

Notice of Meeting

HEALTH SCRUTINY COMMITTEE

**Monday, 18 September 2023 - 7:00 pm
Council Chamber, Town Hall, Barking**

Members: Cllr Paul Robinson (Chair) Cllr Michel Pongo (Deputy Chair); Cllr Muhib Chowdhury, Cllr Irma Freeborn, Cllr Manzoor Hussain and Cllr Chris Rice

By Invitation: Cllr Maureen Worby

Date of publication: 8th September 2023

Fiona Taylor
Chief Executive

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

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

3. Minutes - To confirm as correct the minutes of the meeting held on 19 July 2023 (Pages 3 - 6)

4. Healthwatch report on Maternity Services

Report to follow

5. Change of Service at Barking Birthing Centre (Pages 7 - 8)

6. Corporate Plan Targets - Health Outcomes and Inequality (Pages 9 - 15)

7. **Health & Wellbeing Board and ICB Sub-Committee (Committees in Common) - 26 June 2023 (Pages 17 - 22)**

8. **Joint Health Overview and Scrutiny Committee - 27 July 2023 (Pages 23 - 27)**

The agenda reports pack and minutes of the last meeting of the Joint Health Overview and Scrutiny Committee can be accessed via: [Browse meetings - Joint Health Overview & Scrutiny Committee | The London Borough Of Havering](#)

9. **Work Programme (Pages 29 - 31)**

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

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

Private Business

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

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

Our Vision for Barking and Dagenham

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

Our Priorities

- Residents are supported during the current Cost-of-Living Crisis;
- Residents are safe, protected, and supported at their most vulnerable;
- Residents live healthier, happier, independent lives for longer;
- Residents prosper from good education, skills development, and secure employment;
- Residents benefit from inclusive growth and regeneration;
- Residents live in, and play their part in creating, safer, cleaner, and greener neighbourhoods;
- Residents live in good housing and avoid becoming homeless.

To support the delivery of these priorities, the Council will:

- Work in partnership;
- Engage and facilitate co-production;
- Be evidence-led and data driven;
- Focus on prevention and early intervention;
- Provide value for money;
- Be strengths-based;
- Strengthen risk management and compliance;
- Adopt a “Health in all policies” approach.

The Council has also established the following three objectives that will underpin its approach to equality, diversity, equity and inclusion:

- Addressing structural inequality: activity aimed at addressing inequalities related to the wider determinants of health and wellbeing, including unemployment, debt, and safety;
- Providing leadership in the community: activity related to community leadership, including faith, cohesion and integration; building awareness within the community throughout programme of equalities events;
- Fair and transparent services: activity aimed at addressing workforce issues related to leadership, recruitment, retention, and staff experience; organisational policies and processes including use of Equality Impact Assessments, commissioning practices and approach to social value.

MINUTES OF HEALTH SCRUTINY COMMITTEE

Wednesday, 19 July 2023
(7:00 - 7:50 pm)

Present: Cllr Paul Robinson (Chair), Cllr Michel Pongo (Deputy Chair), Cllr Muhib Chowdhury, Cllr Irma Freeborn, Cllr Manzoor Hussain and Cllr Chris Rice

Also Present: Cllr Maureen Worby

7. Declaration of Members' Interests

There were no declarations of interest.

8. Minutes (24 May 2023)

The minutes of the meeting held on 24 May 2023 were confirmed as correct.

9. Update on Salisbury Avenue General Practice

The Deputy Director, Primary Care (DDPC), NHS North East London, by way of introduction to the item, stated that the Care Quality Commission (CQC) carried out an inspection at the Salisbury Avenue General Practice in Barking on 1 December 2022, followed by remote inspections on 15 and 22 December 2022 and 9 January 2023. The CQC published their inspection report on 11 May 2023, which changed the rating for the Practice from 'Good' to 'Inadequate'. She then delivered a presentation to the Committee which provided the background to the inspection and the actions that were being taken to improve the Practice.

In response to questions, the DDPC stated that:

- The Practice's website would have made its patients aware of the adverse outcome of the inspections. It was not usual for practices to write to patients individually, unless the failings were so serious that the practice would need to be closed;
- Part of the reason the Practice was not consistently using complaints to improve was down to a lack of clinical leadership in having systems and processes in place to do this, such as bringing all relevant staff together to review significant events, record these properly and the actions necessary to avoid the situation from recurring. The Practice was now working on correcting this to ensure complaints were dealt with effectively;
- Much of the deterioration within this Practice could be attributed to the turnover in practice managers and the relationships the Practice had with them, which significantly impacted leadership. The Practice had now employed a new Practice Manager to address this. In terms of staff morale, the Practice had undertaken a peer review framework which involved all staff answering questions about their wellbeing and moral and this actually showed that staff morale was in most parts, good. It was anticipated that employing a new practice manager would impact staff moral and wellbeing positively; however, it was important for the GPs to work together with the Practice Manager and also play a part in overseeing staff wellbeing;

- The huge challenges around capacity in general practice and demand was a national issue, and this Practice along with many others, was doing work around analysing demand to try and adjust their services to match these where possible;
- Safeguarding was an issue of concern in relation to this Practice and safeguarding leads had been working closely with it to address the shortcomings in its safeguarding policy. The Practice's safeguarding list was smaller than what was expected for its size, which was a concern. Individuals who were impacted by the shortcomings had been followed up and the safeguarding team had undertaken much work with the Practice to help it overcome these weaknesses, for example, by ensuring it was liaising closely with other relevant agencies so that it was not working in isolation;
- Currently, formal confirmation that the safeguarding policy was now satisfactory was awaited but progress had certainly been made in this area and the Practice was not deemed unsafe;
- Medicines management was a key focus of the CQC report, and the medicines management team had worked with the Practice to ensure robust and safe systems were now in place, and that staff (including non-clinical staff) had received relevant training. The medicines management team were also working with practices to support them implement better systems around managing prescriptions, whether they were one-off or repeat, to ensure better patient safety, for example by ensuring there were processes in place for accurately recording the medicines being issued to patients;
- The local primary care team did monitor practices that were at risk of being rated 'requires improvement' or 'inadequate' by the CQC and were proactive in offering a good level of support to them, for example, by offering webinars and development sessions around ensuring CQC compliance, and undertaking mock CQC investigations;
- Every general practice belonged to a primary care network (PCN) which employed a range of workforce, including clinical pharmacists;
- All practices should be reviewing the results of the national patient survey which took place annually, as well as returning the friends and family test on a monthly basis, which was linked to receiving an improvement payment;
- As part of improvements, the Practice would be ensuring a system was in place to raise timely flags when a patient was due a check-up so that they could be proactively contacted, and ensuring there was a proper triage approach in place so that patients with urgent mental health issues could be seen as a priority;
- Whilst patients would have been impacted by the level and quality of service prior to the CQC inspections, no specific backlog had been created by the shortcomings within the Practice and there had not been a significant impact on the Practice's patient list size;
- The deadline for the Practice to submit its Local Improvement Plan was in August 2023, and following this, confirmation from the subject matter experts that the Practice had addressed the issues identified adequately would be required. After this, a general visit or subject matter visit by the CQC would take place around October 2023; and
- The intensive support provided to practices in the aftermath of receiving an adverse rating by the CQC was not abruptly taken away and would continue until the practice was in a place where it could consistently implement the improvements identified.

The Cabinet Member for Adult Social Care and Health Integration expressed concern in relation to the number of general practices in the Borough which had been rated 'Requires Improvement' or 'Inadequate' and explained the work she was doing with the GP Federation and PCNs to encourage them to strengthen the support provided to practices through peer support and other means.

10. Joint Local Health and Wellbeing Strategy 2023-28 Refresh Framework for Delivery - Final

The Cabinet Member for Adult Social Care and Health Integration introduced a report on the final version of the Local Health and Wellbeing Strategy 2023-28 Refresh Framework for Delivery, explaining that much effort had been made to ensure the Strategy was accessible to members of the public, but also comprehensive. It discussed the actions Health and other partners would be taking to help to overcome many of the major health challenges the Borough's residents faced from birth to old age. The Health and Wellbeing Board and the Place Board now met as Committees in Common, and they had signed the document off, which meant that there was commitment from all parts of the system to make the Strategy work. Due to new governance arrangements, holding leaders to account on the Strategy would be easier. She hoped that she would be able to return to a meeting of the Health Scrutiny Committee next year to report on progress made on health outcomes as a result of the Strategy. She asked the Committee to note that although progress would not be quick, the Strategy did outline clear pathways to improvement.

11. Joint Health Overview and Scrutiny Committee Appointments Report

Members noted the report on the arrangements relating to the Joint Health Overview and Scrutiny Committee (JHOSC) and **agreed** to appoint Councillors Paul Robinson, Michel Pongo and Muhib Chowdhury to the JHOSC for the 2023-24 municipal year.

12. Work Programme

Members **agreed** the Work Programme for 2023-24.

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HEALTH SCRUTINY COMMITTEE

18 September 2023

Title: Barking Community Birth Centre – changes to services Aug 2023	
Report of the Newham Hospital, Barts Health NHS Trust	
Open Report / Open Report with Exempt Appendix / Fully Exempt Report	For Information
Wards Affected: All	Key Decision: No
Report Author: Lisa Dinh, External Relations Manager	Contact Details: E-mail: l.dinh@nhs.net
Accountable Directors: Simon Ashton, Chief Executive	
Summary	
<p>This is an update on the changes to service provision at Barking Community Birth Centre (BCBC) from the period of 1 June 2023.</p> <p>Due to staffing related issues and operational pressures, the executive team at Newham Hospital made the decision to suspend intrapartum care (giving birth in the centre) from 1 June 2023, with antenatal and post-natal appointments continuing as usual at BCBC. Patients who had planned to have their birth at BCBC after this date have been contacted and alternative arrangements have been made.</p> <p>During this period of closure, we have been developing an action plan for next steps for the service, which we are happy to share with the Committee once complete.</p> <p>Women and birthing people in Barking still have multiple options for where they can give birth, including our Alongside service and in their own home.</p>	
Recommendation(s)	
<p>The Health Scrutiny Committee is recommended to:</p> <p>(i) Note this briefing</p>	

1. Background and national context

- 1.1 The Barking Community Birth Centre (BCBC) is a stand-alone centre where women and birthing people are supported during antenatal, intrapartum and postnatal care. It is staffed entirely by midwives and provides a relaxed home-like environment for pregnant women and birthing peoples, assessed as low risk to birth there. It is operated by Newham Hospital, as part of Barts Health NHS Trust. In December 2022 the [centre celebrated 10 years](#) since first opening its doors.
- 1.2 The centre welcomes and cares for people from across the London boroughs of Newham, Barking, Havering, Redbridge and other surrounding boroughs, including Tower Hamlets, Hackney and Waltham Forest. We also welcome women and birthing people from other parts of London and Essex to come and give birth at the BCBC.

- 1.3 The BCBC delivers 120 babies annually (amounting to 2 per week) compared with approximately 5,400 per year at Newham hospital. The complexity of pregnancies of women and birthing people in East London means that the BCBC is not an appropriate setting for the vast majority of pregnancies that we manage, hence the low number of people birthing there.
- 1.4 There are only three community / stand-alone birthing centres / units in London, including the BCBC and Barkantine Birth Centre, also run by Barts Health NHS Trust. There is currently a national review of these community / stand-alone birthing centres, and the Local Maternity and Neonatal System (LMNS) within North East London is also currently undertaking a review of births location, demand and capacity.

2. Temporary changes to services

- 2.1 In June 2023, the executive team made the decision to temporarily close the BCBC for intrapartum care (giving birth in the centre). The centre remains open to antenatal and postnatal appointments.
- 2.2 The decision was made due to operational pressures and staffing-related issues. It's important to note that there is a national midwifery shortage, meaning the availability of staff is challenging and we, like others across London and the UK, rely on agency staff to run all of our midwifery services, including those at the BCBC.
- 2.3 The decision was also made as a routine review of our risk assessment processes and development of personalised birthing plans highlighted that work needs to be done to ensure they are in line with best practice.
- 2.4 Anyone who had planned to give birth at the centre has been contacted and recommended to attend our midwifery run unit, The Birth Centre, at Newham Hospital where services continue to run as normal. Women and birthing people in Barking still have multiple options of where they can give birth, including our Alongside service and in their own home.
- 2.5 As of 4 September 2023, intrapartum care at the BCBC remains suspended while we continue to resolve the issues that require resolution to safely resume the service.
- 2.6 During this period of closure, we have been developing an action plan for next steps for the service, which we are happy to share with the Committee once complete.

HEALTH SCRUTINY COMMITTEE

18th September 2023

Title: Monitoring Health Outcomes in Barking and Dagenham	
Report of the Director of Public Health	
Open Report	For Information
Wards Affected: None	Key Decision: No
Report Author: Neha Shah, Consultant in Public Health	Contact Details: E-mail: neha.shah@lbbd.gov.uk
Accountable Director: Matthew Cole, Director of Public Health	
Accountable Strategic Leadership Director: Elaine Allegretti, Strategic Director Children and Adults	
<p>Summary</p> <p>Local authorities (LAs) (under the stewardship of the Director of Public Health) are responsible for improving health outcomes across the local population (S2b National Health Service Act 2006). LAs have duties to improve wellbeing of residents, prevent needs for care and support and promote integration of care and support with health services (Care Act 2014). Integrated Care Systems (ICS) have duties to improve population health and reduce inequalities in health outcomes, alongside increasing integration between services for patients (Health and Social Care Act 2022). Forthcoming CQC assessments will be evaluation both LAs and ICSs on their fulfilment of these duties.</p> <p>The Director of Public Health is also responsible for providing system leadership and advice to the NHS to improve health outcomes and reduce inequalities. The London Borough of Barking and Dagenham Public Health team produce annual Joint Strategic Needs Assessments; and the annual Director of PH report will highlight recommendations on future commissioning based upon current performance.</p> <p>A 2022 Department of Health Policy paper outlined an intended ‘<i>approach to designing shared outcomes which will place person-centred care, improving population health and reducing health disparities at the centre of our plans for reform, and ensuring that accompanying oversight arrangements and regulatory structures have a clear focus on the planning and delivery of these outcomes</i>’ although this has not been taken forward at national level to date. In order to align work and measure progress at place level, we would ideally develop and propose a framework locally through which the Barking and Dagenham partnership can hold themselves accountable.</p> <p>A Barking and Dagenham Joint Health and Wellbeing Strategy has been developed to focus local health priorities across the system. Work has now been initiated to develop and progress a monitoring framework with shared outcomes/indicators at Place level to sit alongside the Barking and Dagenham Joint Health and Wellbeing Strategy 2023-2028, reflecting:</p>	

- A core selection of outcomes which are being proposed for the London Borough of Barking and Dagenham's Corporate Plan 2023-26 performance framework.
- Outcomes aligned to NEL's Joint forward plan.
- Local engagement with staff and partners

There is a commitment to delivering an outcomes framework, replacing the outdated outputs performance reporting, with an opportunity to reframe our approach to performance reporting so that it isn't just focused on service measures but provides a direction of travel to achieving an outcome. The monitoring framework was discussed at the Committees in Common Development Session in July 2023. There is an intention to develop the framework through engagement and analysis over the autumn.

The resulting framework could also be used as part of a framework for the Health Scrutiny Committee going forward.

We propose the following questions for any feedback:

Does this feel like a useful evolution of system working to improve health?
Are there any key roadblocks or challenges to be mindful of?

Recommendation(s)

The Health Scrutiny Committee is recommended to:

- (i) Note the development of this work and provide feedback.

Public Background Papers Used in the Preparation of the Report:

- Barking and Dagenham Joint Health and Wellbeing Strategy 2023-2028
- Barking and Dagenham Corporate Plan 2023-26.
- NHS Act 2006
- Health and Social Care Act 2022
- Health and social care integration: joining up care for people, places and populations, Department of Health And Social Care Policy Paper Updated 2022

List of appendices:

Appendix 1 - Monitoring health outcomes in LBBD

**Monitoring health outcomes in LBBD
Report for Health Scrutiny Committee**

**Neha Shah
Consultant in Public Health (Place) LBBD**

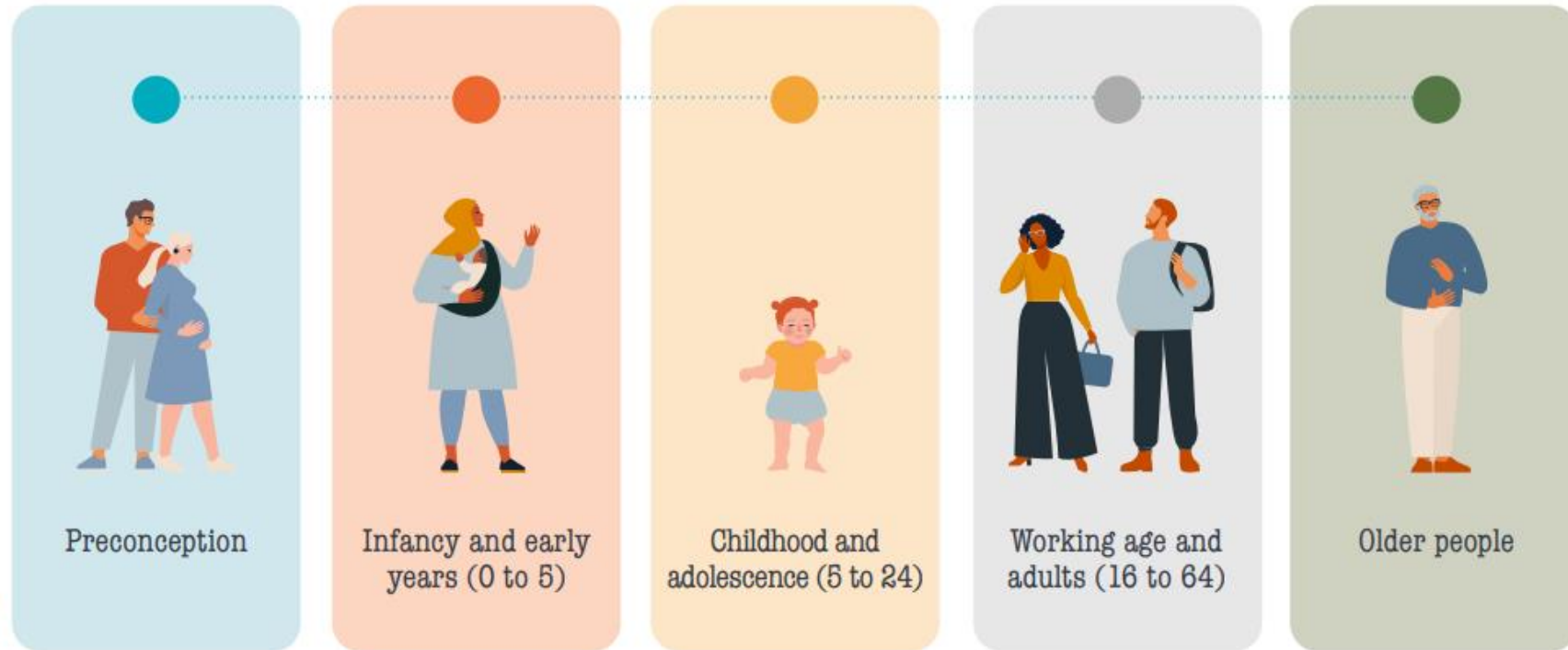
**Jane Leaman,
Interim Consultant in Public Health**

one borough; one community; no one left behind

Responsibility for improving population health outcomes and reducing health inequalities lies across partners at place, with public health advice

- Local authorities (LAs) (under the stewardship of the Director of Public Health) are responsible for improving health outcomes across the local population (S2b National Health Service Act 2006).
- LAs have duties to improve wellbeing of residents, prevent needs for care and support and promote integration of care and support with health services (Care Act 2014)
- Integrated Care Systems (ICS) have duties to improve population health and reduce inequalities in health outcomes, alongside increasing integration between services for patients (Health and Social Care Act 2022).
- Forthcoming CQC assessments will be evaluation both LAs and ICSs on their fulfilment of these duties.
- The duties of the Director of Public Health include allocation of the ring-fenced public health grant; providing system leadership and advice to the NHS / ICS partners to improve health outcomes and reduce inequalities.

Addressing the significant health needs of the local population will require work across the partnership, and across the life course



	Obesity in Pregnancy % (2018/19)	Low Birth Weight at Term (2021)	Good Development at 2-2.5 yrs (2021)	Children Living in Absolute or Relative Poverty (2022)	Unhealthy Weight at 10/11 yrs (2021/22)	Economic Inactivity 16-64yrs (2021/22)	Domestic Abuse Incidents per 1,000 population (2021/22)	Healthy Life Expectancy M/F (2018/20)	Life Expectancy at Birth M/F (2021)
Barking and Dagenham	27.4%	3.8%	56.0%	49.0%	49.1%	30.2%	35.4	58.1/60.1 yrs	75.6/80.3 yrs
London	17.8%	3.3%	79.9%	29.5%	40.5%	20.5%	35.4	63.8/65.0 yrs	78.8/83.4 yrs
England	22.1%	2.8%	81.1%	37.0%	37.8%	21.2%	30.8	63.1/63.9 yrs	78.8/82.8 yrs

Existing strategic frameworks exist at place level to progress work to improve population health

- **North East London ICS Joint Forward Plan** - The ICB has proposed a set of metrics, measures and indicators that will be core reporting across all NEL places
- **LBBB Corporate Plan 2023-26** – A core selection of health outcomes has been proposed for this
- **Barking and Dagenham Joint Health and Wellbeing Strategy 2023-2028** - see box for core long term outcomes across place

LBBB Public Health team support local commissioning via:

- Annual Joint Strategic Needs assessments – profiling health needs of the population
- Annual Director of Public Health Report – highlighting recommendations for future commissioning

Best start in life

We want babies, children, and young people in the borough to:

- Get the best start, be healthy, be happy and achieve
- Thrive in inclusive schools, settings and communities
- Be safe and secure, free from neglect, harm, and exploitation
- Grow up to be successful young adults

Living well

We want to ensure residents live well and realise their potential, and when they need help they can access the right support, at the right time in a way that works for them.

Ageing well

We want residents to live healthily for longer and:

- Be able to manage their health, including health behaviours, recognising and acting on symptoms and managing any long-term conditions
- Have increased opportunities to have an early diagnosis of health conditions and be provided with appropriate care to manage a condition before it becomes more serious
- Their health and wellbeing is improved to support better opportunities (educational, employment, social) and independent living for as long as possible

A locally developed joint outcomes and performance monitoring framework will help focus work on health priorities across the partnership at place level

- A 2022 Department of Health Policy [paper](#) outlined an intended *‘approach to designing shared outcomes which will place person-centred care, improving population health and reducing health disparities at the centre of our plans for reform, and ensuring that accompanying oversight arrangements and regulatory structures have a clear focus on the planning and delivery of these outcomes’* although this has not been taken forward at national level to date
- Locally, work has been initiated to develop and progress a monitoring framework at Place level to sit alongside the Barking and Dagenham Joint Health and Wellbeing Strategy 2023-2028. There is a commitment to delivering an outcomes framework, replacing the outdated outputs performance reporting, with an opportunity to reframe our approach to performance reporting so that it isn’t just focused on service measures but provides a direction of travel to achieving an outcome
- The monitoring framework was discussed at the Committees in Common Development Session in July 2023. We intend to develop the framework through engagement and analysis over the autumn.
- The resulting outcomes framework could be adopted to inform the focus of the Health Scrutiny Committee

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**MINUTES OF
HEALTH & WELLBEING BOARD and
ICB SUB-COMMITTEE
(COMMITTEES IN COMMON)**

Monday, 26 June 2023
(5:00 - 6:45 pm)

Present: Cllr Maureen Worby (Chair), Elaine Allegretti, Pooja Barot, Matthew Cole, Selina Douglas, Cllr Syed Ghani, Dr Ramneek Hara, Ann Hepworth, Cllr Jane Jones, Cllr Elizabeth Kangethe, Manisha Modhvadia, Sharon Morrow, Elspeth Paisley, Charlotte Pomery, Dr Shanika Sharma, Sunil Thakker, Melody Williams, Dr Uzma Haque and Craig Nikolic

Invited Guests, Officers and Others Present: Anju Ahluwalia, Narinder Dail, Jane Leaman, Fiona Russell, Mike Brannan, Louise Hider-Davies, Annemarie Keliris, Debbie Harris, Yusuf Olow and Christine Brand

Apologies: Kathryn Halford, Dr Kanika Rai, Nathan Singleton, Fiona Taylor, Chetan Vyas, Dr Afzal Ahmed, Dr Natalya Bila, Dalveer Johal, Dr Jason John, Dr Deeksha Kashyap and Shilpa Shah

1. Declaration of Members' Interests

There were no declarations of interest.

2. Minutes of the Health and Wellbeing Board held on 14 March 2023

The minutes of the Health and Wellbeing Board held on 14 March 2023 were confirmed as correct.

3. Minutes of the Barking and Dagenham Place based Partnership Board held on 25 May 2023

The minutes of the Barking and Dagenham Place-based Partnership Board held on 25 May 2023 were confirmed as correct.

4. Action log

There was one residual action regarding capital programmes in relation the Barking and Dagenham Partnership Board estates programme and governance. It was envisaged that the matter would be addressed in a future finance paper. However, there was a paper that provided an update on the local infrastructure forum.

The ICB Sub-Committee noted the update.

5. Governance update and ICB sub-committee terms of reference

The Chief Participation and Place Officer (CPPO), NHS North East London, presented a report on governance arrangements relating to the new Health & Wellbeing Board (HWB) and Barking & Dagenham Integrated Care Board (ICB)

Sub-Committee 'Committees in Common' approach.

The CPPO thanked all those who had contributed to the establishment of the Committees in Common, commenting that bringing together the governance structures would enable decisions to be taken more efficiently and provide more time for the Adults and Children delivery groups to engage with communities and deliver services.

The report included revised Terms of Reference for the ICB Sub-Committee to reflect the new approach as well as the functions that the NEL ICB had delegated to the ICB Sub-Committee. The CPPO added that the new Committees in Common approach was a learning process and that it may be necessary to amend the terms of reference in future.

In response to a question from a member of the public regarding the membership of the HWB / ICB and the subject of domestic abuse, the Chair confirmed that a local senior Police officer was included in the HWB's membership, although one was not present at this meeting. With regard to a representative of the Council's Housing service being included in the membership, the Chair explained that whilst it would not be appropriate to extend the membership of the HWB / ICB to cover all potential interested parties, relevant officers would be invited to meetings to discuss specific issues.

The Health and Wellbeing Board and ICB Sub-Committee endorsed the proposed governance arrangements, including the new Terms of Reference of the ICB Sub-Committee.

The ICB Sub-Committee agreed to recommend approval of its new Terms of Reference of the ICB Board.

6. Progressing Our Ambition for Adults and Communities in Barking and Dagenham

The Director of Care and Community Health (DCCH), LBBB, invited the Committees in Common to discuss the delivery of the ambition to improve services for adults and communities in Barking and Dagenham. The intention of the discussion was to provide guidance to officers on the expectations that would enable the Council and NHS partners to develop relevant approaches.

The Council's Corporate Plan would follow the outcome of the Fuller Review which reviewed primary care integration in relation to general practice, community pharmacy, dentistry and optometry. The ICP strategy would follow the outcome of the Hewitt Review which related the review of integrated care systems and recommendations were made in relation to simplifying targets and focusing on prevention.

It was noted that the Care Quality Commission (CQC) would commence inspections in October 2023 and would have strong emphasis on adult care as well as the effect of the integrated care system.

Prevention and information guidance was the overall theme and over the next year development of the strategy would be undertaken which would involve:

- Co-production – with residents, staff and service users to ascertain what works and what does not, and which groups are most at need;
- Data analysis – rigorous analysis would be undertaken to ascertain which cohorts are at most risk and develop models to better support the most vulnerable; and
- Mapping – pathways and service provision would be mapped with a view to streamlining patient journeys in order to avoid unnecessary appointments and patients being ‘bounced around’.

The Health and Wellbeing Board and ICB Sub-Committee noted the update.

7. Joint Local Health and Wellbeing Strategy 2023-28 Refresh Framework for Delivery

Further to Minute 50 of the Health and Wellbeing Board on 14 March 2023, the Interim Consultant in Public Health (ICPH), LBB, introduced the proposed Barking and Dagenham Joint Local Health and Wellbeing Strategy for 2023 - 2028.

The refreshed strategy set out a renewed vision for improving the health and wellbeing of local residents and reducing health inequalities at every stage of residents’ lives by 2028. The refreshed Health and Wellbeing Strategy aligned with the recently published NHS NEL Integrated Care Strategy and the Joint Forward Plan that had been submitted to NHS England, as well as linking to the Council’s Corporate Plan. The refreshed strategy set out a number of specific priorities including:

- Improving outcomes for those with long-term conditions (children and adults);
- Addressing obesity and smoking (children and adults);
- Providing the best start in life for our babies, children and young people;
- Preventing and addressing domestic abuse;
- Preventing exposure to and the consequences of adverse childhood experiences;
- Addressing wider determinants of health, such as poor housing, unemployment and low levels of training, education and skills development.

Development was still ongoing in delivering the priorities and how to measure outcomes. The IPHC advised that almost 30% of Barking and Dagenham adults were classified as obese and the Borough had the highest level of child obesity in London. In response to questions regarding tackling child obesity in the Borough, it was explained that the Borough had been selected for a pilot scheme that would involve a ‘Tier 3’ commissioning service being introduced, whereby a multi-disciplinary team provide targeted support to the individual and their family which would not require travel to the Royal London Hospital. The Director of Public Health (DPH), LBB, commented that up until now, this area had a fragmented commissioning path as the Council commissioned Tier 1 and 2 services, such as weight management, whilst NHS bodies commissioned Tiers 4 and 5 which involved medical intervention, without a Tier 3 service being in place which had meant that children went from Tier 2 to Tier 4.

Members commended the Health and Wellbeing Strategy 2023 - 2028 and the Chair encouraged all stakeholders to disseminate the document and the

accompanying presentation.

The Health and Wellbeing Board approved the Joint Health and Wellbeing Strategy 2023-28 as set out at Appendix A to the report.

8. **Better Care Fund 2023-2025**

The Head of Adults' Commissioning (HAC), LBB, introduced a report on the Better Care Fund (BCF) submission for 2023-25.

The HAC confirmed that for 2023/24, Barking and Dagenham had been allocated £33.69m by the Government, of which £18.4m was allocated to the ICB for out-of-hospital and community health services, reablement, independent / voluntary sector, Care Act implementation and Carers' Break funding. The remaining funding was allocated to the Council, to support Improved Better Care Fund (iBCF) projects, Disabled Facilities Grant and the new Discharge Fund. The provisional allocation for 2024/25 was £35.43m.

The HAC advised on changes to Better Care Fund arrangements, including the new Discharge Fund and a two-year planning process. There were also two further national conditions set by Government, covering how services the area commissions will support people to (1) receive the right care in the right place at the right time, and (2) remain independent for longer and, where possible, support them to remain in their own home.

It was noted that two key documents would need to be submitted to NHS England for approval, namely the Joint BCF Plan 2023-25 for Barking and Dagenham, Havering and Redbridge, which had been jointly developed by the three Boroughs and NHS NEL, and the BCF Planning Template 2023-25, which set out targets and a breakdown of how the funding would be allocated. All funding had been fully committed and would be reviewed as local plans were developed.

The HAC also highlighted that the discharge component of funding would be used to implement phase 2 of the reablement pilot. The Borough did not, at present, have a reablement service and it was intended that the lessons learned from the pilot would be used to establish one. Additionally, capacity would be increased for complex discharges, including mental health and homeless step-down beds, whilst provision would also be made for:

- homecare and crisis intervention; and
- nursing and supported living placements; and
- workforce initiatives to support market challenges.

In response to questioning regarding the rising number of people being admitted to rehabilitation homes or care homes following hospital discharge, the DIC noted that acuity, complexity of need and additional 1-2-1 support were the main reasons for the increase. This was connected to long term conditions.

The Health and Wellbeing Board and ICB Sub-Committee agreed:

- (i) The Better Care Fund submission to NHS England, as set out at Appendices 1 and 2 to the report; and

- (ii) To enter into a variation to effect the changes to the Section 75 Agreement governing the BCF, to reflect the BCF 2023-25 submission.

9. Health Inequalities Programme Plan 2023/24

The Consultant in Public Health (CHP), LBBD, presented a report on the Health Inequalities Programme Plan for 2023/24.

It was noted that NHS NEL would receive £6.6m funding annually for health inequalities for three year period 2023/24, 2024/25 and 2025/26, while the sum of £777,000 had been allocated to the Council for each of those three years. Up to an additional £400,000 would be contributed from the Council's Public Health Grant in 2023/24, should the need arise.

The aim of the funding was to tackle health inequalities in deprived areas including carers, people with learning disabilities, autism or are homeless. Among the services provided would be social prescribing, targeted debt advice, community leads, PCN health inequality leads, grants for children and adolescent mental health. The next step, subject to approval, would be to establish a B&D Health Inequalities Working Group followed by the establishment of a workstream pipeline.

The Health and Wellbeing Board and ICB Sub-Committee approved the Barking and Dagenham Health Inequalities Programme Plan for 2023/24, as set out at Appendix 1 to the report.

10. Improving Urgent and Emergency Care (UEC) across Barking and Dagenham, Havering and Redbridge

The Chief Participation and Place Officer (CPPO), NHS NEL, presented a report on the development of several improvement programmes aimed at resolving some of the significant pressures being felt across Barking and Dagenham, Havering and Redbridge in the Urgent and Emergency Care (UEC) service.

The CPPO referred to the unprecedented demand arising from the current high temperatures, which were causing air pollution and created a 'pollen bomb' which was adding to the pressures within UEC.

The Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) had been placed under the Single Oversight Framework level 4 (SOF4) as the result of a combination of non-elective performance challenges and financial sustainability issues. A Care Quality Commission (CQC) inspection took place in November 2022 at BHRUT, focused on urgent and emergency services. This was a follow-up to a visit in November 2021 where issues were identified within the UEC pathway. At the same time, all four urgent treatment centres provided by the Partnership of East London Cooperatives (PELC) were inspected along with both emergency departments and medical care provided by BHRUT.

The CQC was critical of BHRUT over quality of care and waiting times. The CQC also found that all four Urgent Treatment Centres (UTCs) delivered by PELC were inadequate and enforcement actions were issued. Inspection findings covered areas such as access to care and treatment in a timely way, a need to improve governance and accountability, a need for clearer vision and strategy and

leadership capacity and skills.

BHRUT have drawn up a plan of action to address the CQC's concerns. PWC was commissioned to provide an external perspective on the requirements necessary to improve the resilience of the system. Their report would be brought to the Committees in Common for consideration. The CPPO emphasised that the plan would address the entire system and not just emergency care services.

NEL ICB had been designated as an ICS in Tier 1 for urgent emergency care by NHS England. The CPPO explained that this was because of NEL ICB was an outlier in terms of its performance and that the designation would result in NHS England providing additional support. Keeping residents well at home in order to minimise avoidable admissions was a priority, as was ensuring that patients were not discharged until they were well enough and a care plan had been agreed.

The Executive Director of Partnerships (EDP) at North East London Foundation Trust (NELFT) noted that when people were in crisis, they often turn up at A&E and, as part of the mental health planning process, additional beds were being prioritised. It was acknowledged, however, that this would not address systemic issues as, overall, there was still a shortage.

There was a considerable debate on the issues and the role of all stakeholders in reducing demand for UEC, and how to communicate to the local community what services were available. The Chief Operating Officer for the B&D GP Federation asked that the Federation be involved in the process due to the integral role that GPs have in urgent care provision and the similar pressures on demand that they are experiencing. The Executive Director of Partnerships, NELFT, also referred to the challenges within the mental health service and the important role that the voluntary sector could play through the provision of community-based services. The DPH, LBBD, added that the issue was not necessarily the UEC service itself, but rather what was being done to prevent admissions to hospital and diagnose disease earlier.

The Chair suggested that further discussions take place over the Summer on the preferred model of access and the most appropriate way to communicate with residents on how to access the appropriate service.

The Health and Wellbeing Board and ICB Sub-Committee noted the report and UEC Improvement Plan, as set out at Appendix 1 to the report.

11. Questions from the Public

There were no additional questions from the public.

12. Yusuf Olow, Senior Governance Officer

The Chair advised that Yusuf Olow, LBBD Senior Governance Officer, would be leaving the Council in July. The Chair expressed the HWB's thanks for Yusuf's support and wished him well in his new role.

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
27 July 2023 (4.00 - 5.48 pm)**

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Muhib Chowdhury, Michael Pongo and Paul Robinson
London Borough of Havering	Patricia Brown, Christine Smith and Julie Wilkes
London Borough of Redbridge	Sunny Brar, Beverley Brewer (Chairman) and Bert Jones
London Borough of Waltham Forest	
Essex County Council	Marshall Vance
Epping Forest District Councillor	Kaz Rizvi
Co-opted Members	Ian Buckmaster (Healthwatch Havering)

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies were received from Councillor Richard Sweden who was present via videoconference.

2 DISCLOSURE OF INTERESTS

Agenda item 7. CHC POLICIES.
Councillor Beverley Brewer, Personal, Family members have autism and severe learning disabilities.

3 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 18 April 2023 were agreed as a correct record.

4 COMMUNITY COLLABORATIVE HIGHLIGHT OVERVIEW

Members questioned whether there would be sufficient capacity to deliver the community collaborative programme, given the current budget cuts etc and also wondered if there should be more focus in the programme priorities on service improvement. Officers responded that governance was being kept under review but that the programme was service driven rather than process driven. The success of service delivery would be monitored via the use of qualitative data produced through feedback from service users. Care planning was being discussed with mental health service users who had indicated a wish to have more focus on daily living.

A Member pointed out that recent research from the King's Fund had suggested that collaborative programmes such as this did not in fact save money. Officers responded that different outcomes could be looked at but it depended what measurements had been used in the research.

Officers agreed that the loss of staff from the NHS was challenging. Task and finish groups had been established covering areas such as job roles, pay, caseloads and staff wellbeing which it was hoped would address this. Recruitment was also being undertaken internationally and work was being undertaken with the voluntary sector and Council partners to seek to meet skills needs in a different way.

The Joint Committee noted the position.

5 ONEL HEALTH UPDATES

It was confirmed that strike action by nurses had now been settled and that no local sites were involved in the strike action by radiographers. A four day strike had been called by junior doctors in mid-August. It was clarified that junior doctors were not in fact junior members of staff. A two day strike by consultants had also been called for later in August. This meant urgent and emergency care was being prioritised whilst also allowing for as much planned care to be completed as possible.

A balanced budget had been submitted for NHS North East London although officers confirmed that the financial position was very challenging and the sector was currently around £25m off its financial plan targets. This was partly due to the impact of industrial action which had meant more agency staff were required. Productivity targets were also harder to achieve and less money was earned from elective care during periods of industrial action. Dialogue on financial performance was continuing with NHS England

and adjustments had been made to the Elective Recovery Fund to support systems. A Member suggested that updates on progress in achieving savings should be brought to the Joint Committee on a regular basis.

Improvements had been made to the urgent and emergency care pathway with the new same day emergency care units at King George and Queen's Hospital having a positive impact. An improved discharge facility at Queen's had also been introduced which included beds for people to wait on. Approval had been received for a community diagnostic centre at the Health and Wellbeing Hub which would allow earlier diagnosis of diseases. Officers agreed however that strike periods were challenging.

The redevelopment of Whipps Cross had now been approved and a new Chief Executive of the hospital was being recruited. BHRUT had held celebrations for staff to mark the recent 75th anniversary of the NHS.

NELFT officers were considering whether borough community capacity was sufficient to meet demand. The recent decision by the Metropolitan Police to reduce the number of mental health call-outs attended had proved effective in a pilot scheme. Work would continue with the Police around welfare checks, people going absent from wards etc. Meetings had been held with Borough Commanders to agree work going forward. An electronic patient flow system had also been introduced at NELFT.

The first forward plan for the healthcare system in North East London had recently been established and this would be reviewed on an annual basis. It was hoped this would allow high quality care to be delivered to the people of North East London. The forward plan incorporated the strategic priorities of NELFT.

It was clarified that, as part of the Big Conversation process, work had been undertaken with Healthwatch to collect data from the public. Focus groups were also held to ensure feedback from under-represented groups. During the strike action, around 9k patient appointments and 666 non-urgent operations were postponed and would be rescheduled as soon as possible. There had not been any loss of service in the Emergency Department during the strike periods and no serious incidents had been declared.

The restructuring of local services was in response to instructions from NHS England to reduce core running budgets by 30%. Teams would be placed around the Start Well, Live Well, Age Well themes.

BHRUT had undertaken a number of actions in response to the recent negative Care Quality Commission report. Leadership had been strengthened across the Trust, including in the Emergency Departments.

It was accepted that clarification was needed on when and how police should respond re people exhibiting mental health issues. The NELFT 0300 number should be used in the first instance. There were other options available other than detaining under s. 136 of the Mental Health Act.

A lot of work had gone into improving staff retention and managers were being encouraged to offer more use of flexible working. The main reasons for staff leaving were retirement, moving location and lack of promotion opportunities. Work was in progress with partners such as NELFT to offer staff a wider career structure. It was agreed that more detailed information on workforce figures, particularly vacancy and retention rates, should be brought to a future meeting of the Committee.

Officers accepted that waits of 20 hours or more in A & E for patients with mental health issues needed addressing. A system-wide plan had been developed for this issue which would be monitored by the mental health collaborative. It was wished to avoid people with mental health issues attending A & E but this would require greater partnership working, an increased capacity of community teams and a change to the role of the current mental health wellness teams. NELFT staff were now present in the Emergency Departments of King George and Queen's Hospitals in order to divert patients to Goodmayes Hospital if appropriate. Mental health staff were also now present in ambulance cars and this was beginning to have an impact in diverting patients with mental health issues from A & E. A new s.136 suite would be open by the end of October and 12 more mental health beds were available locally.

The required £278m cuts would be in efficiency and productivity savings which would for example allow more patients to be seen in the same amount of time. It was hoped that the number of permanent staff could be increased with a corresponding decrease in the numbers of permanent staff employed as this would contribute significantly to the savings required.

Other than the specific action points listed above, the Joint Committee noted the updates.

The Committee Chairman made a formal request that more NHS presenters and colleagues attend meetings in person in future.

6 CHC POLICIES

Officers advised that policies for people with ongoing health needs remained under review. This covered areas such as placement policy, funding, dispute resolution and respite arrangements and had been under discussion with Council colleagues. The policies had previously been brought in draft to the Joint Committee and officers were now seeking the Joint Committee's views on whether they felt public consultation was required. Officers did not feel that any changes to services were being proposed and added that the Council Directors of Social Services did not feel that consultation would be beneficial.

The Chairman, who declared a personal interest that family members had autism and severe learning disabilities, felt that the policies would have a profound impact on vulnerable people. The Chairman felt that there should

be public consultation on the proposals and also asked for clarity over the use of providers rated inadequate by the Care Quality Commission. It was also felt that there was a danger of people being placed in a care home against their will and that the policy should be clearer on this.

Officers responded that there were circumstances in which inadequate-rated organisations could still be used, for example if a family wished to continue the use of current carers for their relative. The best location for end of life care would be agreed with the individual or their family. The NHS funded this type of care but the patient's Local Authority could undertake an assessment for benefits eligibility. Officers confirmed that the views expressed by the Chairman and Councillor Wilkes that consultation should be undertaken had been noted. It was also confirmed that the policies presented were in draft at this stage. The dispute resolution policy had though now been agreed.

It was agreed that the details of the disputes resolution policy would be shared with the Committee and comments on this were also welcome. Members were concerned that comments on the disputes resolution policy made by the Inner North East London Joint Committee has not been shown in the papers provided to the Outer North East London Committee. It was agreed that a final version of the disputes resolution policy should be brought to the next meeting of the Joint Committee.

Chairman

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Work Programme 2023/24 *(This is a live document which is subject to late changes)*

Relevant Cabinet Member: Councillor Worby, Adult Social Care and Health Integration

Health Scrutiny Committee Chair: Councillor Paul Robinson			
Meeting	Agenda Items	Officer/ Organisation	Deadline to send to Governance Services
29 November 2023	Update on new 12-month shadow arrangements which launched from 26 June – review if this has improved accountability and engagement	Fiona Taylor (Accountable Officer for Place), jointly with NHS representatives	Monday 13 November
	HSC Review Report on The Potential Voluntary Sector	Rhodri Rowlands, Director of Community Participation and Prevention	
	Community Diagnostic Centre (is this on track)	Anne Hepworth, BHRUT	
	Minutes of the last JHOSC meeting	Cllr Paul Robinson, Chair of Health Scrutiny Committee	
	Minutes of the last HWBB/ICB (Committees in Common) meeting – 12 September and 7 November 2023	Leanna McPherson	
Appointment of Tony Chambers as Interim CE (BHRUT)	Matthew Trainer, BHRUT		
7 February 2024	NELFT CQC inspection – progress update	Melody Williams, Integrated Care Director, NELFT	Monday 22 January
	Minutes of the last JHOSC meeting		

	Minutes of the last HWBB/ICB (Committees in Common) meeting – 16 January 2023	Cllr Paul Robinson, Chair of Health Scrutiny Committee Leanna McPherson	
27 March 2024	Screening – cervical, breast, bowel, lung (this is a check) cancer Minutes of the last JHOSC meeting Minutes of the last HWBB/ICB (Committees in Common) meeting – 12 March 2024	Cancer Alliance – (Matthew Cole to coordinate) Cllr Paul Robinson, Chair of Health Scrutiny Committee Leanna McPherson	Monday 11 March
5 June 2024	Community Diagnostic Centre – progress update Minutes of the last JHOSC meeting Minutes of the last HWBB/ICB (Committees in Common) meeting – Date TBC	Anne Hepworth, BHRUT Cllr Paul Robinson, Chair of Health Scrutiny Committee Leanna McPherson	Monday 20 May

Notes:

ICB programme of planned service changes

Chris Bush – changes to Adult Social Care services

Next year- heart disease

Health Inequalities Programme- to be scheduled in approximately six months' time from 24 May 2023 (following the presentation of the item to this Committee).

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