other public items which the Chair decides are urgent**

The Chief Nurse (CN) at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) updated the Board on the recent doctors strike.

Consultants were carrying the responsibilities of junior doctors. This had required the cancellation of 50% of planned surgeries as well as the cancellation of outpatient appointments. The CN warned that this would result in greater pressure at GP surgeries as patients affected re-present themselves. However, CN was confident that BHRUT would still achieve its target of reducing waiting times to below 52 weeks.

The CN said that further strikes were planned unless the Government and junior doctors come to an agreement.

The Board noted the update.