Barking & Dagenham

Notice of Meeting

HEALTH SCRUTINY COMMITTEE

Wednesday, 27 March 2024 - 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: 19th March 2024

Fiona Taylor
Chief Executive

Contact Officer: Leanna McPherson
Tel. 020 8227 2852
E-mail: leanna.mcpherson@lbbd.gov.uk

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

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 7 February 2024 (Pages 3 - 8)**

4. **Screening Update for Barking and Dagenham (Pages 9 - 21)**

5. **A New Strategic Approach to Healthy Weight in Barking & Dagenham (Pages 23 - 47)**

6. **Changes to Health Scrutiny Committees (Pages 49 - 51)**

7. Review of the Shadow Governance Partnership Arrangements (Pages 53 - 57)

8. Joint Health Overview and Scrutiny Committee

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. Health & Wellbeing Board and ICB Sub-Committee (Committees in Common) - 16th January 2024 (Pages 59 - 65)

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

Barking & Dagenham

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, 7 February 2024
(7:00 - 8:59 pm)

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

Apologies: Cllr Irma Freeborn and Cllr Manzoor Hussain

28. Declaration of Members' Interests

There were no declarations of interest.

29. Minutes (29 November 2023)

The minutes of the meeting held on 29 November 2023 were confirmed as correct.

30. Scrutiny Review into the potential of the Voluntary and Community, Faith and Social Enterprise (VCFSE) Sector

The Director of Community Participation and Prevention (DCPP) presented a report to update on the progress of the in-depth scrutiny review into the potential of the Voluntary and Community, Faith and Social Enterprise (VCFSE) Sector.
The key themes that persisted throughout the scrutiny review focused on reducing health inequalities and recognised the progress of the Council and its partners' work on Place with an active role in shaping strategy and service delivery.

A series of recommendations were provided as part of the review; these included:

- The importance of a continual relationship between the Health and VCFSE Sectors. The power of collaboration beyond the traditional commissioning of service delivery alongside the ability to promote opportunities holistically, was highlighted.
- Developing community and capacity, which required the sector and system as a whole to work together to be successful.
- The usefulness of sharing information between and across the VCFSE Sector. Examples such as training sessions on bid writing to build capacity, raise awareness of changes, place and localities, as well as creating aware of developments could contribute to reducing health inequalities overall.
- The creation of a stronger common culture regarding language between Health and VCFSE Sectors to reduce barriers to entry, and
- Efforts to increase the longevity of funding opportunities as opposed to short-term funding. However, the challenges relating to this during the current financial climate were recognised.

Whist the outcomes and recommendations arising from the review were supported by the VCFSE and reflected feedback and input, one of the learning points for any future reviews was to ensure a full co-designed approach was taken from the outset to maximise mutual benefit and buy-in.

A series of questions and comments from Members and others at the meeting

arose from consideration of the review report as presented which provided an insight into the recommendations surrounding the collaborative approach to reduce health inequalities as follows:

- Overall, there was a positive reflection and willingness from the Health Sector to engage with the Council and the VCFSE sector to improve health standards in Barking and Dagenham. By emphasising the importance of minimising silo working to broaden the understanding of the VCFSE, targeted outcomes would be enabled with a variety of perspectives.

- The Committee highlighted from the recommendations the need for further data as a means of transparency in service delivery, in both qualitative and quantitative measures. This would strengthen collaboration which was desired by residents in the Borough.
- On a question on the possibility of delivering the listed recommendations, the locality model was mentioned as a measure which would facilitate such changes. Working alongside partners would enable the identification of commonalities and effective strategies, within localities and cross-localities when creating models to improve patient health and wellbeing. The DCPP pointed out that the Council system was one that also supported collaboration, sustainability, and flexibility.

- Further, the Chair identified that patients tended to access healthcare services in extreme circumstances. A locality model would help the decline of such trends as better access to healthcare services would improve outcomes for local residents. In that respect understanding the success of recent GP pop-ups compared to the delivery of traditional GPs was important to make health services accessible for everyone.

- Organisations such as Together First and LifeLine agreed that co-production and collaboration contributed to the success of reducing health inequalities, and such measures should be replicated and expanded accordingly.

Elspeth Paisely the Community Resources Health Lead on the Review explained that the Sector were keen to work collaboratively with the Council and its Health Partners, recognising that each sector had its own skills set to bring to the table to help make the review a success. She made the point that both the other partners should take the time to see the value the VCFSE could bring to the partnership.

The Cabinet Member for Adult services whilst supporting the recommendations recognised the challenge to deliver things in a different way. She referenced the emerging localities model, which was key to any success, emphasising that all partners needed to work together at pace to make the necessary changes albeit each did things differently. The DCPP concurred with this view adding that the Council and its Health partners needed to recognise the VCFSE in whatever we deliver and that the review recommendations had been developed with sufficient flexibility in mind to deliver those positive outcomes.

Accordingly, we have:

(i) Agreed the final report and recommendations,

(ii) In line with the agreed procedure for scrutiny reviews requested the DCPP to develop a formal action plan describing how the recommendations will be implemented, and

(iii) Provide the Committee an update report in six months on progress against the report recommendations.

31. NELFT CQC inspection - progress update

The Associate Director (AD) of Nursing & Quality (Barking & Dagenham) NELFT NHS Foundation Trust and the Integrated Care Director (ICD) (Barking and Dagenham), North East London NHS Foundation Trust (NELFT) provided an update on the NELFT Care Quality Commission (CQC) Inspection since the last presentation and outlined the progress against the improvement plan since the 2022 Inspection.

In response Members raised a number of issues and questions, the responses of which were summarised as follows:

- Regarding the Patient Safety Incident Response Framework (PSIRF), the AD and ICD explained that all staff had completed training on compliance with the Framework, and data could be provided to the Committee on this. NELFT had adopted a new PSIRF ahead of the implementation deadline in June 2023, and changed its incident report system from Datex to InPhase to enable more dynamic progress with PSIRF compliance.

- Previously only serious incident investigations took place, whereas the new Framework allowed for a range of incidents and investigations to be available to report. Incidents of a serious nature were required to be reported within 72 hours, which would later go through an appropriate means of investigation.

- A positive culture of reporting was highlighted, with the Trust being in the top 10% of reporting organisations. Data on Patient Safety Incident Investigations (PSIIs) was also requested.

- Quality Improvement (QI) projects on Children's Services focused on addressing complaints and waiting times; significant improvements were presented with autism spectrum disorder (ASD) waiting lists in Kent. ASD diagnostic waiting times had been reduced from 36 months to 17-22 weeks, and complaints averaged from three to zero with 85% of responses being positive feedback overall. The AD reassured Members that a local resolution strategy was available with managers and senior managers who were present to handle complaints.

- In relation to staff retention the AD outlined interventions such as overseas recruitment opportunities, targeted strategies for hard to fill posts; improved local efforts and the promotion of substantive Band 5/6 development posts; and gaining a sustainable workforce for district nurses, which has shown positive growth of 120 staff.

- Details of the waiting times for ADHD diagnostics were also requested. In this respect the impact on diagnostics following the pandemic highlighted the huge influx of neurodiverse patients which imposed a strain on the limited capacity of the service. The ICD pointed out that there were approximately 300 patients on the waiting list at this current time.

- The available care and facilities for young people in mental health wards was outlined, where patients could engage in different activities or clubs, employment opportunities in cafeterias, garden groups and outdoor gyms, in Sunflower Court for example. Access to technology or mobile phones were also risk assessed on a patient-specific basis. The importance of patients' physical health and wellbeing was recognised. To improve patients' overall health, physical health checks were available with GPs, alongside point of care testing where ECGs were performed to identify possible cardiovascular conditions which mental health patients could be prone to.

The Committee noted the report.

32. CQC Report on Together First

The Chief Operating Officer (COO) Together First CIC, Barking & Dagenham GP Federation and a General Practitioner of The White House Surgery presented a Care Quality Commission (CQC) Report on Together First to the Committee. This described the CQC judgement of the quality of care of services provided at Barking Hospital. It was based on a combination of what was found when the inspection took place between 7 to 19 December 2023 with follow up interviews during January 2024, information from the ongoing monitoring of data about services and information gathered from the provider, patients, the public and other organisations. The overall rating which was classed as good was based on an assessment of services for safety (including safeguarding systems), effectiveness, caring, leadership and responsive to people's needs, the latter being specifically rated as outstanding. This represented an upgrading on the previous inspection conducted in 2018 when the service was rated as good across all inspection service areas.

The inspection identified five areas as listed which required improvement to which the COO informed the Committee that four had now been achieved. The one area still be to be resolved and which would take time, concerned a review of policies and procedures to check that they fully reflect the services practices. The COO was confident this work would be completed by May 2024.

The Committee placed on record its congratulations to the staff and management for achieving an overall rating of good and commended the positive comments about the services provided at the Hospital .Responding to the findings of the Inspection, which was presented at the meeting and set out as Appendix 1 to the covering report, a number of questions and comments were raised, focussing particularly on the pathways and progress of improvements as follows:

- Members were interested in how Together First would share their positive experiences and good practice to support others within the sector. The COO stated that they regular share details with others with relevant data

sets across the health care sector especially with the GP surgeries in the Borough. This was particularly evident during the period of the pandemic.

- Given the impressive staff retention staff rates at Together First CIC what advice would they give to other health organisations who might want to follow their approach. The COO emphasised the importance of creating the right culture and working environment, involving the staff directly, valuing the individual's contributions for continuous improvement and better performance. Providing staff with support and the freedom to innovate allows them to be the bast they can. Alongside this doing insights training has helped to identify the gaps in service and go out to recruit the right skill sets in the workplace which runs alongside getting a healthy work/life balance.

In a follow up question, the COO described how they sought to achieve the right organisational culture by setting exceptionally high standards for the core team which staff are expected to meet. In return people are allowed to work within the boundaries, largely remotely. Also, the organisation places high store on recruiting local people who have a vested interest in doing the best for the local community.

- The value of partnership working was highlighted through the achievements of the GP Federation and having a dialogue. It was recognised that whilst there had been an Integrated Care Board (ICB) reform in the Health Service, Federations generally had not been well-considered. Therefore, further improvement was required to minimise the confusion regarding the role of Federations and Primary Care Networks (PCNs) generally, notwithstanding that locally it works for us. The structural inequality and the need to address matters was recognised by the COO who stated that it had been exacerbated during the period of austerity.

- The distinction between inner and outer London pay was discussed. Whilst this did have an impact on recruitment and retention in Together First, the COO emphasised that for clinicians it was not all about money and that working in a safe environment where they feel respected alongside effective management structures was equally important.

  It was reported that the ICB had acknowledged the pay differentials in its new workforce strategy and was committed to abolishing it by levelling up. Obviously, this will depend on finding more money and as a consequence it had been escalated to London Regional level who in turn were applying pressure to the Department of Health to resolve the matter. Whilst this would be welcomed for the record it was noted that in reality Essex paid higher rates and therefore represented greater competition than inner London for GP retention rates for North East London.

The Chair concluded the discussions with a comment about sharing the best practice with other GP practices in the Borough whose CQC reports have not been as positive as that presented this evening. The COO responded that Together First CIC maintained positive relationships with CQC NHS Commissioners, and this was exampled by the fact that following a local practice going into special measures last year they were brought in as a sub contactor to help the practice successfully get up to standard.

The Committee noted the report.

33. Joint Health Overview and Scrutiny Committee

It was noted that the agenda reports pack and minutes of the last meeting of the Joint Health Overview and Scrutiny Committee could be accessed via the link provided on the front sheet of the agenda for this meeting.

34. Work Programme

The Work Programme was noted.

HEALTH SCRUTINY COMMITTE

27th March 2024

Title: Screening Update for Barking and Dagenham	
Report of Femi Odewale, Managing Director, North East London Cancer Alliance and Caroline Cook, Early Diagnosis Programme Lead, North East London Cancer Alliance	
Open Report	**For Information**
Wards Affected: None	**Key Decision:** No
Report Author: Femi Odwale, Managing Director, North East London Cancer Alliance, and Caroline Cook, Early Diagnosis Programme Lead, North East London Cancer Alliance.	**Contact Details:** Email: caroline.cook9@nhs.net Tel: 07341 134 646

Summary

A screening update for Barking and Dagenham will be presented to the Committee by Femi Odewale, Managing Director, North East London Cancer Alliance, and Caroline Cook, Early Diagnosis Programme Lead, North East London Cancer Alliance.

The presentation will detail bowel, breast and cervical screening performance with further details on local inequalities regarding screening data in Barking and Dagenham.

Recommendation(s)

The Health Scrutiny Committee is recommended to note the report.

Reason(s)

This report is for noting and allows the Committee to put questions to the officer presenting the report.

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

List of appendices:

- Appendix A: PresentationBegin text here. If there are no appendices, please state ‘none’.

This page is intentionally left blank

North East London Cancer Alliance

Screening Update for Barking and Dagenham Health Scrutiny Committee

27th March 2024

Femi Odewale – Managing Director, North East London Cancer Alliance
Caroline Cook – Early Diagnosis Programme Lead, North East London Cancer Alliance.

Definitions

North East London Cancer Alliance

Uptake: Number of people who attend screening within 6 months of being invited out of the number invited. The number invited is based on total being across a 12 month rolling period to the specified reporting year/month.

Coverage: Number of people screened within the designated time period (round length) out of the number of people eligible

- Bowel round length: 2.5 years
- Breast round length: 3 years
- Cervical round length: 3 years (25-49), 5 years (50-64)

Targets:

Bowel
- 52% acceptable // 60% achievable

Breast
- 70% acceptable // 80% achievable

Cervical
- 80% acceptable

Data source: NHS Futures [accessed 6th March 2024]

Bowel screening performance

North East London Cancer Alliance

Coverage

Area - Cancer Alliances	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023
NHS BARKING AND DAGENH..	56.75	56.85	57.09	57.17	57.09	57.51	57.76	58.17	57.77	57.49	57.49	57.50
NHS CITY AND HACKNEY CCG	57.54	57.68	57.95	58.25	58.32	58.54	58.75	58.77	58.24	57.90	57.78	57.59
NHS HAVERING CCG	69.66	69.77	69.97	70.04	69.89	70.32	70.53	70.75	70.39	70.27	70.36	70.31
NHS NEWHAM CCG	55.71	55.67	55.96	56.13	56.24	56.46	56.65	56.71	56.44	56.76	57.03	56.85
NHS REDBRIDGE CCG	62.16	62.25	62.43	62.65	62.58	62.82	63.04	63.20	62.97	62.82	62.63	62.66
NHS TOWER HAMLETS CCG	54.42	54.38	54.69	54.95	54.97	55.02	55.17	55.04	54.70	54.60	55.24	55.85
NHS WALTHAM FOREST CCG	60.26	60.23	60.57	60.86	60.85	61.10	61.21	61.19	60.90	60.92	60.89	61.37
Grand Total	60.31	60.36	60.61	60.79	60.77	61.04	61.22	61.32	60.98	60.90	60.97	61.04

Uptake

Area - Cancer Alliances	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023
NHS BARKING AND DAGENH..	53.52	53.27	53.29	53.83	54.13	54.80	55.59	56.71	56.60	56.22	56.56	56.49
NHS CITY AND HACKNEY CCG	53.55	53.83	54.09	54.37	54.27	55.14	55.48	55.96	56.19	55.90	56.24	56.91
NHS HAVERING CCG	68.02	67.82	68.02	68.86	69.22	69.61	69.81	70.19	70.30	70.40	70.66	70.55
NHS NEWHAM CCG	52.64	52.40	51.97	51.27	51.65	52.56	53.47	53.89	54.12	54.14	54.30	54.38
NHS REDBRIDGE CCG	59.20	59.04	59.33	60.42	61.01	61.31	61.29	62.37	62.57	62.16	62.32	62.47
NHS TOWER HAMLETS CCG	49.97	50.11	50.89	52.29	53.01	54.17	54.81	55.51	55.55	54.85	54.07	54.79
NHS WALTHAM FOREST CCG	56.72	56.88	57.40	58.14	58.43	58.94	59.66	60.59	60.92	60.67	60.62	61.33
Grand Total	56.98	56.91	57.12	57.70	58.11	58.77	59.32	60.06	60.26	60.06	60.13	60.39

Breast screening performance

North East London Cancer Alliance

Coverage

Area - Cancer Alliances	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023
NHS BARKING AND DAGENH..	57.13	57.39	58.08	58.48	58.81	59.47	59.71	60.47	61.41	62.26	62.68	63.00
NHS CITY AND HACKNEY CCG	44.76	45.03	45.24	45.37	45.06	44.79	44.35	44.85	45.99	46.95	47.42	47.57
NHS HAVERING CCG	68.69	68.58	68.68	68.67	68.71	68.75	68.64	69.44	70.26	71.27	72.67	72.92
NHS NEWHAM CCG	46.93	45.92	45.39	44.93	44.75	44.81	44.78	45.02	45.39	46.10	46.61	46.98
NHS REDBRIDGE CCG	57.11	57.27	57.46	57.40	57.14	56.85	56.77	56.64	56.64	56.81	57.20	57.56
NHS TOWER HAMLETS CCG	48.01	47.53	46.92	45.98	44.83	43.43	42.97	43.83	44.58	45.77	46.25	46.46
NHS WALTHAM FOREST CCG	56.17	55.91	55.50	55.21	54.94	54.06	53.68	53.60	55.13	56.61	57.06	57.31
Grand Total	54.51	54.31	54.24	54.06	53.82	53.53	53.34	53.72	54.48	55.36	55.96	56.23

Uptake

Area - Cancer Alliances	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023
NHS BARKING AND DAGENH..	49.59	52.54	57.40	60.73	62.08	62.21	62.64	63.45	64.10	64.29	65.27	65.41
NHS CITY AND HACKNEY CCG	44.43	44.55	44.92	44.45	45.40	45.80	47.36	48.35	48.70	48.50	49.44	50.10
NHS HAVERING CCG	72.70	73.98	75.42	76.77	76.83	76.38	76.68	76.35	76.17	77.02	76.91	75.96
NHS NEWHAM CCG	43.15	43.47	43.90	42.69	43.41	43.76	44.29	45.13	45.83	46.00	47.24	48.32
NHS REDBRIDGE CCG	54.84	54.92	53.94	54.98	55.05	54.43	53.02	54.07	54.02	60.04	64.83	66.29
NHS TOWER HAMLETS CCG	39.50	37.87	40.17	41.34	42.90	45.14	47.11	48.55	49.11	48.38	49.02	50.08
NHS WALTHAM FOREST CCG	49.32	50.17	50.69	50.02	53.35	55.22	57.59	59.15	60.14	60.57	62.65	64.36
Grand Total	50.99	51.34	52.35	52.85	54.37	55.39	56.40	57.63	58.45	59.11	60.68	61.57

Cervical screening performance

North East London Cancer Alliance

Coverage 25 – 49 year olds

Area - Cancer Alliances	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023
NHS BARKING AND DAGENH..	60.48	60.95	61.23	61.46	61.21	61.17	61.41	61.27	61.05	60.91	61.07	61.46
NHS CITY AND HACKNEY CCG	62.13	62.12	62.54	62.89	62.80	62.50	62.49	62.27	61.97	62.05	62.38	62.66
NHS HAVERING CCG	69.69	69.80	70.15	70.47	70.41	70.22	70.52	70.29	70.04	69.87	70.06	70.41
NHS NEWHAM CCG	58.68	59.02	59.30	59.62	59.46	59.19	59.28	59.22	58.86	58.80	59.05	59.36
NHS REDBRIDGE CCG	57.18	57.17	57.58	57.84	57.77	57.40	57.56	57.38	57.29	57.23	57.52	57.96
NHS TOWER HAMLETS CCG	53.10	53.18	53.46	53.54	53.47	53.35	53.38	53.31	53.39	53.82	54.17	54.45
NHS WALTHAM FOREST CCG	64.31	64.49	65.06	65.32	65.15	65.03	65.08	65.00	64.75	64.81	65.13	65.52
Grand Total	60.02	60.18	60.54	60.80	60.67	60.46	60.56	60.43	60.24	60.30	60.58	60.92

Coverage 50 -64 year olds

Area - Cancer Alliances	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023
NHS BARKING AND DAGENH..	70.425	70.736	71.005	71.359	71.235	71.362	71.601	71.502	71.356	71.252	71.235	71.172
NHS CITY AND HACKNEY CCG	72.271	72.551	72.856	72.916	72.956	72.723	72.961	73.095	73.054	72.984	73.111	73.164
NHS HAVERING CCG	76.522	76.646	76.779	76.988	77.150	77.194	77.304	77.311	77.241	77.165	77.101	77.167
NHS NEWHAM CCG	73.358	73.466	73.659	73.821	73.765	73.627	73.713	73.649	73.742	73.654	73.588	73.659
NHS REDBRIDGE CCG	72.007	72.017	72.097	72.248	72.385	72.359	72.418	72.405	72.401	72.298	72.327	72.481
NHS TOWER HAMLETS CCG	70.399	70.647	70.709	70.869	70.814	70.751	70.820	70.843	70.948	71.050	71.158	71.324
NHS WALTHAM FOREST CCG	74.358	74.320	74.440	74.543	74.542	74.442	74.455	74.444	74.226	73.936	73.907	73.880
Grand Total	73.009	73.140	73.303	73.466	73.490	73.425	73.532	73.528	73.486	73.387	73.393	73.454

Local inequalities

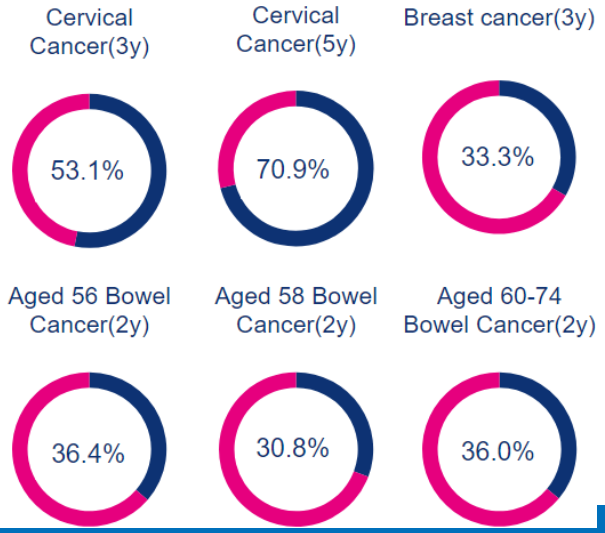
North East London Cancer Alliance

Barking and Dagenham data extracted from the CEG screening dashboards (EMIS data).
Ethnicity data not yet available.
N.B. Breast screening data is unreliable as this is manually coded and input to systems.

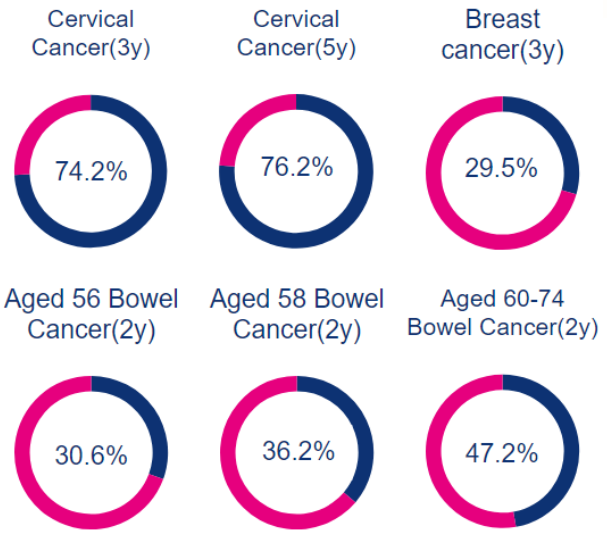
Screened

Unscreened

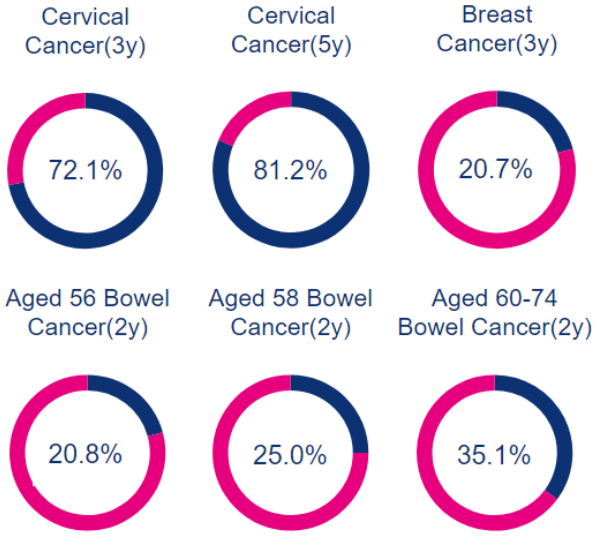
People with learning disabilities



People with an SMI



Homeless people



Cancer Alliance screening improvement projects

NHS North East London Cancer Alliance

Programme	Project	Purpose/ population
Bowel	It's Not a Game	Campaign using sport to raise awareness of bowel cancer screening in White and Black men in more deprived areas.
	Eclipse – non-responders	Identifying non-responders and texting, with option to reorder testing KIT. All non-responders in pilot practices eligible.
	Age extension	Support screening services to roll out age extension to all eligible 50 and 52 year olds.
Breast	No Time for Cancer	Campaign to raise awareness of breast screening. To be refreshed and media plan reviewed for 2024/25.
	Improving access to breast screening	Identifying women with an SMI who have not participated in screening, risk assessing and offering reasonable adjustments.
	Targeted improvement projects	In development – plan to work with PCNs with lowest uptake.
Cervical	Muslim Sisterhood	Campaign to increase cervical screening in Muslim women. Focus on age 25 to 39 year olds, but no-one excluded.
	Pan-London Campaign	Campaign with all London Alliances to promote cervical screening and HPV vaccine in collaboration with women's sporting bodies.

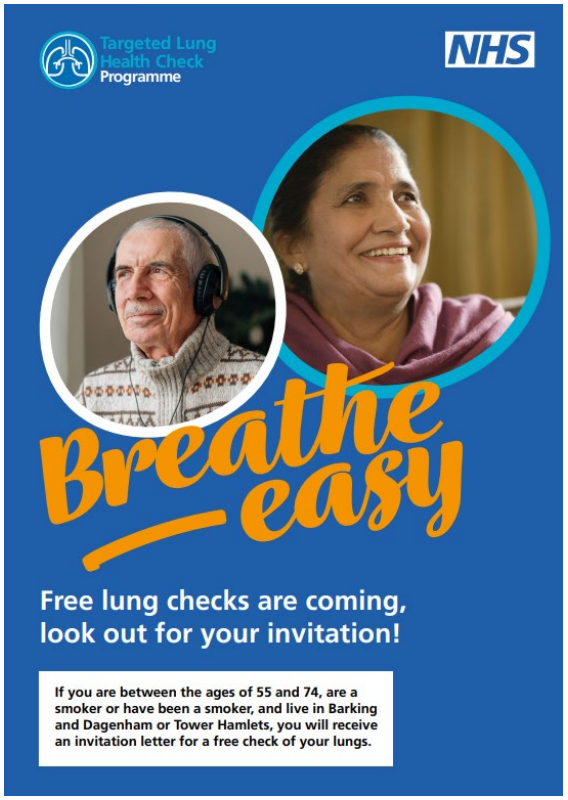
Cancer Alliance screening improvement projects

NHS North East London Cancer Alliance

Programme	Project	Purpose/ population
Cervical	Supporting self-sampling	Self-sampling for non-responders has been approved for London. We will work with the regional commissioners to implement and promote this across NEL.
	Support HPV vaccine uptake	To be determined – Cancer Alliances are to support vaccine 'catch-up' in women up to the age of 25 and men who have sex with men up to the age of 45.
All	Increasing uptake of screening in the White 'other' population	Research into barriers to screening and messaging preferences for Polish, Lithuanian, Romanian and Turkish/Turkish Cypriot people completed in 2023/24. • Co-producing an intervention with the Polish community in NEL – Polish language video about screening programmes. • In development – co-production of an intervention with the Turkish/Turkish Cypriot population.
	Gypsy and Roma Travellers (GRT)	Desk top research almost complete and links made with GRT community groups and leaders. Plan to co-produce an intervention to increase knowledge of and participation in screening programmes.

Cancer Alliance improvement projects

NHS
North East London
Cancer Alliance



Targeted Lung Health Checks

NHS North East London Cancer Alliance

North-east London wide

- TLHC programme launched in July 2022.
- InHealth providing an end-to-end service.
- Uptake in NEL is the highest in London – at 55% currently (national target for 24/25 is to reach 53%).
- Data up to December 2023 (from start of programme):

*Uptake rate currently: 55%, **Referral rate to CT scan from LHC: 41.7%, ***Conversion rate initial CT to cancers diagnosed: 0.5%

December 2023	Number of participants invited 23-24		Number of LHCs attended 23-24		Number of CT scans completed 23-24	
Cancer Alliance	Invites Sent in 23-24 up to Dec 23	Invites sent as a % of trajectory up to Dec 23	LHCs Attended in 22-23 up to Dec 23	LHCs attended as a % of trajectory up to Dec 23	Total CT Scans completed in 22-23 up to Dec 23	Total CT Scans completed as a % of trajectory up to Dec 23
North East London	27,320	**176.1%**	15,686	**170.5%**	7,827	**172.2%**

- 49 lung cancers diagnosed to date.
  - 32 at stage 1 or 2 (65%)
  - 17 at stage 3 or 4 (35%)
  - 0 unstageable

- Currently a health check programme with a plan to establish a screening service following 100% roll out in 2028.

Targeted Lung Health Checks

NHS North East London Cancer Alliance

Barking and Dagenham

- Barking and Dagenham was the first borough to go live in July 2022.
  - Seen as area of greatest need as had highest smoking prevalence in NEL and high mortality rates from lung cancer.
  - Eligibility for participation is anyone aged between 55 and 74 who has ever smoked.
- All GP practices signed the data sharing agreement and provided patient data.
- Highlights for Barking and Dagenham:
  - 12,649 people invited (eligible population)
  - 8,422 lung health checks (telephone triage)
    - 70.2% uptake rate
  - 50.1% = high risk (require face to face and LDCT)
  - 3,443 LDCT scans performed.
- 24-month follow-ups will commence in July 2024.
- Outcomes so far:
  - 115 patients investigated for lung cancer.
  - 7 confirmed diagnosis of lung cancer.

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE

27 MARCH 2024

Title: A New Strategic Approach to Healthy Weight in Barking & Dagenham	
Report of the Lead Member for Health	
Open Report	**For Decision**
Wards Affected: All	**Key Decision:** Yes
Report Author: Philip Williams – Head of Localities Commissioning	**Contact Details:** Tel: 07849833756 E-mail: philip.williams@lbbd.gov.uk
Accountable Director: Fiona Russell - Director of Care, Community and Health Integration	
Accountable Executive Team Director: Elaine Allegretti - Strategic Director Childrens and Adults	

Summary

The borough has one of the highest rates of overweight & obese adults and children in London and this has a significant impact on the overall health of the population with increased risk of morbidity and mortality from conditions such as type 2 diabetes, hypertension, cardiovascular diseases, liver disease & some cancers.

The primary means of tackling the issue of unhealthy weight in the borough has been through the delivery of individualised weight management programmes. The focus of many of these current programmes is on supporting individuals in the population who are at a higher risk of disease due to their unhealthy weight. For many people these programmes simply do not work and can only ever be made available to a tiny fraction of the population. They provide no discernible impact at all in supporting improvements in healthy weight for the overwhelming majority of residents.

All evidence points to a whole-systems approach working preventatively ‘upstream’ as being the most effective way to support improvements in healthy weight within local communities and provide the largest positive impact for the greatest number of people. We have therefore concluded that we need a new strategic approach that is not reliant on individual weight management programmes but shifts us to a population focus – building a whole borough partnership around food, activity & the environment that supports a greater & more diverse proportion of the population to mitigate the risk factors that lead to unhealthy weight & poor health outcomes.

The following report sets out the background, rationale for change and proposals for a new strategic approach.

Recommendation(s)

The Health Scrutiny Committee is recommended to:

(i) Recognise the need to urgently change our approach to managing healthy weight in Barking and Dagenham and
(ii) Support the Committees in Common in agreeing this new strategic way forward.

Reason(s)

This supports the Council priority: Residents live healthier, happier, independent lives for longer

Through better use of funding & resources it also supports the principle of providing value for money

Vision: We want current and future generations to live in a local environment that promotes a healthier weight and wellbeing as the norm. This makes it easier for everyone, regardless of age, background, circumstance or where they live, to access healthier food, eat healthier diets and live active lifestyles, and ensures support available for people with excess weight. We achieve this through collective action across the system, in partnership with local communities.[1]

1. Introduction and Background

1.1 The London Borough of Barking & Dagenham (LBBD), along with many other authorities & NHS partners, is facing significant financial pressures and is consequently going through a process of rebuilding & rightsizing to be fit for the future. Essentially this means that we are reviewing all of the council's functions to ensure that we are directing our limited funding to where residents most need it & where it will do the greatest good.

1.2 Whilst providing impetus, this process of review had already started in terms of how the council best uses it's available funding to improve the health of our population, with particular consideration being given to the equity, reach and effectiveness of healthy weight programmes in the borough.

1.3 Following this review, & for the reasons stated below, the council has concluded that a new strategic approach to healthy weight needs to be developed. We want to 'move the dial' on health in Barking & Dagenham through helping many more people in the borough maintain a healthy weight.

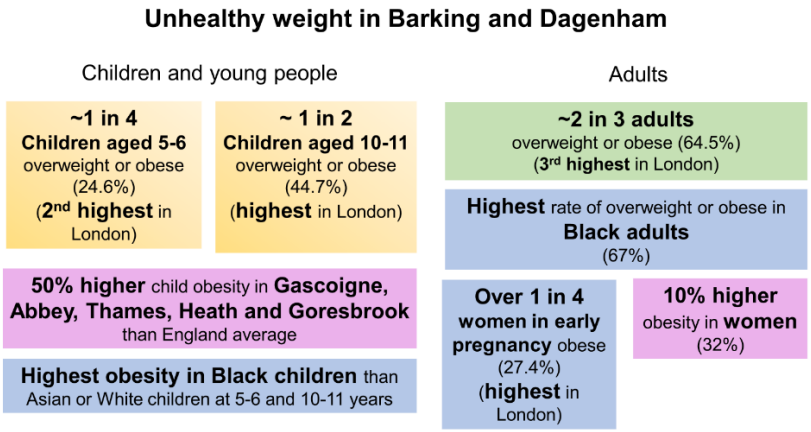
1.4 This will involve making very significant changes to the way we work together as a system and the means we employ to support our residents – intervening upstream at a population/community level wherever possible and moving away from an adherence to what could be termed traditional weight-loss programmes that only ever reach a tiny fraction of the population.

[1] ADPH What Good Healthy Weight for all ages Looks Like: What-Good-Healthy-Weight-Looks-Like.pdf (adph.org.uk)

1.5 Further impetus to changing our approach has been provided through the just completed LGA Peer Review on Public Health which identified childhood obesity as a first priority that B&D Place should focus on to develop a cohesive, strategic approach. This also supports the proposed Place 24/25 priorities which include obesity.

2. Issues

2.1 The Scale of the Problem



2.1.2 The borough has one of the highest rates of overweight & obese adults and children in London and this has a significant impact on the overall health of the population with increased risk of morbidity and mortality from conditions such as type 2 diabetes, hypertension, cardiovascular diseases, liver disease & some cancers.

2.1.3 Childhood Obesity:

- The prevalence of obesity in children is getting worse.
- Obesity prevalence is 5 times higher than it was in 1950
- Inequalities in childhood obesity is getting worse. Children living in the most deprived areas are disproportionally affected by obesity
- There is a year on year widening of inequality - they're widening in Reception because the more affluent are doing better, they're widening in Year 6 because the most deprived are doing worse. The figures are really shocking in year 6
- Extrapolating from NCMP figures there are an estimated 5,250 obese or severely obese 5-11year old children in Barking & Dagenham's primary schools (this figure does not include children assessed as overweight)
- Being overweight or obese harms children & young people. Children and young people are more likely to suffer stigmatisation, bullying & low self-esteem with a consequent impact on their emotional wellbeing & behaviour. They are more likely to have high cholesterol, high blood pressure, pre-diabetes, bone & joint problems and breathing difficulties. They are also more likely to suffer educationally through higher school absence.
- Being obese as an adolescent is also associated with being 5 times more likely to being obese as an adult and an 80% chance of lifetime obesity.

2.1.4 Adult Obesity:

The percentage of adults in Barking and Dagenham who are overweight or obese is significantly higher than the London and England averages. Additionally, there has been no consistent improvement of adult obesity prevalence over time in Barking and Dagenham since 2015.

Percent of overweight and obese adults (age 18+)

Source: OHID Fingertips Indicator ID 93881, accessed 08/12/2023

Source: OHID Fingertips Indicator ID 93088, accessed 08/12/2023

2.2 Key Challenges

2.2.1 A key challenge in Barking and Dagenham is that it is an obesogenic environment. Physical, social and demographic characteristics of Barking and Dagenham are associated with (i.e. drivers of) unhealthy weight in children and young people, e.g.: childhood poverty / access to places for children to undertake physical activity / fewer adults undertaking physical activity / lower breastfeeding rates / maternal obesity / living with adults who are an unhealthy weight / concentration of fast-food restaurants.

2.2.2 Based on 2020/21 data the percentage of physically active adults in Barking & Dagenham (58.4%) is the lowest in London (London region average 66.8%) and comfortably in the bottom 10% of all Authorities in England (England average 67.3%)

2.2.3 Analysis in the Broken Plate report 2023[2] also shows that the most deprived fifth of the population (which are around 1 out of 2 households in Barking & Dagenham) would need to spend 50% of their disposable income on food to meet the Government-recommended healthy diet. For households in the bottom 10% of household income to follow healthy eating guidance, they would have to spend 74% of their income on food. It is not ignorance or the inability to cook that is the problem. It is poverty.

2.3 Our Current Approach

2.3.1 The primary means of tackling the issue of unhealthy weight in the borough has been through the delivery of individualised weight management programmes. The focus of

[2] TFF The Broken Plate 2023_Digital_FINAL..pdf (foodfoundation.org.uk) (p8)

many of these current programmes is on supporting individuals in the population who are at a higher risk of disease due to their unhealthy weight.

2.3.2 LBBD provides Tier1 & Tier2 Weight Management Services through its own in-house Healthy Lifestyles Team. Services include Adult & Children's structured weight management programmes (although nothing for adolescent young people), an Exercise on Referral programme, activities for people 60+, an 'Eat Well, Live Well, Feel Good' programme of activities and a 'Schools Out Get Active' programme of holiday activities for 5-17year-olds.

2.3.3 There are currently no Tier3 services for children or adults in the borough that professionals can routinely refer people into.[3]

2.4 The Case for Change

2.4.1 Providing these traditional individualised healthy weight programmes has been a 'safe' default option for many local authorities, as weight management interventions are clinically validated & countable, so councils can be seen to be 'doing something'. However, many areas are now reviewing this approach & concluding that whilst undoubtedly clinically effective for some individuals many more do not benefit significantly, & they generally do not lead to sustained changes in healthy behaviours beyond the life of the programme and in many cases lead to a 'rebound' weight gain.

2.4.2 Also, by their nature, these programmes can only ever be made available to a tiny fraction of the population and have no discernible impact at all in supporting improvements in healthy weight for the overwhelming majority of residents.

2.4.3 Reliance on these programmes has been likened to 'emptying an ocean with a teaspoon'.

2.4.4 An illustration of their limited reach is provided by Greg Fell the Director of Public Health in Sheffield (and current ADPH President) who calculated the negligible impact such programmes had on healthy weight in his city.[4]

2.4.5 Looking at one year's figures he showed that the healthy weight programmes provided had only reached 732 or 0.24% of eligible residents (i.e. the 60% of people in the city who were overweight or obese) leaving 99.76% without support.

2.4.6 Of this 0.24% only one fifth (142) lost clinically relevant weight, and of this number only a very small proportion had managed to maintain their weight loss at the 12 months follow-up.

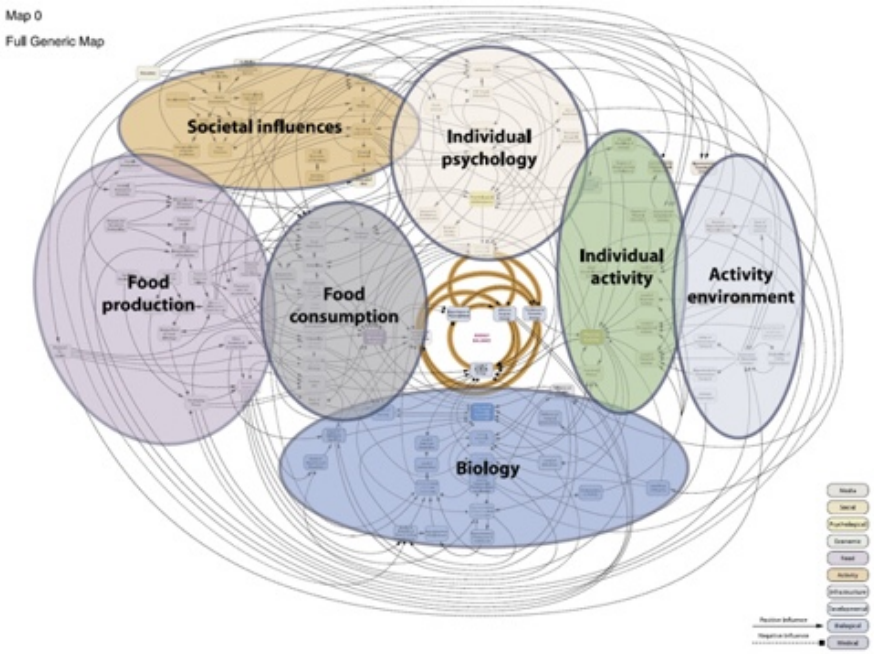
2.4.7 This calculation demonstrates that, whilst these programmes can help some people, any notion that they move the dial on obesity at a population level is not realistic.

[3] Whilst not a Tier3 service, there is a pilot 'Complications of Excess Weight Service' being trialled through the NELFT Health Visiting Team. This is for CYP identified with health damaging complications of severe obesity and is a 2year family liaison pilot limited to ~20 CYP/families per year.

[4] Population impact of weight management services – Sheffield DPH (wordpress.com)

2.4.8 When this work was replicated for Barking & Dagenham it was estimated it would take 115-130 years of services just to support those B&D residents currently eligible today (never mind the many thousands more who will become eligible).

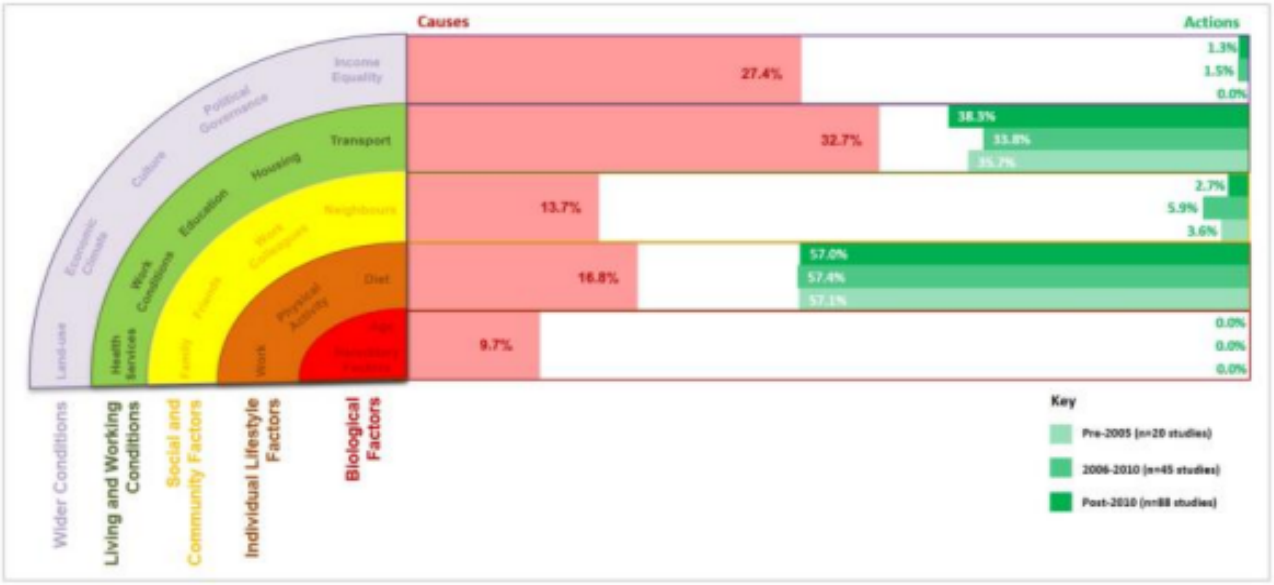
2.4.9 The factors affecting people's health are complex, multi-factorial and often closely related.



2.4.10 The King's Fund's population health framework sets out four overarching factors that interact to shape health:

- The wider determinants of health
- Health behaviours
- Places and community
- Integrated care systems

2.4.11 However, despite this awareness, the majority of interventions and strategies until very recently have still not taken this complexity into account and the funding of commissioned services has continued to be disproportionately focused on individual behaviour change programmes (as shown in the diagram below)



2.5 What Residents are telling us

2.5.1 There have been a number of recent pieces of resident engagement work around healthy lifestyles including a Healthwatch Report *Healthy Living in Barking and Dagenham: The resident perspective* (August 2022), a Good Food Partnership survey report (Jan 2023) and a peer research report by the Barking and Dagenham Youth Forum (September 2022) into CYP lived experience of what causes unhealthy weight decisions.

2.5.2 In summary the issues highlighted through these engagements are:

- That residents are keen to make positive changes but busy schedules, high levels of stress and low income appear to be the main drivers that are preventing people from living healthier lifestyles. Highlighting the need to embed healthy weight services within wider resilience support.
- The majority of respondents to the Healthwatch survey had not heard of or engaged with any of the Barking & Dagenham's healthy living services listed in the survey. Those who had heard of the services but had not yet engaged with them reported either that the service didn't appeal to them, or that they hadn't been sure how to access them.
- The use of trusted voices is highlighted as being very important – that key groups being provided with tailored messages by trusted voices are most effective (e.g. people with similar experiences & from culturally similar backgrounds etc.)
- People repeatedly raised that lots of them face multiple barriers to taking part in community initiatives & activities – these range from time-poverty, lack of digital access and housing insecurity
- Across the board, the Cost-of-Living Crisis is also perceived as a significant barrier to making healthy life choices with affordability being the main factor impacting people's choices around the sustainability of the food they buy and cook.
- People are frustrated by how limited and unhealthy the existing food offers are. The borough is perceived as unhealthy, with fast, fried food as a staple feature, and people would like to learn how to cook and eat healthier & want to see more diverse, healthier offers on their high streets and at local events.

- People feel there's a need for clearer signposting to existing health and wellbeing activities and training & said there isn't enough clear information about local initiatives and activities.
- Residents wish to see more local people being developed and 'lifted up' to become trainers, food champions, advocates and leaders in healthy change in their communities.
- Young people listed barriers to taking part in physical activity as: safety concerns about going out / unsafe parks / leisure centers too expensive / the cost of after-school clubs / activities too far away to walk to / influence of social media / other commitments & interests / lifestyles not conducive to exercise
- Around healthy eating barriers included: affordable healthy food / family budget / parental meal decisions / cooking knowledge & confidence / social media / cultures / influence of adverts / mood & circumstance

2.5.3 As can be seen through all these engagements with residents in the borough there is a desire for change, alongside some frustrations, but it is also clear that any initiatives need to be systemic, centred within communities and grounded in real life, supporting & empowering people to overcome the barriers to healthier living.

2.6 Opportunities – changing the focus

2.6.1 A recent review of Healthy Weight Services led by the LBBD Public Health Team provides the criteria for 'what best looks like' & sets out some of the opportunities around changing healthy weight services in the borough, these included:

- Exploiting place-based arrangements to commission/provide a system-wide response
- Exploring the role of health champions, care navigators, social prescribers, community and voluntary sector, primary care, education, council, policy, social workers, frontline staff, school nursing, health visiting etc. in delivering the support within the community
- Recognising the potential greater connectivity the community and voluntary sector has to local communities, and that they may be better placed to provide targeted support to underserved populations
- Building community capacity and providing support in various community venues i.e. churches, mosques, synagogues, temples children centres, libraries and other CVS estates to improve access and to help with the system-wide approach.

2.6.2 Obesity has been identified as a complex problem requiring systems approaches and a collaborative coordinated approach to address it.

2.6.3 The opportunities around providing a system response have over the past decade become increasingly prominent nationally. In 2019 Public Health England published its 'whole-systems approach to obesity programme' which evidenced that adopting a systems approach, working 'upstream' and investing in work that supports improvements within local communities and the environments they live in ultimately provides a positive impact for a greater number of people.

2.6.4 Whilst national policy can drive the creation of healthier environments there are also actions available at a local level which can be utilised to address local environmental drivers of overweight and obesity.

2.7 Opportunities – Localities Programme

2.7.1 A key opportunity to develop this approach is through the Localities Programme that is currently mapping out and planning a new way of working for the Council and its partners.

2.7.2 This is not really about designing a new model but engaging all partners and stakeholders in working to develop a system, led collectively, and consisting of a network of connected services, organisations and access points, through which residents can access information, advice, guidance when and how they need it, as well as targeted preventative and statutory support services, welfare, housing, skills and employment etc. With all of these being delivered by and with our communities, working alongside health and care teams.

2.7.3 The aim of moving to a Localities way of working is to achieve the following:

- Being more proactive in reaching out to residents
- Help to residents is more targeted, helping those who are struggling
- Greater focus on reducing health and wellbeing inequalities
- Right information and advice first time every time
- Advice that prevents, reduces or delays need
- Services and help are closer to residents
- Stronger and deeper partnership with voluntary, community and faith organisations and groups

2.7.4 This dovetails completely with the proposed new approach to improving healthy weight in the borough.

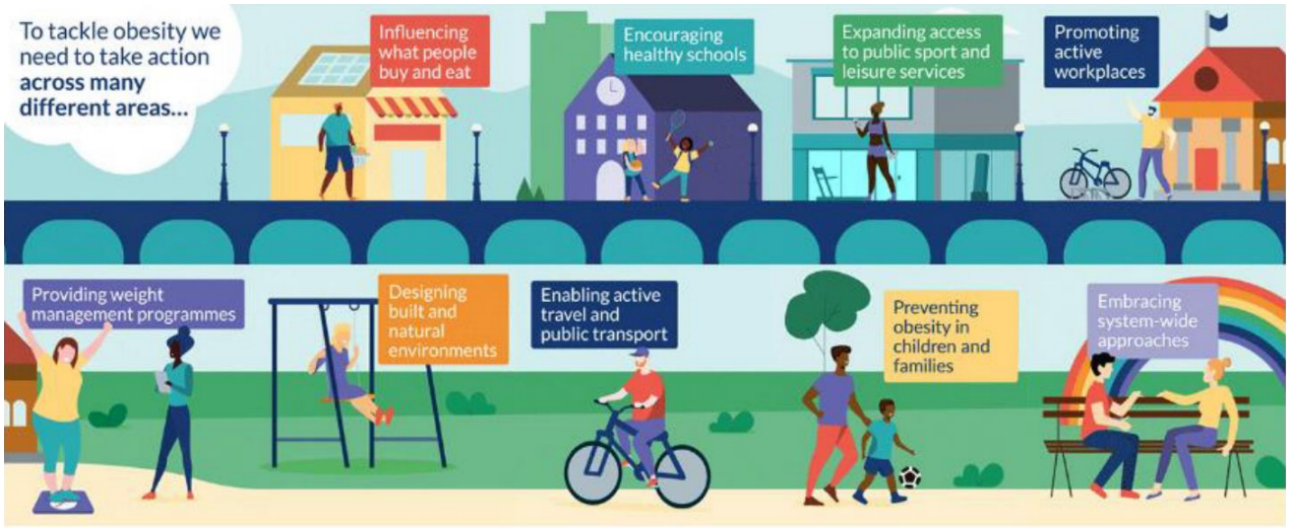
2.7.5 There are a number of primary building blocks or principles we need to employ in capitalising on these opportunities which are set out below.

2.8 Building Block 1. Developing a Systems Approach

2.8.1 Evidence, including that set out in the PHE 'Whole Systems Approach to Obesity'[5] points to favouring investing in system level work that supports improvements within local communities and the environments they live in & which ultimately provides a positive impact for a greater number of people. This includes:

- Collaborating with all partners and sharing acceptance of the challenge and its complexity
- Understanding the causes of obesity
- Seeing where it is possible to intervene
- Identifying levels of action that have greatest leverage for change
- Agreeing, aligning and monitoring actions (short, medium & long-term)

[5] Whole systems approach to obesity - GOV.UK (www.gov.uk)



Many authorities across the country are rethinking the way they deliver healthy weight support and are increasingly adopting a systems approach.

GOOD PRACTICE EXAMPLE: SHEFFIELD CITY COUNCIL

Live Lighter Sheffield

- Whole City Approach, owned by the whole city & focused on shifting the mission around healthy weight.
- Vision and mission oriented – seeking to influence other systems in all sorts of spaces (schools, transport, parks and green space, leisure, comms and marketing, VCS) through both heart and minds approach and through commissioned work
- All age approach that's not reliant on a small number of interventions but looking at multiple opportunities for win-win co-benefits across health and environment.
- Viewing both food and physical activity as important in their own right, not just a subset of obesity
- Providing non-traditional weight management programmes that support people to make small sustainable changes – 'No Pressure, No Scoring, Just Simple Positive Support'

2.9 Building Block 2. A Community Driven Approach

2.9.1 As noted in section 2.5 a repeated reaction to current healthy weight services is that, even when people are aware of them, they don't appeal, and they don't fit into the way people live their lives. Unless support is built around communities needs it is never going to succeed in reaching those it would most benefit. In designing a new approach we need to ensure the following:

- Community Engagement & Participation – the guiding principle of our approach is that we work directly with & within communities, gaining relevant insight & building on community strengths.
- Community capacity building – providing the expertise, knowledge and skills to deliver targeted, evidence-based support programmes alongside community organisations whilst jointly working together to develop strong peer support networks & better ways to reach into communities. The central goal over time is to enhance/engender a 'community spirit' & grow wider capacity to take on more – utilising, where possible, grass roots funding.
- Continual engagement – jointly developing formal & informal collaborative goals working together to ensure that all initiatives have relevance & no new weight management initiatives feel like they are being imposed on communities.
- Inclusive – ensuring that all individuals are able to access, & feel comfortable in accessing, services irrespective of age, gender or ethnicity. Systematically building intergenerational activities into interventions.

GOOD PRACTICE EXAMPLE: BRISTOL MODEL

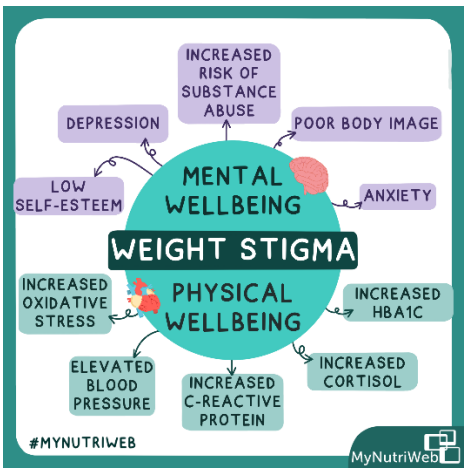
Innovative weight management pilot in Bristol beezee bodies **Bristol City Council and BeeZee Bodies are partners in driving innovation in Public Health, through:** 1. **Local engagement and co-production** to learn with local organisations and people what matters to them, what is good about where they live, and facilitators and barriers to healthy lifestyles 2. **Delivering a high-quality remote weight management** service at scale to people in Bristol, **gradually beginning to tailor the service** (including content and delivery techniques) towards the insights from co-production in real-time 3. **Long-term engagement** with local people to co-produce the commissioning/procurement process and the long-term implementation of prevention and treatment services 4. **Insight project** to identify the natural capacity of communities to produce weight management outcomes	1 Aims to provide support tailored to the needs of different communities 2. Training and capacity building - To increase the capacity of the relevant workforce (particular focus on School Health Nursing) to support healthy weight in a consistent, non-stigmatising and evidence-based way 3. Community development and co-production - Including the delivery of services that are based on local needs, in partnership with local communities - supporting community groups in delivery of their own programmes to support healthy weight 4. Integrated leadership and partnership-building - Contributing to joining up the wider system to support the vision for 'healthier communities' (facilitated largely through the ICS)

Bristol is currently moving away from Tiered Weight Management completely as are other areas as noted below. We need to be open to a similar approach.

2.10 Building Block 3: A Realistic & Compassionate Approach

2.10.1 Obesity means different things to different people but generally, as a society, it is too often conceptualised as an individual failure. A product of lack of willpower, greed and laziness. Whilst there are issues of personal responsibility individualising obesity in this way is harmful and wrong & leads to a fallacious discourse and a focus on individual behaviour change.

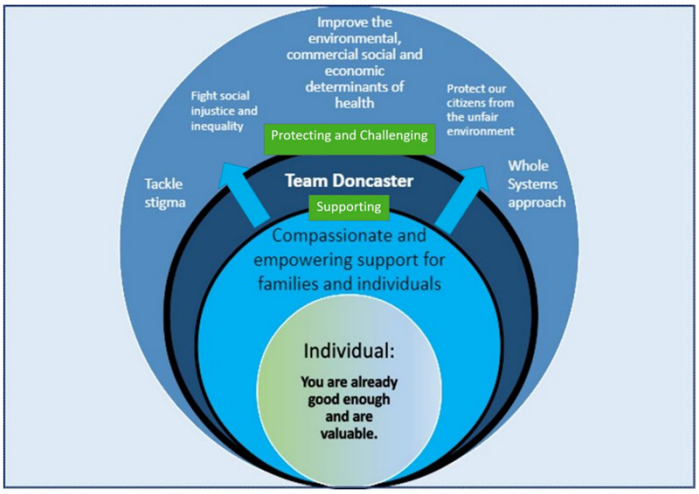
A Focus on individual responsibility & lack willpower is also self-defeating when promoting healthier weight as it leads to stigma & feelings of shame that prevent progress & can cause harm.



This is a fundamental misunderstanding of population etiology. The environment in which we make hundreds of decisions every day has changed, the food environment has completely changed, the built environment has radically changed, the way we live our lives has changed.

GOOD PRACTICE EXAMPLE: DONCASTER CITY COUNCIL

City of Doncaster Council



Trauma Informed Practice – without an understanding of the emotional drivers no programme will succeed

An approach to nutrition that supports a positive relationship to food and eating, and food beyond nutrition (e.g.) the cultural and social aspects of food and eating well)

And an emphasis on "enjoyable movement" - enjoying physical activities

Doncaster's Compassionate Approach to Weight - City of Doncaster Council

2.11 Conclusion

Drawing the strands of this section together the key issues are:

1. The borough is facing an obesity crisis
2. We can't treat our way out of this with individual programmes
3. In every context upstream intervention beats downstream in terms of both equity and impact

4. The council can no longer afford to provide weight management programmes that in their current form only reach a small proportion of residents
5. We need to tackle this as a system – we can't be reliant on a small number of interventions that we hope will solve the problem
6. We know that focussing on obesity as solely an issue of personal responsibility is harmful, wrong & doesn't work
7. A 'one-size-fits-all' approach is not going to work in Barking & Dagenham - no weight management approach will work unless it is realistic and recognises the way people actually live their lives
8. We know the value of working with communities to co-develop inclusive, accessible & more successful healthy weight support
9. We have opportunities to try different ways of working & evaluate them (accepting there may be failures)
10. This is everyone's responsibility & must be owned by the borough as a whole

3. Options & Proposal

3.1 Making Choices

3.1.1 In looking at our options we have to be clear that we are trying to solve a problem that has been decades in the making and is multifaceted. A problem that is compounded by poverty, access, affordability & social norms – which all need to be tackled and may well take generations to undo.

3.1.2 Obesity is incredibly complex as an issue, and it can all seem too big and difficult to tackle so it is not surprising that the default option is to look for straightforward solutions with short term measurable impacts. As such there is an exceptionally strong pull to frame solutions around individual level behaviour – offer exercise & diet programmes, teach people how to cook on a budget, educate people to make better choices etc.

3.1.3 These all have their place. Weight management & educational cooking programmes may play a part but there are no straightforward solutions (they don't really exist) and the single most important thing here is that there isn't one single intervention and there is no short-term fix.

3.1.4 There are though some choices we can make. We can continue to put the majority of our limited funding, energy & resources into trying to 'solve' the problem for specific individuals living with obesity, or, knowing that multiple small changes in large numbers of people can have a significant impact at population level we can shift the focus of our funding towards developing a different, approach that supports a greater & more diverse proportion of the population to mitigate the risk factors that lead to unhealthy weight & poor health outcomes.

3.2 Proposal

3.2.1 As a result of local reviews and a shift in national focus towards a systems approach to tacking unhealthy weight we have concluded as a council that we can no longer justify the continued funding of weight management programmes in their current form as the primary vehicle for tackling unhealthy weight in the borough. We want to 'move the dial' on health in Barking & Dagenham through helping many more people in the borough maintain a healthy weight.

3.2.2 Redesigned & targeted weight management programmes may still be needed and may have a place but will no longer be the primary component as we focus our funding on developing a new, innovative & more preventative community approach.

3.2.3 We are therefore proposing to radically shift the focus of work in this area to a predominantly systems based, whole population level.

3.2.4 Shifting from an individual to population focus given the scale and trajectory of the issue is key, & this is supported by the modelling we have done. The key target populations are those for whom 'traditional' services are least relevant and evidence shows that they would provide access to support to help them gain control themselves. It is a social, not medical issue and so using a traditional medical 'treatment' approach make no sense, i.e. "Why treat someone and put them back into the environment that made them sick in the first place"[6]

3.2.5 In proposing "a whole system approach" we understand that this will not happen organically - no single person or organisation knows the whole and to make the changes we need we have to build a whole borough partnership around food, activity & the environment that supports healthy weight.

3.2.6 We also understand the value & absolute necessity of working with communities to co-develop inclusive, accessible & more successful healthy weight support. We need to gain deeper insights & understanding of the complex factors leading to unhealthy weight across our many different communities and use this to design a new approach together that actually works for people – tailoring interventions to local population groups and cultures, reaching into underserved communities, better targeting interventions and evolving a realistic approach to weight management that recognises the way people live their lives.

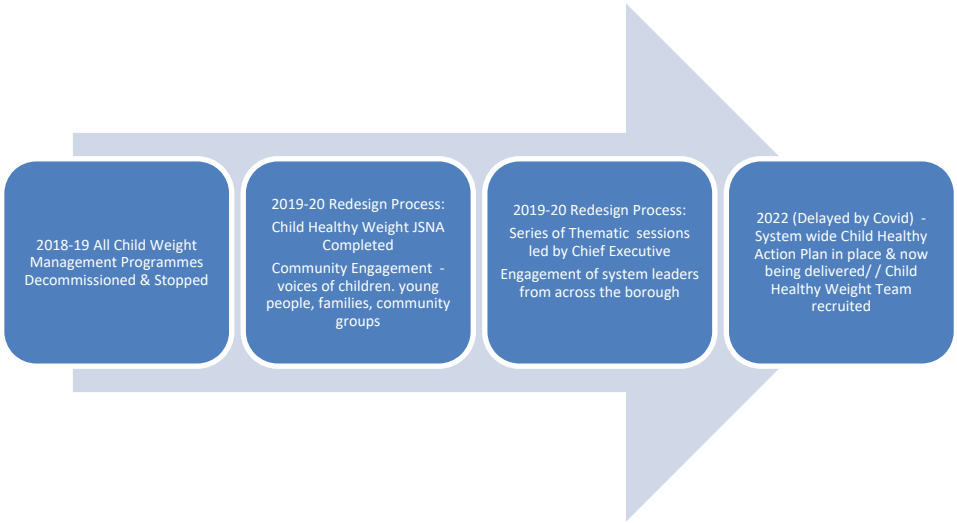
3.2.7 The 'whole system' preventative model of support we want to see in place at the end of this process should recognise environmental & societal factors be locality based, self-sustaining, built on community strengths, providing upstream interventions wherever possible, and based on a systemic, partnership approach that harnesses the connective reach of our VCFS sector, local groups & organisations to work with & within local communities.

3.3 Tower Hamlets Example

3.3.1 As previously noted, we are far from being alone in wanting to make these changes. Some good practice models are presented in the previous section of this report from other areas that have redesigned their services and, more locally, Tower Hamlets have changed their entire approach to child weight management (and are now looking at replicating with adults).

3.3.2 The Tower Hamlets Public Health Team undertook reviews of the child weight management programmes in the borough & having concluded they were having no impact at all on childhood obesity they took the decision to decommission them & use the funding to build and strengthen a systems approach instead.

[6] Marmot



Child healthy weight action plan (towerhamlets.gov.uk)

This is similar to the approach we are now proposing to take for the whole of our healthy weight services in Barking & Dagenham.

3.4 Our Aims: Providing Joined-Up Targeted & Inclusive Support

3.4.1 Our key aim is to work 'upstream' wherever possible, targeting support around changing or modifying the behaviours and lifestyles that lead to unhealthy weight and working in partnership to reduce the impact of obesogenic environments.

3.4.2 We understand the psychological factors that can lead to unhealthy weight, so we want initiatives to have a strong focus on mental wellbeing and take a trauma informed approach.

3.4.3 We want the support we provide to be inclusive, providing a service to those who have additional needs - including mental health or learning disability – engaging with representative groups & specialist services on an ongoing basis to ensure that the healthy weight support is easy to access, flexible, attractive and responsive to the needs.

3.4.4 We also recognise the vital importance of school-based initiatives & want to ensure that partnerships are strong in this area. Evidence shows that weight management programmes for children have been significantly more successful in schools than in community settings & where we want to focus development. There should be clear links to The Healthy Schools Programme, School Nursing, MHSTs & mental wellbeing support in schools.

3.4.5 Promoting & supporting healthy weight & nutrition in early years is also of vital importance and a key aim. We will there will also need to be a strong links with services and professions leading on healthy weight & nutrition in this area including Health Visitors, Family Hubs, nurseries etc. and working with organisations such as UNICEF to develop greater capabilities in the borough.

3.4.6 To reach more people we want to ensure that there is better digital support for people through the council's website providing inclusive & accessible information linked to an

on-line community directory of support services and free and easy to use digital weight loss programmes.

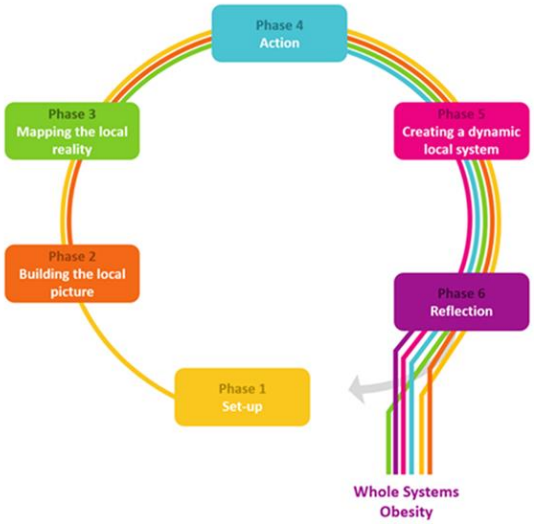
3.4.7 We also want to provide more engaging and better targeted Communications around healthy weight that are focussed, non-stigmatising, inclusive, culturally appropriate & realistic – based on very strong community engagement and social marketing approaches.

3.4.8 Many of the skills required to live healthy lives are not complicated and our aim is to deliver healthy weight support that also encourages residents to learn & teach these skills to their families, friends and communities.

3.5 Delivering Change

3.5.1 This will require considerable resources to achieve these aims which is why we have, in a similar way to Tower Hamlets, decided to stop the programmes that are not working and put our resources instead into developing support and interventions that do make a difference. This is a large task & we need to invest in this activity - coordination and connection alone is a really big job

3.5.2 One of the major challenges when setting up a Whole Systems Approach to Obesity is how to bring all stakeholders together, with the mind set and motivation to address the issue and create a joined up, dynamic plan and on-going network.



3.5.3 To help us in achieving this we are proposing to commission a provider who will act as an enabler in this process of change – using their expertise in engaging with communities, networks & partners, and their experience of developing innovative healthy weight initiatives to create a new approach.

3.5.4 We are intending to move quickly to get a design & delivery partner in place to achieve the following:

Phase 1. Design (June/July 24 - March25)

- Facilitate work with locality partnerships & networks to build a whole borough approach to healthy weight, food, activity and the environment

- Work with partners & hand in hand with communities to develop good local insights about ‘what works’
- Look at all opportunities to address health inequalities
- Assess what is within our control & influence and able to be achieved within our collective available resources
- Work with partners to continue supporting vulnerable priority groups through testing out new models for the delivery of healthy weight interventions
- Delivering an all-age ‘Healthy Weight Plan’ for the borough. This will be based on community insight, an understanding of community strengths & assets and evidence from the testing of different models of support.

Phase 2. Healthy Weight Plan Implementation (From April 25)

- Supporting ongoing partnership work around food, activity and the environment
- Facilitating the delivery of co-produced community healthy weight and nutrition activities and targeted programmes that will be sustainable
- Development of improved, better targeted communications & digital support around healthy weight
- Work with VCFS partners to build a volunteer / healthy weight champions network / Peer support groups
- Improving equity through providing targeted weight-management support for children and adults who experience the poorest health outcomes & providing accessible support to specific priority groups and underserved communities (whether structured weight loss programmes are implemented in phase 2 & what these will look like if they are will depend on the outcome of engagement and development in Phase1)
- Providing evaluation, follow-up and continuity

These requirements are currently being set out in a full specification in preparation for procurement

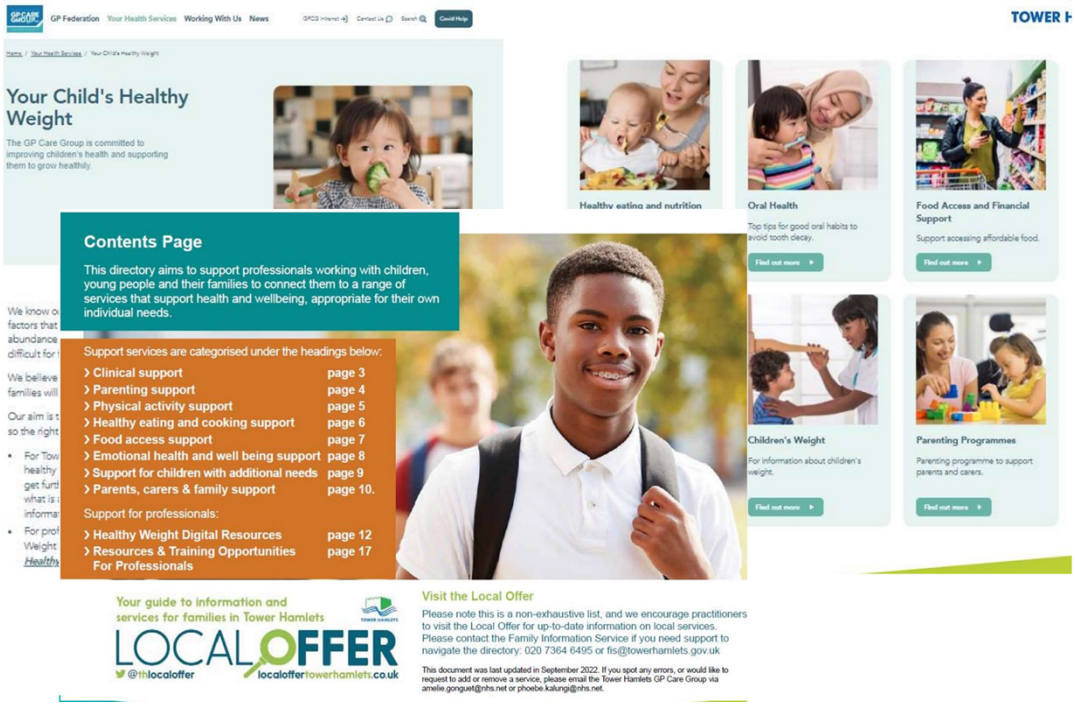
3.6 Examples of possible future ways of working & healthy weight initiatives

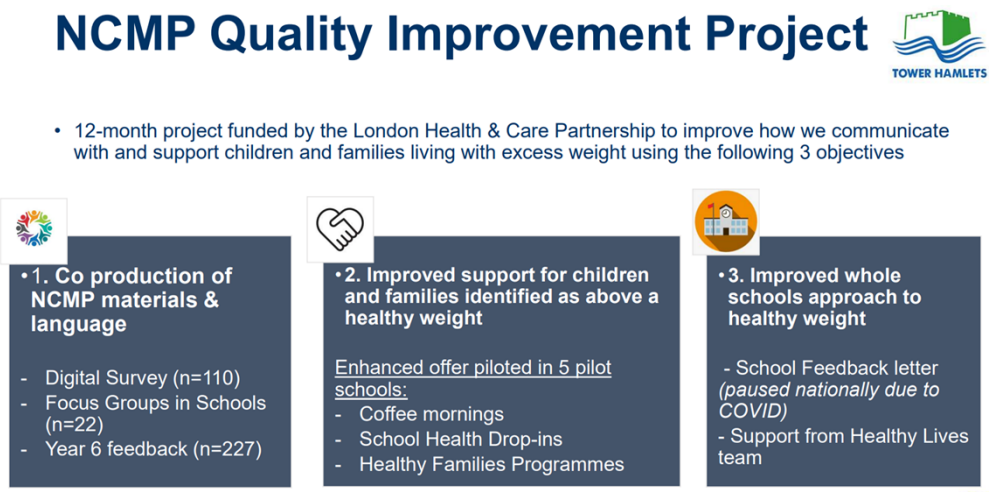
3.6.1 What we will have in place in the future to support healthy weight in the borough will be determined by the work we are proposing to undertake over the next year, however we do have examples of the way services and support has changed in other areas who have already been through this difficult process.

3.6.2 Some are macro changes, whole borough/city initiatives and some are small local initiatives but supporting the wider system changes.

3.6.3 Tower Hamlets for example having decommissioned all their child weight management programmes invested in a comprehensive co-designed training programme delivered by trained and skilled nutritionists and movement specialists for people working or volunteering in all child-facing services. The aim is to deliver what they term a ‘deconstructed’ healthy weight programme – i.e. activities & interventions happening in different places at different times through different groups across the borough, rather than being concentrated into a single 8-12week programme. This has involved significant investment into playgroups, schools, GPs, infant feeding etc. (It is important to note that although the commissioned training, advice & support is delivered through the local health trust the focus is on social not clinical interventions). This is reflected in the direct NCMP support that is provided to parents

which provides information on cookery, food growing, parental support and is backed up by clear assessable information for parents & a very easily accessible Child Healthy Weight Directory to support professionals working with children. This though is only one part of an ambitious borough wide focus on growing healthy places, settings and services to help support children and young people to be a healthy weight.





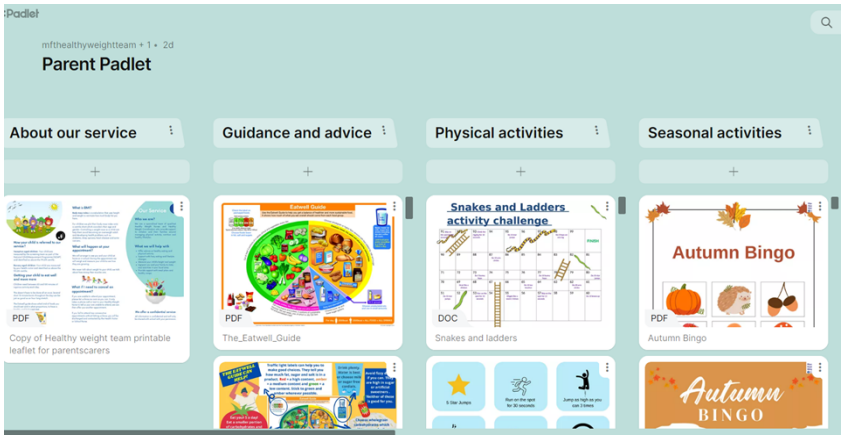
3.6.4Sheffield has invested in a whole city Food Partnership, creating many, many more opportunities for residents to grow, cook & enjoy healthy food.

3.6.5 It has also worked with partners and communities to totally re-imagine its healthy weight & activity services which are delivered through a community enterprise and are social, fun & low pressure whilst still targeting those most in need of support.

3.6.6 Many areas are also delivering this kind of support on line with great success. For example Bristol commissions on-line healthy weight sessions as well as fun, interactive webinars that you can take part in from the comfort of your own home.

3.6.7 'Get Doncaster Moving' takes a different approach to supporting its communities to be physically active, healthy and vibrant. It's a partnership of people, groups, organisations and businesses who work together on these shared goals. The investment is not in healthy weight programmes but in developing the many small interventions for all ages such as walking groups, dance, environment projects, cookery groups, sports etc. and funding a team who provide the central contact point & who help to co-ordinate this work on behalf of the partnership and also co-ordinate the voluntary support.

Many areas have also developed on-line interactive digital support for parents, children & adults- providing ideas and support around diet & activities (e.g. this Padlet developed in Manchester)



3.6.8 The general theme of all these approaches is that there are many different ways to reach people and positively address unhealthy weight. Some have structured healthy weight programmes, but these look very different from traditional models, some have no structured programmes at all.

3.6.9 There is no single thing that works and solutions will be as different as the many different areas, communities and people across the country. What works in one area will not work in another.

3.6.10 This is why we are proposing to invest in a largescale project to really understand what will work for the residents of Barking & Dagenham & to test out new ideas and interventions as well as learn from the experience other authorities such as Tower Hamlets & Sheffield who have agreed to support us on this journey.

3.6.11 We also have some excellent work to build on around developing a good food partnership - Sustain Good Food London report 2024 recognises the progress B&D has made in this area and the B&D progress profile recognises work such as the good poverty alliance, UNICEF baby friendly initiatives, Healthy Start and Holiday activities and food.

3.7 Risks & Issues

3.7.1 Although there is a great deal of consensus on the need to move prevention further upstream – to change from individual models of support to a population model, to be bolder in ambition and to be open to greater experimentation, the gap between this rhetoric and achieving real change on the ground is a difficult one to bridge. It means stopping some things that are long established and professionally recognised and starting things that are less concrete in nature and where there is no single defined outcome.

3.7.2 Transitioning to working at population level to bring about multiple small changes is far less straightforward, it's harder to conceptualise, harder to measure, harder to point at as evidence that we are 'doing something', it doesn't involve one simple big idea & it isn't the responsibility of one organisation. It is all much harder to do.

3.7.3 It also takes time. The unhealthy weight of our population is the product of multiple factors over generations & will take time to undo. As such it will be hard to point to quick or immediate results from changing our strategy to rebut perceived notions that we are abandoning people to live with unhealthy weight, even if the opposite is true. Knowing something is the right thing to do doesn't always make it the easiest thing to do.

3.7.4 Whilst recognising these risks we do though need to ensure that we are acting ethically and that there is some degree of continuity as we move to a new way of working, for example in supporting obese and severely obese children identified through the NCMP process and looking at how we can ameliorate other areas of risk through transitional arrangements.

3.7.6 As such we will be looking to commission additional support through summer programmes and other activities whilst we get the redesign work going and from the early autumn we will be working with partners and the provider to ensure that new healthy weight interventions are being provided & tested for key priority groups.

3.7.8 The longer-term challenge as we move to multiple population level preventative interventions is providing something meaningful to people currently living with obesity. The key point is that prevention through acting on food and PA environments

ALSO supports people who already have obesity. 'Obesity is not a dichotomous yes/no problem – it's about changes in risk profiles.'[7]

3.8 Conclusion

3.8.1 We know that tackling obesity requires a sustained and integrated portfolio of preventative measures to address the obesogenic environment and social norms so that healthy behaviours become easier for all.

3.8.2 We also know that multiple small changes in large numbers of people can have a large impact at population level and we know that these need to be delivered across a whole system not just through individual programmes.

3.8.3 We know though that this is not a straightforward change, and it will be difficult to achieve but as we develop a new much more localised approach to delivering help, advice and support to our communities it is the right change to make at the right time.

4. Consultation

4.1 The proposals regarding Healthy Lifestyles services (inc. weight management) have been discussed & reviewed through relevant Council bodies & forums, including portfolio holders and directors, as well as at a cabinet away day.

5. Financial Implications

Implications completed by: Sharon Ring – Finance Business Partner

5.1 Under the new strategic approach to healthy weight the Healthy Lifestyle Development model will be funded from £480,000 Public Health Grant.

6. Legal Implications

Implications completed by: Dr. Paul Feild, Senior Lawyer, Law and Governance

6.1 There is a legal requirement under section 21 of the Local Government Act 2000 for councils which establish executive governance (this includes leader and cabinet, our model) to establish scrutiny and overview committees.

6.2 The Heath Scrutiny Committee has specific responsibilities with regard to health functions in the borough. Such Health Scrutiny Committees shall carry out health scrutiny in accordance with Section 244 (and Regulations under that section) of the National Health Services Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007 relating to local health service matters. The Health Scrutiny Committee in its work has all the powers of an Overview and Scrutiny Committee as set out in section 9F of the Local Government Act 2000, Local Government and Public Involvement in Health Act 2007 and Social Care Act 2001 (including associated Regulations and Guidance).

6.3 The Health and Social Care Act (2012) conferred the responsibility for health improvement to local authorities. In addition, as a best value authority under the

[7] Greg Fell – ADPH Director

Local Government Act 1999 there is a duty on the Council to secure continuous improvement. The Health and Well-Being Board terms of reference establish its function to ensure that the providers of health and social care services work in their delivery in an integrated manner.

6.4 The body of the report indicates obesity in the borough is a major public health concern. As the quantitative evidence demonstrates, the scale and prevalence in the borough is significant and without intervention leads to young people and in due course through adulthood having over their lifetimes serious but avoidable poor health outcomes. A new strategy which looks to the health needs of the population as a whole is a proposed means of addressing a severe health and well-being crisis. The recommendations for action proposed in this report are consistent with the Health and Wellbeing Boards responsibly to promote the health and Well Being Strategy.

7. Other Implications

7.1 **Risk Management –** A risk assessment is included as an Appendix

7.2 **Contractual Issues –** As part of the new strategic approach set out in this report the council is proposing to commission a provider to work with communities, networks and partners in the borough, using their expertise in engagement and their experience of developing innovative healthy weight initiatives. The specification is currently being developed and procurement & contracting will be v

7.3 **Staffing Issues –** staffing issues relating to the current service have been dealt with through a separate report to LBBD Workforce Board & subsequent staff consultation.

7.4 **Corporate Policy and Equality Impact -** The proposals link to the Joint Health and Wellbeing Strategy, specifically the priority to 'live well'. The recommendations seek to increase LBBD's capacity and capability to improve outcomes for residents in relation to healthy weight. The equality impact statement refers to protected characteristics in relation to staff. There are no expected implications in relation to residents, instead the new model is expected to be more culturally appropriate, so intended to improve outcomes across protected characteristics.

An EQIA screening tool has been completed and submitted & it has been confirmed that a full assessment is not required at this time but may be at the time of procurement

7.5 **Health Issues -** As the strategic case above sets out, the recommendations seek to improve LBBD's capacity and capability to increase healthy behaviours and lifestyles of all residents. The recommendations are expected to achieve a positive impact on our communities.

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

List of appendices:

Appendix A - Risk Assessment

This page is intentionally left blank

Healthy Weight Services redesign - Risk Profile

Risk	Likelihood of the risk occurring	Impact if the risk occurs	Severity	Mitigation	Contingent/transition action
Lack of confidence of health, education and other professionals in ability of alternatives to structured programmes to address unhealthy weight leading to failure to identify/refer CYP / adults living with obesity	Medium – there is a risk that professionals will not recognise a less tangible 'deconstructed' healthy weight programme – i.e. activities & interventions happening in different places at different times through different groups across the borough as being effective	High	Medium	Deliver child & adult healthy weight pathways that professionals can have confidence in. Deliver training to all professionals & deliver evidence-based healthy weight training to early-years settings (children and family hubs) Make greater use of social prescribers to act as intermediaries/ facilitators linking patients to help, advice and local support	The primary risk is during the transition as new support is being developed - so need to capitalise on support resources that are there now & have a Healthy Weight Directory in place as a priority action (that can then be built on)
Lack of confidence in general population in ability of alternatives to structured programmes to address unhealthy weight leading to failure to seek support	Low – evidence indicates low visibility/recognition of current services so change in provision unlikely to impact on numbers seeking support due to lack of confidence in alternatives	Low – numbers are very low so overall population impact will be low although individual impact will be higher	Low	The new approach is aimed at breaking down current barriers, introducing small manageable changes, using trusted voices and raising visibility of healthy weight support through developing a professional communications strategy for residents	Clear & immediate communications to residents about what we are doing & why with relatable examples of how the change will benefit them - a key message is that individuals, communities and organisations will all be part of making these changes - No 'doing to'
Increase in population obesity rates as a result of removing structured weight management programmes	Low - Any increase in population obesity rates will not be due to a reduction in individual weight management programmes. The impact of these programmes on overall rates has been repeatedly evaluated as miniscule.	Low	Low	There is no short-term mitigation as overweight & obesity levels have been on an upward trend for decades & it is very unlikely that there will be any immediate drop off in rates through changing our approach. Impact will need to be measured over the next 10 years. A good evalution methodology needs to be created and properly resourced so that changes can be evidenced	None
Safeguarding / neglect risk – if no services for the GP / NCMP Team to refer obese children to.	Medium - determining the level of actual risk rather than perceived risk is difficult as there is a lack of evidence as to the impact that referring children with severe obesity to existing child weight management programmes has.	High	Low	There will be a focus on working with partners and the provider to ensure that new healthy weight interventions are being provided & tested for key priority groups as quickly as possible. (Acknowledging this may take some time to set up and build up and not be available until the early autumn) For very severe CYP obesity leading to other health complications we would 'Complications of Excess Weight Service' to pick up	During the transition period we will ensure additional commissioned service is in place to support parents and the statutory child weight management programme, this could include bolstering summer activity programmes and strengthening the NCMP team through additional, specific short term nutrition & activity roles if required. Pilot a supported offer in selected schools in the borough
Reputational Risk - in removing traditional structured programmes it may be perceived that we are abandoning people to live with unhealthy weight in a borough with one of the highest obesity rates in London	Medium - but could be high if messaging unclear and all partners are not in agreement with the new approach	High	Medium	We know the best way to lose weight is slowly, by making achievable changes to eating and physical activity habits. Managing weight is a life-long commitment – not just following a healthy weight programme for a few weeks so we need to convey that message effectively and convincingly. This is critical	An immediate comms strategy explaining the changes and reasons for them

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE

27th March 2024

Title: Changes to Health Scrutiny Commitees	
Report of the Director of Public Health	
Open Report	**For Information**
Wards Affected: None	**Key Decision:** No
Report Author: Ayesha Malik, National Management Trainee	**Contact Details:** Tel: 020 4549 5964 E-mail: ayesha.malik@lbbd.gov.uk
Accountable Strategic Leadership Director: Matthew Cole, Director of Public Health	

Summary

This report outlines the recent changes to legislation, notably the role of Health Scrutiny Committees (HSCs) in relation to health reconfigurations, which came into effect from 31 January 2024.

Recommendation(s)

The Health Scrutiny Committee is asked to note the report.

Reason(s)

Legislation changes in relation to the Health Scrutiny Committee came into force on 31 January 2024.

1. Introduction and Background

1.1 On 31 January 2024, new powers came into force allowing the Secretary of State for Health and Social Care to intervene in proposals for changes to local NHS services.

1.2 These reforms update a process, whereby powers previously held exclusively by Health Scrutiny Committees (HSCs) to refer proposed reconfigurations to the Secretary of State are replaced with a call-in request process open to anyone. The changes also mean that the Secretary of State may act proactively without a HSC referral or call-in request.

2. Changes to Health Scrutiny Committees

2.1 The most significant change highlights the power of the Secretary of State for Health and Social Care to intervene in proposals regarding changes, or, reconfigurations, to local NHS services in comparison to the exclusive power of

HSCs to refer proposed reconfigurations to the Secretary of State previously. A call-in request process is now available for use, without a HSC referral or call-in request, following on from contributions to the Health and Care Act 2022.

2.2 Although the Secretary of State may call-in and make a decision which impacts a reconfiguration proposal, such powers shall be used for complex cases which create a significant cause for public concern.

2.3 As such, HSCs will continue to hold powers in respect of 'responsible persons' including NHS commissioners and providers within a local area. Local Authorities (LAs) therefore, may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, but must invite interested parties to provide comment on such matters, whilst taking into consideration any information provided by the local Healthwatch. Reports and recommendations may be devised by the local authority to a 'responsible person' on any of the scrutinised matters; should a response from the 'responsible person' be required, a time period of 28 days is given.

2.4 The role of the 'responsible person' is to consult local authorities on 'substantial developments' or 'substantial variations' in health services, alongside providing them with the necessary information to discharge relevant functions. A representative of the local authority, including any member or employee of the 'responsible person', may be required to answer questions before the authority.

2.5 Furthermore, Regulation 28 states that local authorities "may" arrange for their relevant functions to be discharged by an OSC, or under certain circumstances, by the OSC of another council.

2.6 Under the new arrangements, HSCs will also be consulted where the Secretary of State has decided to 'call in' a proposal for reconfiguration. The referral process and the new call-in process began from 31 January 2024.

2.7 Regarding exemptions to the duty on NHS commissioners to notify the Department for Health and Social Care (DHSC) of substantial variations in the case of urgency, proposals for substantial variation must be notified to DHSC, where statutory consultation is required to be carried out. However, there are arrangements in place for commissioners to make urgent temporary reconfigurations of services in relation to circumstances affecting patient safety, for example. In such circumstances, a commissioner is required to notify (but not consult) the HSC of any changes but does not need to notify the DHSC. These temporary changes are expected to have clear plans for reverting changes or moving to permanent reconfiguration in due course. There are currently no timescales for 'temporary' changes.

2.8 Regarding changes that are subject to call-in, it is highlighted that any proposal for change may be subject to call-in, whether they are notifiable or not. Although there is no specific definition of 'proposal' in legislation or guidance, the guidelines for determining a proposal remain unchanged. There is still an internal and external assurance process which allows for a transition from an 'outline proposal' to a proposal that is ready to be formally presented. It is therefore assumed that a 'proposal' will be classed as one subject to call-in under the Act and Regulations.

2.9 There is, however, a general obligation for commissioners to provide information which is necessary for the Secretary of State to fulfil their new functions, which could be used to support an intervention for a non-substantial proposal if necessary.

2.10 Call in requests can also be made about any proposal, and do not require a specific timeframe for the request to be made, given that local attempts to resolve the issue have been exhausted. It is expected that NHS commissioners will involve HSCs early on in the process for major changes.

2.11 The above changes to HSCs may be communicated to the public to bring about local awareness through partners such as the local Healthwatch to support this. This would be particularly beneficial for campaigning and advocacy groups who may not be aware of such changes against the 2013 arrangements.

2.12 By retaining many of the previous arrangements for local health scrutiny of NHS reconfigurations, these changes facilitate an ongoing dialogue on NHS service changes and the HSC-NHS relationship. Expectations for HSCs to liaise with commissioners remain in place, though where local resolution is not possible, engaging with the Secretary of State via the call-in request process is in place.

2.13 Following an active monitoring of the new arrangements, the DHSC will update the statutory guidance accordingly, a year after the new process comes into force. Although JOSCs may be established on a statutory and non-statutory basis, the new arrangements do not currently impact JOSCs, although it is likely that ICSs will make proposals for change in the future.

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

List of appendices: None

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE

27 March 2024

Title: Review of the Shadow Governance Partnership Arrangements	
Report of the Chief Executive of London Borough or Barking and Dagenham	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Sarah Carter, Head of Borough Partnerships	**Contact Details:** Tel: E-mail: Sarah.Carter@lbbd.gov.uk
Accountable Director: Fiona Russell Director for Care, Community and Health Integration and Sharon Morrow Director of Partnerships and Integration	
Accountable Strategic Leadership Director: Elaine Allegretti, Strategic Director of Children's and Adults'	

Summary

This report provides an update on the shadow governance arrangements for the Barking and Dagenham Place-based Partnership. The ICB Sub Committee and the Health and Wellbeing Board have sat in tandem as the Committees in Common since 1 July 2023.

It was agreed at HSC that an update on these shadow arrangements would be brought to the Committee after six months to review progress in the evolution of the new arrangements and note any improvements or issues evident at this time.

This report asks the HSC to note that there is evidence the new arrangements are helping to develop more collaborative ways of working, have reduced duplication and enabled the development a shared understanding of the issues faced by residents and communities within Barking and Dagenham.

There is more needed to ensure the governance is working effectively and a few areas have been highlighted as having potential for further development.

Recommendation(s)

The Committee is recommended to note that the shadow arrangements are continuing to evolve and that these are currently seen by partner members of the ICB Sub Committee and the Health and Wellbeing Board as the most suitable governance structure to move forward their aims and objectives respectively and collectively as the Barking and Dagenham Place-based partnership.

Reason(s)

This report is for noting and allows the Committee to put questions to the officer presenting the report.

1. Introduction and Background

Introduction

1.1 This report provides an update on the new shadow governance arrangements currently in place for the Barking and Dagenham Place based Partnership.

1.2 The proposal to set up Committees in Common (CiC) was considered by the Executive Group Committee and subsequently approved by both the Health and Wellbeing Board and ICB Sub Committee at the Health and Wellbeing Board meeting on 14 March 2023. Transition to the new arrangements took place on 1 July 2023.

1.3 To date there have been three formal CiC meetings, where the ICB Sub-committee and HWB are held in tandem, and two informal development sessions which focus on particular topics of relevance to the Partnership.

1.4 The rationale for the move to the Committees in Common arrangements was to bring closer alignment of the HWB and the ICB sub-committee. More specifically, the new arrangements were intended to streamline governance arrangements; speed up decision making, improve alignment of actions on priorities and, in so doing, improve services through greater collaboration and reduction in duplication.

1.5 A report detailing the shadow arrangements of the Committees in Common was brought to this Committee on 14th November 2022 and it was agreed that the matter be brought back before this Committee after 6 months to review progress and note any improvements or benefits as a result of the new arrangements.

Background

1.4 Prior to transition to the new governance arrangements, colleagues across the Integrated Care System (ICS) undertook a piece of work in advance of the establishment of the Integrated Care Board (ICB) on 1st July 2022 to determine the form and governance of the seven place-based partnerships in North East London. The intention for place governance in year one was to make use of the new flexibilities in the legislation to establish a governance mechanism that would enable:

a. more formal integrated ways of working across the ICS partnership; and
b. the lawful and efficient delegation of functions based on the principles of subsidiarity.

1.5 There were a number of governance options to support place-based working set out in policy which accompanied the Heath and Care Bill, and the ICS already had a history of working in an integrated way through the BHR Integrated Care Partnership Board and the CCG Area Committee.

1.6 The Committees in Common were established in June 2023, following agreement of the B&D Partnership to formally bring together the B&D ICB sub-committee and Health and Wellbeing Board together under a single governance structure. The aim was to get closer alignment of the HWBB and Place ICB sub-committee to:

- Streamline governance arrangements
- Speed up decision making
- Improve alignment of actions on priority areas
- Reduce duplication of work

1.7 Formal decision making takes place through the HWBB and ICB sub-committee, with a number of representatives who are voting members on both committees. The Health and Wellbeing Board now includes a member from Barts Health as well as BHRUT.

1.8 As part of the move to the new Shadow arrangements, the B&D Partnership Board was dissolved and members who were formerly on the Partnership Board were invited to join the HWBB as non-voting members. This enabled the wider partnership to continue to attend meetings and input into strategy development and the oversight of joint programmes of work.

1.9 At the Partnership Board meeting in May 2023, ways of working were discussed and how we make the Committees in Common the place 'where we do business' was considered. It was agreed that formal meetings would happen every 2 months and a development session held in the months in between formal meetings. Both formal CiCs and informal Development sessions are two hours long.

1.11 Since the Committees in Common formed in June 2023, there have been 4 meetings of the Committees and 3 development sessions.

1.12 It was important to ensure that the governance arrangements enabled an "evolutionary" approach where Places could take on increasing responsibility for aspects of the ICB's work over time, and of other partners' work as national policy around health and social care integration develops. A guiding principle recommended by the principal guidance[1] on the establishment of Place Based Partnerships was to 'build by doing.'

1.13 Following legal advice from Browne Jacobson, and discussion at the Barking and Dagenham Delivery Group it was agreed that the preferred option from 1 July 2022 would be to establish the ICB Sub-Committee, to work in tandem with the Barking and Dagenham Partnership Board, thereby forming the Barking & Dagenham Place Based Partnership.

1.6 The HWB continues to be a statutory requirement and a committee of the Local Authority, and its core statutory membership is largely unchanged under the new Integrated Care System arrangements (other than the addition of an ICB representative replacing the CCG representative). HWBs continue to have the flexibility to have a broad membership.

1.7 In line with statutory requirements for HWBs, the CiC is held as a public meeting and adheres to all requirements as such. The meeting is held in person in the Council Chambers at Barking Town Hall.

2. Evolution of Committees in Common

2.1 In the May 2023, Partnership meeting it was discussed how to do business moving forward. Three areas were discussed:

- Supporting healthy debate

- Creating a recognisable profile for the Committees in Common
- Ensuring transparency

2.2 It was agreed that a healthy debate in a larger group that enables all views to be heard and considered fairly would be best supported by:

- Providing information in advance of meetings to inform conversations and decisions. Since then we have reviewed the flightpath of meetings to better align flow of papers for delivery groups, executive committee and CiC.
- Set up development sessions to enable more in-depth discussion on key themes. There have been three such sessions covering topics such as localities working, partnership planning priorities and access and engagement.
- Set an expectation around behaviours - disciplined behaviours of all participants to add to the forward plan and to prepare for meetings effectively; excellent chairing
- Doing the detailed work in sub-groups, with sub-groups clear on their work programme
-

2.3 It was also agreed that it is important to ensure that the CiC was a transparent and meaningful entity for residents and staff in B&D and this would be best achieved by:

- Creating a strong identity for the CiC that is then backed up in how we organise and deliver our services
- Communicating to residents that we are seen as 'Place'
- Championing resources coming from other areas into Barking and Dagenham
- Ensuring there is good data as this helps with transparency

2.3 Hybrid meetings were trialled but were found not to be feasible and so it was agreed that the meeting would be held in both in person and in public, broadcast using the facilities at Barking Town Hall.

2.4 The most recent development session, held 29th February 2024, was in part dedicated to taking stock of how the CiC arrangements are working for partners. Partners were asked to comment on what was working well and what needed improving.

3. Review of Committees in Common

3.1 When being asked to consider what had gone well with the new arrangements, partners felt that the transition to the new arrangements had occurred swiftly and smoothly, that the Committees in Common have benefitted from a consistent membership and has provided a useful space to hold discursive discussion, enabling healthy debate and appropriate challenge.

3.2 The meetings were also valued for enabling the sharing of real insights and helping to develop a shared understanding of community needs and challenges, with discussion underpinned by data. Other noteworthy positives were that all partners were fully participating in the discussion and the agenda often supported a helpful "deep dive" into particular topics. The new arrangements were described as having been successful in reducing duplication, simplifying decision making and enabling challenging conversations whilst retaining a good atmosphere.

3.3 The following areas were highlighted as requiring further consideration:

- Agenda setting and specifically ensuring the agenda was balanced between each of the Committees' business, as well as considering how to develop more joint agenda setting processes
- A more systematic approach to following up actions
- Greater clarity on delegation and ensuring the right items are being brought to the appropriate meeting and not duplicated
- Consideration of whether the Committees in Common should have more oversight of quality
- It was acknowledged there is a tension between using the two-hour meeting for doing business and allowing time for much valued discursive discussion, so consideration of how to ensure 'business' decisions are given sufficient time without compromising the valued system discussions.

3.4 The next steps are to consider:

- Implementing standards items including resident voice – an opportunity to hear the experiences of a resident and what has worked or not worked for them
- Agree frequency of standard items such as Finance, Performance and Risk.How quality will be managed and whether this is the responsibility of the CiC or whether a sub-group should be set up to consider this.
- How to balance 'doing business' with in-depth discussions without creating too many additional meetings

Public Background Papers Used in the Preparation of the Report:

- None

List of appendices:

- None

This page is intentionally left blank

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

Tuesday, 16 January 2024
(5:00 - 6:59 pm)

Members Present: Cllr Maureen Worby (Chair), Charlotte Pomery (Deputy Chair), Elaine Allegretti, Pooja Barot, Matthew Cole, Tom Ellis, Cllr Syed Ghani, Jenny Hadgraft, Dr Ramneek Hara, Cllr Jane Jones, Cllr Elizabeth Kangethe, Sharon Morrow, Elspeth Paisley, Dr Kanika Rai, Dr Shanika Sharma, Nathan Singleton, Fiona Taylor, Sunil Thakker and Melody Williams

Invited Guests, Officers and Others Present: Christine Brand, Fiona Russell, Debbie Harris, Alan Dawson, Susanne Knoerr, Brid Johnson and Kelvin Hankins

Apologies: Ann Hepworth, Dr Uzma Haque, Dr Jason John, Dalveer Johal, Andrea St. Croix and Narinder Dail

30. Declaration of Members' Interests

There were no declarations of interest.

31. Minutes (7 November 2023)

The minutes of the Health and Wellbeing Board and ICB Sub-Committee meeting held on 7 November 2023 were confirmed as correct.

The Chair reiterated the request made at the last meeting for the London Ambulance Service to present a detailed report to the next meeting on the challenges that it faced and the impact on response times across the Borough, to facilitate a discussion on mitigation measures.

32. Barking and Dagenham Winter Planning Update

Kelvin Hankins, Deputy Director and Lead for Ageing Well, Barking and Dagenham Place Team, NEL ICB, presented an update on the progress made in the mobilisation of this year's winter planning arrangements.

Mr Hankins referred to the pressures on health care services that typically arose over the winter period and the unique problems caused during the coldest periods. Those unique pressures were being experienced at the moment and were compounded by ongoing industrial action. Despite that, there had been progress in several areas compared to national standards and he referred, as an example, to the four-hour national standard between patients attending emergency services and being seen. Both King George's Hospital (KGH) and Queen's Hospital (QH) experienced dramatic improvement and were almost at the national revised standard (post-Covid) of 76%. Significant improvement had also been experienced at the Borough's Urgent Treatment Centres (UTC), with the Barking UTC reporting a 95% achievement level.

Regarding the London Ambulance Service (LAS), Category 2 response times for the North East London area had improved to 43 minutes, although it was acknowledged that further work was necessary to continue positive progress. Schemes such as REACH, whereby LAS crews were able to contact a central coordination of consultants and senior clinicians to discuss patient management, were also helping to reduce the number of patients needing to be taken to hospital.

The Winter Plan actions and priorities were also discussed. There were no significant risks detected, and it was highlighted that UTC or non-emergency, NHS 111 services patients could attend any available winter hubs for support. However, there was no national funding for respiratory hubs, and winter hubs were introduced through other funding. Other aspects that were highlighted included the availability of additional funding to launch a reablement service in the Borough, and the winter communications and engagement plan going live in November, which had been received well by residents.

Councillor Worby expressed the need for more concise, easy-to-understand communications on the free services available for the public, particularly for the elderly population, and referred to the 'risk of falling' discussions and mitigation steps. Reduced waiting times were positively received, but clarification was sought on the plans for continual improvement in the context of a growing population in the Borough. Mr Hankins advised that the ICB sustainability case model considered the increasing rate of population and their needs, especially for complex patients in primary care which was highlighted by Dr Shanika Sharma. Further, the handover from ambulance services was currently 30 to 45 minutes within the Borough against the 15-minute national standard; although this had improved, Members requested for continual work to meet the national standard.

Reference was also made to some local residents choosing to attend the Emergency Department at Newham Hospital or even the Royal London Hospital (RLH) instead of KGH or QH, could be down to perceived shorter wait times and/or better accessibility via public transport on the Elizabeth Line. Mr Hankins clarified the usage of NH and RLH and advised that most local residents continued to use KGH and QH.

With regard to follow-ups and referrals into specialist hospital departments, Dr Kanika Rai commented that inpatients at RLH and NH were, in general, automatically booked into the specialist outpatients clinic, whilst that was not typically the case within the BHRUT area. As that may be a reason for many patients moving around the system, it was suggested that the issue be factored into the modelling work, to help reduce health inequalities and encourage patients to stay within the Borough for health care.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the report.

33. NEL Joint Forward Plan Refresh 2024/25

Sharon Morrow, Director of Partnership, Impact and Delivery (DPID), NHS NEL, presented a report on the NEL Joint Forward Plan Refresh (JFPR) 2024/25, as of December 2023.

The first draft JFPR, which included a Barking and Dagenham Local Plan (BDLP),

was appended to the report and Ms Morrow advised that it would be continually updated to reflect, for example, the discussions at the workshop held in December where portfolio leads shared their draft system programme plans, identified health inequalities and gaps, areas of duplication or synergy, and interdependencies. It was also noted that the annual NHS Planning Guidance which impacted on JFPRs had been delayed until late January, although many of the priorities set out in the 2023/24 guidance were expected to remain, and ICBs were also required to produce a Capital Plan before April, in line with new national guidance.

The draft JFPR, and its BDLP, shared common priorities with the Joint Health and Wellbeing Strategy. A planning group would be taking the issues forward, identifying key priorities which would best improve health outcomes and have a real impact within the limited resources available. Prevention would also be a key aspect.

Members discussed the draft JFPR and raised a number of issues, including:

- The recent discussions at the wider Integrated Care Partnership where it was agreed to re-prioritise the three priorities, with schemes and projects that brought about levelling-up ranking above easing the financial difficulties;
- Not getting bogged down in national requirements and priorities and ensuring that our JFPR reflected the local priorities;
- The need to challenge some of the data and commentary to ensure that it properly reflected what was being achieved within the finances, resources and facilities currently available;
- The need for new health care provision, including new buildings, to accommodate the rapidly increasing population in Barking and Dagenham;
- Learning from best practice across the health system;
- The critical importance of prevention and intervention;
- The work already underway to campaign and lobby for additional health care facilities and capital funding;
- The need to celebrate our achievements, such as GP pop-ups, close working between health services, social care providers and the Local Authority, GP services providing 30% more appointments and those referred to earlier in the meeting;
- The need to integrate the new ways of working into ‘business as usual’;
- Greater emphasis on workforce issues within Barking and Dagenham. It was noted that a Workforce Strategy was in development and details of initiatives already being progressed would be shared with Members.

Members were encouraged to share any further comments directly with Sharon Morrow and Charlotte Pomery.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the planning update and endorse the draft NEL Joint Forward Plan Refresh 2024/25, as set out at Appendix 1 to the report.

34. ICB Finance Overview - Month 7 2023/24

Sunil Thakker, Director of Finance, NHS NEL, presented an update on the overall financial positions on the NEL ICS and ICB at period 7 of the 2023/24 financial year, along with an update on the budgets delegated to Barking and Dagenham

Place.

Summaries of the financial performance of the ICB and ICS were provided, showing a period 7 position of an adverse variance to plan of £16.5m for the ICB as part of a £87.2m adverse variance for the ICS. Mr Thakker referred to the main drivers for the overspend and the mitigations being put in place to bring expenditure as close to budget as possible, as part of a formal recovery plan (FRP). The main risks identified across the system included inflation, non-deliver of efficiencies, ongoing industrial action, operational pressures, and lost income for providers which contributed to limited productivity and value for money services.

Mr Thakker advised that since the report had been written there had been improvements in the financial positions, although he stressed that ongoing addition costs arising from industrial action would negatively impact on the end-of-year position. Discussions were being held with NHS England regarding potential additional funding and Mr Thakker undertook to keep the CiC informed of developments.

Charlotte Pomery highlighted the value of having a medium-term financial plan and referred to the aspirations for more joined-up finance reporting across the health and local authority sectors.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the updated financial position for 2023/24, as detailed in Appendix 1 to the report.

35. Draft Annual Report of the Director of Public Health 2022/23

Matthew Cole, LBBD Director of Public Health, presented his draft Annual Report for 2022/23, which was intended to inform local people about the health of their community as well as providing necessary information for decision-makers in local health services and authorities on health gaps and priorities that needed addressing.

The Annual Report covered the legacy period of Covid-19 and highlighted its lasting impacts in areas such as life expectancy and healthy life expectancy determinants for Barking and Dagenham residents. The Borough had been disproportionately hit by the consequent economic difficulties and continued to struggle post-Covid due to significantly higher demand for health and social care services. All of those factors meant that health bodies and the Council faced many challenges which would inevitably affect performance levels and mean that very difficult decisions would need to be taken going forward.

Mr Cole referred to the connections between his report and other high-level documents such as the Borough Manifesto, the Council's Corporate Plan and the ICS Joint Local Forward Plan discussed earlier in the meeting. It was also acknowledged that the report would feed into the 2024 Joint Strategic Needs Assessment, which would be presented to the CiC later in the year.

Key messages within the Annual Report included:

- The need to exploit the opportunities within the Place-based Partnership and locality working to improve healthy life expectancy;
- The need to focus on increasing healthy life expectancy and addressing those

contributing factors which, in the short term, impacted on overall health, the ability to live independently in later life, and on the increasing demand on the local health and care system;
- What needed to be done to address the key contributing factors to health life expectancy for both men and women, i.e. addressing long term conditions, key behavioural risk factors and the wider determinants of health;
- Greater focus on actions that can affect short term change for adults but also those that span across the life course, as today's children would be tomorrow's adults and issues experienced in childhood often shaped the trajectory of an individual's health through to older age;
- Breaking down barriers that were causing health inequalities, especially amongst those groups who were considered to be 'hard to reach';
- An alignment of strategic plans and delivery plans, investment in programmes delivering the priorities and a reprioritisation of spending of the Public Health Grant;
- The impact of the Covid-19 pandemic on mental health and the important role of the place-based approach for early intervention to improve mental health and wellbeing;
- An emphasised on a 'health in all policies' approach to understand the role of health inequalities in driving community priorities, such as employment opportunities for residents; and
- The need to drive forward the vaccinations and immunisations programmes to reduce communicable diseases, especially amongst children and babies. On that point, the Chair asked those present to do all they could to promote the MMR jab across all age groups and it was suggested that bus stop advertising would be an effective means of advertising.

Ms Elspeth Paisley welcomed the focus on healthy life expectancy as a wider determinant of health and suggested that understanding how they were linked and having short and longer-term targets to aim for would be useful ways to assess progress and ensure accountability. Other observations made included:

- Recognising the role of communities as an asset in helping to deliver improvements and how it could be developed further;
- The issue of social isolation and 'loneliness' and high neurodiversity levels which impacted on healthy life expectancy and mental health, with a focus on keeping people in the community;
- Understanding who and why people are presenting themselves and having better pathways for referral to support the prevention and early intervention aims, with obesity and diabetes cited as examples,
- The excellent social prescribing set up in Barking and Dagenham;
- The impact that consistent health checks would have over the long-term in respect of improving health outcomes;
- The disparity between central funding received within Barking and Dagenham, which was lower than neighbouring boroughs.

Nathan Singleton also referred to a report recently completed by Healthwatch in relation to Education Health and Care Plans (EHCP) and the expected three-fold increase in cases by 2035, which highlighted the need for early intervention in that area.

Concluding the discussions, Councillor Worby referred to the work being

undertaken within the Council with regard to localities and how its various services could work in a more seamless way. Mr Cole also advised that a peer review on the local public health approach would take place in February 2024, led by the Local Government Authority (LGA).

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the Director of Public Health's draft Annual Report for 2022/23, as set out at Appendix A to the report.

36. Barking and Dagenham Partnership Risk Register

Sharon Morrow, Director of Partnership, Impact and Delivery, NEL ICB, introduced a report on the partnership risk register which captured the key risks to achieving the partnership strategic objectives.

The risks that had been identified in respect of partnership priorities for 2023/24 included:

- the capacity within management and clinical teams and the impact that may have on delivery;
- capacity in children and young peoples' therapy services to meet the increasing demand for children and young people with SEND;
- the current High Intensity Service across BHR was not adequately supporting Barking and Dagenham residents who met the criteria for the service; and
- the current model for proactive care did not meet best practice guidance and there was not a case-finding tool in place.

Ms Morrow confirmed that the risk register was continually monitored by the partnership delivery groups and would be regularly updated to reflect changes in circumstances and updated plans for 2024/25.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the current partnership risk register at Appendix 1 to the report.

37. Questions from the public

There were no additional questions from the public.

38. B&D GP Federation - CQC Inspection

Craig Nikolic, Chief Operating Officer, B&D GP Federation, was pleased to announce that following a recent inspection of the Federation, the Care Quality Commission (CQC) had been given an overall 'Good' rating, with an 'Outstanding' rating in recognition of how patients and residents of the Borough were listened to.

Colleagues congratulated the Federation and noted that the CQC was expected to publish the report shortly.

The Chair suggested that the Committees in Common would benefit from regular reports on the outcome of CQC inspections.

39. Procurement of Integrated Adult and Young People Substance Misuse (Drug and Alcohol) Services

(The Chair agreed that this report could be considered at the meeting under the provisions of Section 100B(4)(b) of the Local Government Act 1972 as a matter of urgency in order to avoid any delay in the procurement of substance misuse services.)

Matthew Cole introduced a report on proposals to procure an Integrated Substance Misuse Service under two contracts (Lot 1 - Adults and Lot 2 - Young People).

Mr Cole advised that the contracts would be for up to seven years commencing 31 March 2024, with a combined value of circa £2.5m per annum funded from core grant via the Office of Health Improvement and Disparities (OHID).

In view of the late publication of the report, CiC Members were invited to pass on any comments they may have on the proposals to Mr Cole after the meeting.

The Health and Wellbeing Board **resolved** to:

(i) Agree that the Council proceeds with the procurement of a contract for Adult and Young People's Integrated Substance Misuse (Drug and Alcohol) Services in accordance with the strategy set out in the report; and

(ii) Delegate authority to the Strategic Director, Children and Adults, in consultation with the Cabinet Member for Adult Social Care and Health Integration and the Head of Legal, to conduct the procurement and award and enter into the contracts and all other necessary or ancillary agreements, including extension periods, to fully implement and effect the proposals.

This page is intentionally left blank