Notice of Meeting

HEALTH & WELLBEING BOARD

Wednesday, 8 November 2017 - 6:00 pm
Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

Date of publication: 31 October 2017

Chris Naylor
Chief Executive

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Membership

Cllr Maureen Worby (Chair)	LBBD (Cabinet Member for Social Care and Health Integration)
Dr Waseem Mohi (Deputy Chair)	Barking & Dagenham Clinical Commissioning Group
Cllr Sade Bright	LBBD (Cabinet Member for Equalities and Cohesion)
Cllr Laila M. Butt	LBBD (Cabinet Member for Enforcement and Community Safety)
Cllr Evelyn Carpenter	LBBD (Cabinet Member for Educational Attainment and School Improvement)
Cllr Bill Turner	LBBD (Cabinet Member for Corporate Performance and Delivery)
Anne Bristow	LBBD (Strategic Director for Service Development and Integration and Deputy Chief Executive)
Matthew Cole	LBBD (Director of Public Health)
Nathan Singleton	Healthwatch Barking and Dagenham (Lifeline)
Dr Jagan John	Barking & Dagenham Clinical Commissioning Group
Conor Burke	Barking & Dagenham Clinical Commissioning Group
Bob Champion	North East London NHS Foundation Trust
Dr Nadeem Moghal	Barking Havering & Redbridge University NHS Hospitals Trust
Insp. John Cooze	Metropolitan Police
Ceri Jacob (Non-voting member)	NHS England London Region

AGENDA

1. Appointments

The Board is asked to note the following change to the Board's Membership.

Healthwatch
Frances Carroll has now been replaced by Nathan Singelton, Director of Families and Young People, Lifeline.

2. Apologies for Absence

3. Declaration of Members' Interests

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

4. Minutes - To confirm as correct the minutes of the meeting on 6 September 2017. (Pages 3 - 14)

BUSINESS ITEMS

5. The Mayor of London's Health Inequalities Strategy (Pages 15 - 25)

6. Diabetes Update Prevention and Care (Pages 27 - 35)

7. Annual Report of the Director of Public Health 2016-17 (Pages 37 - 39)

The appendix to this item is included in the 'Supporting Documents' pack.

8. Health and Wellbeing Outcomes Framework Performance Report - Quarter 1 & 2 (2017/18) (Pages 41 - 46)

The appendices to this item are included in the 'Supporting Documents' pack.

9. Better Care Fund (BCF) - Update (Pages 47 - 52)

The appendices to this item are included in the 'Supporting Documents' pack.

10. Sustainability and Transformation Plan Update and Partnership Agreement (Pages 53 - 58)

The appendices to this item are included in the 'Supporting Documents' pack.

STANDING ITEMS

11. Integrated Care Partnership Board - Update (Page 59)

The appendix to this item is included in the 'Supporting Documents' pack.

12. Development of the Health and Wellbeing Board Sub-Structure, including the new Children's Partnership. (Pages 61 - 65)

The appendices to this item are included in the ‘Supporting Documents’ pack.

13. Sub-Group Reports (Page 67)

The appendix to this item is included in the ‘Supporting Documents’ pack.

14. Chair's Report (Page 69)

The appendix to this item is included in the ‘Supporting Documents’ pack.

15. Forward Plan (Page 71)

The appendix to this item is included in the ‘Supporting Documents’ pack.

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

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

Private Business

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

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

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London Borough of Barking & Dagenham
lbbd.gov.uk

Our Vision for Barking and Dagenham

One borough; one community; London's growth opportunity

Our Priorities

Encouraging civic pride

- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

Enabling social responsibility

- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

Growing the borough

- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough's image to attract investment and business growth

Well run organisation

- A digital Council, with appropriate services delivered online
- Promote equalities in the workforce and community
- Implement a smarter working programme, making best use of accommodation and IT
- Allow Members and staff to work flexibly to support the community
- Continue to manage finances efficiently, looking for ways to make savings and generate income
- Be innovative in service delivery

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MINUTES OF
HEALTH AND WELLBEING BOARD

Wednesday, 6 September 2017
(6:00 - 8:28 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Cllr Sade Bright, Cllr Evelyn Carpenter, Cllr Bill Turner, Matthew Cole, Dr Mateen Jiwani, Mark Tyson, Melody Williams and Sharon Morrow

Also Present: Cllr Peter Chand, Cllr Adegboyega Oluwole and Ian Tompkins

Apologies: Anne Bristow, Conor Burke, Cllr Laila M. Butt, Bob Champion, John Cooze, Dr Jagan John and Dr Nadeem Moghal, Ian Winter and Brian Parrott

18. Changes in Board Membership

The Board noted that:

(i) Metropolitan Police
Superintendent Sean Wilson had been replaced by:
John Cooze, Partnership Inspector for Barking and Dagenham Area.

(ii) Guests Invited Under October 2014 Protocol
Sarah Baker had been replaced by:
Brian Parrott, Chair, Safeguarding Adults Board (SAB)
Ian Winter, Chair, Local Safeguarding Children Board (LSCB)

19. Declaration of Members' Interests

There were no declarations of interest.

20. Minutes - To confirm as correct the minutes of the meeting on 5 July 2017

The minutes of the meeting held on 5 July 2017 were confirmed as correct.

21. Cancer Prevention, Awareness and Early Detection Scrutiny Review 2016/17

Cllr Bright, Cabinet Member for Equalities and Cohesion, arrived during this item.

Cllr Chand, Lead Member of Health and Adult Services Select Committee, Sue Lloyd, LBBD Consultant in Public Health and Kate Kavanagh, Cancer Commissioning Manager, NEL CSU, jointly presented the report. Cllr Chand explained that the review had been undertaken as a result of the late diagnosis and below average survival rates that appeared to be occurring in the Borough. Those higher than average rates seemed to have a direct correlation to residents' lifestyle choices, individuals not going for diagnosis checks, not being aware of signs and symptoms that may indicate a health issue and not then getting those signs further investigated by their GPs. This subsequently resulted in people not getting an early diagnosis and treatment and then needing more radical interventions. Prevention was also important to prognosis the incidence of cancer occurring in the long-term.

Sue Lloyd and Kate Kavanagh reminded the Board that four out of ten deaths from cancer are avoidable, and as part of their presentation they also drew attention to a number of issues including, the local incidence and survival rates locally against England averages, the prevention agenda, the Cancer Taskforce Strategy priorities and ambitions, methodologies, consultations with residents, healthy lifestyle programmes, improving pathways to treatment, the health checks programme, targeting of hard to reach groups for example strategies for learning and disability carers to increase those groups uptake of screening, the need to improve the risk register of individuals, and the new breast screening unit in the Borough.

Cllr Carpenter, Cabinet Member for Educational Attainment and School Improvement, raised the issue of the healthy weight video, which when 'clicked' seemed to take the you to text and was concerned that the written word was not always the answer or best way to encourage individuals. Sue Lloyd and Kate Kavanagh agreed to look into the links on the website.

In response to a question from Cllr Carpenter, Dr Mohi advised that the specialist nurse was now in place to help GPs improve their practices and encourage screening take-up. Dr Mohi stressed that the Borough was the most improved London borough for screening checks uptake. Education sessions were also being undertaken by GPs to improve their clinical expertise in recognising signs and symptoms earlier.

The Chair drew attention to the 'www.newme.london' website as a good site to visit.

Melody Williams, NELFT, suggested that the Healthy Workplace Charter programme could be strengthened or extended to help larger and smaller employers encourage and engage their workforce in healthy lifestyles and screening.

In response to a question from Cllr Turner, Cabinet Member for Corporate Performance and Delivery, in relation to the 60 to 70 age range for bowel screening invitation, it was noted that those over 70 are not automatically screened and would need to opt-in and ask for a test. Kate Kavanagh agreed to look into the take-up rate for over 70s and would provide the details to Cllr Turner direct.

The Chair raised the methods of testing and that they might prove to be why people were reticent in participating, especially in some cultures, for example the three samples packet for bowel cancer screening. Kate advised that a single test option for bowel cancer screening had been piloted and would be rolled out soon.

Discussion was held regarding the screening and referral processes and the analysis undertaken on what the reasons were for non-attendees or non-participation. The Chair pointed out the significant increase in take-up rates since the mobile breast screening unit had been in the Town Centre, as opposed to the take-up rates when people had to go to King Georges Hospital. The Chair said that she felt that gave a clear indication that the service offer and people's wiliness to travel were clearly deciding factors.

The Board noted that BHRUT are achieving 98% of cancer patients being seen

within two weeks of referral and that the Trust were working on more rapid pathways to screening and treatment with GPs.

Dr Jiwani, BHRUT, drew attention to people attending A&E for opportunistic tests when at a late stage of symptoms of disease, rather than attending their GPs earlier. It was important to identify why this was occurring. Dr Jiwani also raised the issue of the terminology used in publicity and education programmes, an example was that in two of the most common non-English languages spoken locally the word 'lump' does not exist, so an understanding of looking for a 'lump' would not make any sense as a sign to see a GP about. In some cultures, faeces is seen as dirty and the tests could be seen as unacceptable thing to do. In order to increase the take-up of early diagnosis tests, perhaps the cultural acceptability of the various testing options needed to be considered when inviting individuals to participate. Kate Kavanagh advised that they were currently investigating diagnosis and visits to A&E to see if there was any learning from that data.

Matthew Cole, LBBD Director of Public Health, drew attention to the need to target more funding to prevention to reduce the need for treatments in the long-term. The Board discussed the need for payment mechanism to be more focussed on education and prevention at GP level and it was felt that there needed to be a mind-set shift in the next commissioning round.

Cllr Carpenter stressed the need for easily accessible, local services, of high quality.

Cllr Turner asked if a map showing the take-up of testing due to geographical accessibility could be included in future monitoring reports.

Cllr Chand commended the Review to the Board, drew particular attention to the 12 points set out in section 3 of the report and asked the Board to support the results of the Review and the Action Plan which was set out in Appendix A to the report.

The Board having discussed the Review:

(i) Accepted the Cancer Prevention, Awareness and Early Detection Scrutiny Review 2016/17 findings and report of the Health and Adult Services Select Committee, as set out in Appendix A to the report;

(ii) Accepted the Action Plan as set out in Appendix A to the report;

(iii) Agree to receive six-monthly progress reports on the delivery of the action plan; and

(iv) Suggested that that it would wish to see:

  (a) Other local employers being encouraged to take up the Healthy Workforce Programme, for example through the local Chamber of Commerce.

  (b) A higher percentage of funding being directed towards educating the public of signs and symptoms that need to be checked and why attending and participating in testing is vital.

(c) The language used in the publication materials and interactions with partnership staff to be looked at critically to ensure that they make sense to hard to reach communities and are culturally acceptable.

(d) The cultural acceptability of testing options is considered in order to increase the take-up of early diagnosis tests.

(e) The local provision for testing to be continued to encourage attendance and that the quality of those testing resource needs to be maintained to a high standard.

(d) Requested that a map of the Borough showing the take-up of testing due to geographical accessibility be included in future monitoring reports.

22. Tobacco Control Strategy: A Vision for Tobacco-Free Living

Dr Fiona Wright, Consultant in Public Health, presented the report and explained that tobacco was one of the most significant ill health contributors in the Borough and the effects of smoking impacts upon all sectors of the community and at all ages. The risks of smoking are well established and include heart and lung disease, cancers and asthma, ear infections in children and cot death in infants. Smoking is the major factor in health inequality and accounts for half the difference in life expectancy between the lowest and highest income groups. Smoking related illness is a significant resource drain on the NHS and it was estimated that each year in the Borough the cost to society was £52.8m. In addition to this was the costs associated with social care, workplace and school absenteeism, house fires, removal of cigarette butts from streets and the crime associated with counterfeit tobacco etc.

The new Strategy had been based upon an understanding of the local prevalence of smoking and the risk groups, and the local smoking prevention resources. The Strategy has been informed by the Joint Strategic Needs Assessment (JSNA) and key national, regional and local strategies and best practice guidance. A multi-agency workshop had also been held in June 2017.

The Board discussed several issues including, the three-pronged approach set out in the report, future action being concentrated on high risk groups, including shisha usage, illegal 'fake' tobacco, those with mental health or other addiction issues, staff training, review of smoking in public places and in smoking prevention. It was noted that it was also intended to refresh the Tobacco Control Alliance in order that Partners could be held accountable on the delivery of the Action Plan.

Cllr Turner asked why it had the word control rather than reduction in the title of the Strategy. It was noted that it was for consistence, including with national documents.

The Chair commended the Strategy for concentrating on the prevention of smoking by young people, rather than concentrating on hardened smokers where cessation success would be harder to achieve. The best health outcomes would be in stopping the habit starting, rather than stopping the habit later in life.

Discussion was held on the need for signs to be placed outside all health sites asking people not to stand in the entrances whilst smoking. It was agreed that all GP practices should be asked to have prominent signs at the entrance to their premises. BHRUT and NELFT were asked to reinforce the no smoking principle on their estate. Cllr Oluwole raised the issue of the practice of patients in wards being allowed to smoke. Melody Williams explained the rational for allowing detained mental health patients to be safely escorted outside to exercise their choice to smoke and the risks of not doing this.

Cllr Carpenter said that she had seen many reports with similar words over the years and wanted to know what would make a difference this time. The Chair advised that this rather than trying to get hardened long-term smokers to quit, there was a significant shift in resources to the prevention agenda and to target young people to stop them starting the smoking habit in the first place. Fiona advised that they would also be focusing on those that really need help and extra support when they decide to quit smoking, for example those with other addictions or mental illness.

The Board discussed the very brief advice (VBA) that could be given by health and other professionals to raise awareness and the time constraints of a GP meaning that they could not concentrate on smoking during a general patient consultation. Dr Mohi stressed that patients often have very complex needs and in his experience consultations rarely centre on smoking, but they can allow a VBA about healthy lifestyles like weight and smoking. Fiona explained that whilst every opportunity should be taken to subtly encourage change in habits, the VBA allows for more time to be spent to support those individuals when they indicate that they want to quit smoking, often because of an incident in their own lives that changes their own perception. The Chair commented that an individual who wishes to stop was more likely to succeed.

Cllr Chand drew attention to the increasing number of individuals using shisha pipes and risks that the tobacco and carbon monoxide from the burning charcoal causes and that there was a mistaken belief that shisha was safer in some sections of the community. The Chair advised that she had been told that the toxin levels in one day of shisha pipe use equates to 100 cigarettes and we needed to educate the community that shisha pipes are certainly not safe or a safer alternative to cigarettes.

Cllr Chand also raised the issue of vaping and the attraction of those to young people and pointed out that nobody really knows the long-term effect of using those or cigarette alternatives and the chemicals that they contain. Matthew Cole explained that currently the NICE guidelines state that the kitemarked / certified vaping cigarette alternatives are better than smoking tobacco and that vaping, along with patches etc, can be a useful tool in breaking tobacco smoking habits.

The Board:

(i) Approved the Tobacco Control Strategy and the key priorities identified, as set out at Appendix A to the report;

(ii) Agreed to receive a six-monthly progress reports on the implementation of the Tobacco Control Strategy;

(iii) Requested partners to actively engage in a refreshed Tobacco Control Alliance; and

(iv) Suggested that it would wish to see:

(a) All health sites and GP surgeries encouraged to have signs asking people to not smoke in the entrances and that partners discourage individuals from leaving hospital wards to smoke.

(b) The significantly higher risks of shisha pipe usage is highlighted, particularly in the communities where it has traditionally been used.

23. Better Care Fund: Update and Discussion

Mark Tyson, Commissioning Director Adults' Care and Support, advised that by Minute No. 6, 5 July 2017, the Board had given delegated authority for a response to be sent on 11 September 2017 and that the report in front of the Board was not seeking any decision but was purely to provide an update. Work had been undertaken on the Barking, Havering and Redbridge (BHR) Plan in association with commissioning partners and it reflected the shared ambition for progressing integration and service improvement across BHR. The work had been significantly borough based this year (Year 1) and had focused on aligning plans and governance. There would be a more integrated Plan across the three boroughs for the following years, with Year 2 seeing substantive integration through joint commissioning.

The report and its appendices set out in further detail the implication and planning requirements since the 5 July meeting of the Board. Mark drew specific attention to several issues including:

- Funding for the next two years
  The contributions from the Local Authority, new grant funding, the Disabled Facilities Grant allocations, CCG contributions resulting in a total BCF funding pot of £21,758,000 in 2017/18 and £24,236,000 in 2018/19.

- Governance
  It is expected that a new structure will be formed in 2018/19 to reflect the greater interdependence of the Plans and further reports will be presented on this issue in due course.

- Delayed Transfers
  Guidance from NHS England had placed a greater emphasis on delayed transfers (out of hospital). The Borough was out-performing the 45-day target and in the past year had achieved a 30-day average, which was one of the best performances across London.

- New grant measures, which were allowing more to be done in regard to mental health provision, , as well as allowing the Council to contain the cost of the previous year's £100/week increase in residential care fees.

- Equipment Purchase contract(s) that would allow easy item / service provision, which in turn would reduce delays in people being discharged from hospital.

- Support for carers in delivering care within an individual's home.

- Hospice transfer for both respite and end of life care.

- The effect on Localities and Intermediate Care provision

The Chair raised concerns that the Partnership appeared to be being penalised for doing well and that we should be setting the achievable average target of 45 days and if we do better that can be applauded. The partnership had worked together in setting-up the systems to achieve that good level of performance and those systems now need to be left to bed-in, but would continue to be monitored to ensure there was no downward performance drift. The Chair stressed that the Partnership needed to now concentrate on other pressing areas of performance improvement. Cllr Carpenter commented that we should determine the target and fight for an achievable target. Concern was also raised that too stretching targets could encourage risky or too early discharge resulting in rapid readmittance. It was noted that some negotiation might be necessary with NHS England.

Cllr Carpenter advised that all students at Barking and Dagenham College attend a mandatory course on mental health and wellbeing. This was aimed firstly at encouraging those that were not coping to seek help earlier and secondly in increasing awareness of the effects of mental ill health and even stress. This type of course could be expanded to other organisations.

Cllr Carpenter pointed out that there have been two reviews on dementia services and asked why the service needed to be reviewed again. Matthew Cole advised that those reviews had primarily centred on the services for the older, generally octogenarian plus, dementia patient, but it was now necessary to look at dementia services for an earlier age range. This provision and access to treatment review was being driven by several issues such as the improvement in clinical diagnosis levels, earlier in the condition, which had increased younger patient demand, and the changing healthcare landscape.

Sharon Morrow advised that new guidance was also expected imminently and that would probably result in a fresh look at the ways we can effectively deliver the improvement plan, including through commissioning, in the changing healthcare landscape.

Melody Williams advised that the NELFT Memory Services had received Memory Service National Accreditation Programme (MSNAP) accreditation from the Royal College of Psychiatrists' Combined Committee, which nationally recognised NELFT good practice.

Mark commented that further work would be needed to develop the coalition and also the direct payment provisions.

It was noted that plans were underway for World Mental Health Day and Mark would check that this links-up with the work and events at the College.

The Chair concluded the discussion by commenting that the Programme had been developed by the local health community and that the partnership working driven by the Board had benefited the residents. The Chair stressed that whilst the three

boroughs could come together, it must be recognised that the communities are distinctly different and flexibility has to be maintained to meet local needs.

The Board:

(i) Noted the contents of the report and the Plan summary;

(ii) Noted that work was ongoing in the development of funding mechanisms amongst the partners and the impact on direct payment;

(iii) Supported the continuance of the 45 days target for transfer to social care, subject to negotiations with NHS England; and

(iv) Noted that update reports would be presented in due course.

24. Stepping Up: A Narrative of Health and Social Care Integration in Barking and Dagenham

Mark Tyson, Commissioning Director Adults' Care and Support, introduced the report and explained that the report in July 2017 on the future direction of the Board had mentioned a narrative history of health and social care integration in the Borough. Sometimes it is useful to look back to see how you have developed as an entity and to put down a record of the learning gained along that journey. The report and its appendix provided a first attempt at that narrative and Partners were now being asked to contribute towards the document.

Matthew Cole said that he felt that some changes seem to be so imbedded that it can take years to change and there still needed to be a way to deal with organisational differences.

Sharron Morrow commented that it was important to write the history down and, more importantly, too learn from it. There had certainly been areas where there was no immediate accord because organisation see things from a different perspective. This exercise could help the process of further understanding each other's ethos.

The Chair welcomed the narrative and indicated that whilst there have been robust discussion on some issues, a strong, mature and open partnership had been achieved and that had enabled progress and positive change.

Mark also drew attention to the Policy Positions in section 5 of the report, which were set out in greater detail in part 3 of Appendix A.

The Board:

(i) Noted the contents of the report and welcomed the narrative history of health and social care integration in the Borough, as set out in detail in Appendix A to the report; and

(ii) Approved the policy positions detailed in part 3 of Appendix A to the report and agreed that the Board would adhere to those principles in relation to all future integration initiatives, in short that:

- Our focus is on Barking and Dagenham
- We are shaping our own destiny
- BHR is our major focus for cross-borough work
- Everything should strengthen localities, where feasible
- We are committed to integrated delivery
- Partnership can and should encompass robust challenge
- We want to strengthen democratic leadership of health
- We work at our own pace
- We will work sustainably
- Innovation is key

(iii) Noted that work was ongoing to deal with organisational differences and the need to have robust mechanisms to overcome any differences as they occur.

25. Response to the East London Health & Care Partnership's Consultation on Payment Mechanisms

Mark Tyson, Commissioning Director Adults' Care and Support,
Presented the report on the creation of the East London Health and Care Partnership (ELHCP), formerly referred to as the Sustainability and Transformation Plan Partnership (STP). The consultation had commenced in July 2017 on future payment mechanisms within the NHS and this had introduced the need for reform and key considerations, the details of which were contained in the appendices attached to the report. As a result, the deadline for response had now been extended to the 29 September 2017 to accommodate any further comments from local Board meetings. Mark advised that the proposals were still very general and were also consistent with the work on the Business Case for the Accountable Care Organisation at the end of 2016

With increasing pressures and reducing resources it is clear that things need to change to reduce the spiralling demands on the NHS, and in particularly the number of hospital admissions. To achieve those reductions in the medium and long-term, significant increases in funding and effort was now needed in prevention and healthy lifestyle education. Prevention needed to have a higher priority and come much higher up the funding agenda now however, it is difficult to ascertain or make a specific case on how much will be saved because early intervention could stop the need for acute care in 5 or 50 years in the future. There are no cost specifics at each stage of a patient's journey. Commissioning and funding streams need to incentivise both prevention and people being kept out of hospital. Discussions are ongoing with the ELHCP / STP.

Mark drew attention to the governance issues and it was noted that BHR response on Governance was still awaited. In response to a question from Cllr Turner, Mark explained that the report contained two separate issues, and apologised for any confusion and explained that Appendix B to E were to provide general updates.

Cllr Carpenter commented that one thing the report did provide was a reminder on how complex the new structures would be. Cllr Turner was concerned about preventing conflict of interests between commissioners and contractors. Mark was asked to produce a structure chart indicating who was on which part of the governance structure.

Further comment was made on payment mechanisms for the prevent activities and on the opportunity to think anew about how to contract services, when purchasing for broader service user outcomes, together with health commissioners. Work would also need to be undertaken to incentivise localities. The Chair indicated that there was clearly an opportunity to use joint commissioning as a lever for change and for service development that could possibly create a once in a generation step-change in local health outcomes.

The Chair advised that the discussions on elected representation on the ELHCP Board were still ongoing

Mark also drew the Board's attention to the need to explore the issues of data analysis and flows and the ongoing development of the local digital roadmap. Mark suggested that the ELHCP could play an important role in the refresh of the East London Information Sharing Agreement and also in resolving the problems of providing more integrated and responsive health and care system data and record management systems. The development of shared analytical capacity within BHR, rather than creating capacity at ELHCP level also needed to be considered further.

The local relevance and lack of detail in the plans were questioned. Ian Tomkins, Director of Communications & Engagement ELHCP, advised that the structures and reporting links are now becoming clearer and that they were currently in the first phase of strategy production. The current document was at the decision point for planning and aspiring aims for service delivery: what those means for local people will be on the ELHCP website soon. The Chair asked if timescales and achievement dates could be provided against the aims detailed in the current report in in order that the progress and overall picture could be seen. Ian advised that a complete document would be provided in due course. Ian was also asked to provide the links to the ELHCP web pages to Board Members.

Sharron Morrow offered to provide a report on some of the narratives and real action and progress that was being made in cross-borough initiatives.

The Board:

(i) Noted the consultation and the impact that future joint commissioning will have as a lever for change and on service development;

(ii) Suggested that:

(a) The Local / London Information Sharing Agreement is considered as a priority task for the ELHCP to deliver.

(b) A payment mechanism for prevention activity and service specific sharing needed to be put into place to improve outcomes and reduce resource demands;

(iii) Noted that a further report and document is being prepared by the ELHCP and this would be presented to the Board in due course.

In this regard the Board requested that specific timelines and achievement

dates should be stated against the aims detailed in the appendix attached to the current report.

(iv) Delegated authority to the Chair of the Board to approve the final response on behalf of the Board for submission by the deadline of 29 September 2017. Noted that the response would be a joint response with the LBBD Health and Adult Services Select Committee (HASSC).

26. Annual Safeguarding Reports 2016/17

The Chair advised that as the Safeguarding Chairs were unable to attend the meeting if there were any questions or challenges on the annual reports they should be passed to her and she would take the details back to the two new Chairs.

Matthew Cole advised that he was the Chair of the Child Death Oversight and Review Panel and a review of neo-natal deaths was being undertaken across the three boroughs and this would be reported to the Board in due course. It was noted that 75% of infant deaths were of black African origin. Matthew explained that most of the deaths occur in the first week of life and are the result of congenital defects that occur in first cousin consent, which appears to be increasing due to the shift in demographics. However, the total 27 deaths in a year does not provide sufficient statistical sampling to spotlight trends, therefore, incidence rates across the three boroughs and across London are used.

In response to a question from Cllr Bright, The Chair reminded the Board of the results of the Growth Commission and of the many other initiatives that were being undertaken. Improvement in health outcomes was not as fast as we would want but outcomes are dependent upon individuals' behaviour and to some extent changes in culture. The Chair would arrange for updates on the programme to be provided to Cllr Bright.

The Board:

(i) Noted the report of the Safeguarding Adults Board

(ii) Noted the report of the Safeguarding Children Board.

(iii) Noted that a review of neo-natal deaths is being undertaken across the three boroughs, the results of which would be reported to the Board in due course.

27. London Ambulance Service NHS Trust - Care Quality Commission (CQC) Inspection

The Board noted the report on the results of the London Ambulance Service (LAS) NHS Trust Care Quality Commission (CQC) Inspection this year, which had resulted in a rating of "needs improvement" and the LAS's intentions towards further improvement as set out in Appendix A to the report.

28. Update on the Work of the Integrated Care Partnership for Barking & Dagenham, Havering and Redbridge

The Board:

Noted the report, which included details of the:

- Integrated Care Partnership Board held on 28 June 2017.
- ACS Development Event Summary Output**.**

29. Sub-Group Reports

The Board noted that since its last meeting only the Mental Health Sub-Group had met. A workshop on suicide prevention had now been arranged with Havering and LBBD and will be held on 18 October 2017.

30. Chair's Report

The Board noted the Chair's report which included information relating to:

- Family Fun Day at Mayesbrook Park, which had been very successful with over 3,500 people attending.

- The Great Weight Debate Hackathon held on 6 June 2017 with the BAD Youth Forum.

- Older People's Day, 1 October 2017, and events being held during the following week.

31. Forward Plan

The Board noted the draft November 2017 edition of the Forward Plan and the 4 October deadline for changes.

HEALTH AND WELLBEING BOARD

08 November 2017

Title:	**Consultation on the Mayor's Health Inequalities Strategy (HIS)**
Report of the Director of Public Health	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision:**
Report Author: Dr Fiona Wright, Consultant in Public Health Medicine, lead author Abimbola Lucas, Health Improvements Advanced Practitioner	**Contact Details:** 020 8227 2867 fiona.wright@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham	

Summary:

This paper aims to

- Brief the Health and Wellbeing Board about the key elements of the Mayor's Health Inequalities Strategy (HIS).
- Inform the Board on the local public consultation process
- Give the Board the opportunity to reflect on the implications for Barking and Dagenham and inform the council's consultation response.

The Mayor of London's Health Inequalities Strategy has as its aim to reduce unfair inequalities across the city. It sets five strategic aims for reducing health inequalities in London between 2017 and 2027: healthy children; healthy minds; healthy places; healthy communities and healthy habits. These priorities form the basis of the Mayor's consultation that commenced on 23rd August.

Addressing health inequalities is a key ambition of our Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment. It is a statutory function of the Council, undertaken via the Health and Wellbeing Board. In addition, member organisations have legal duties to have regard to the need to reduce health inequalities under the Health and Social Care Act 2012 and all public-sector organisations have responsibilities to have due regard for advancing equality for protected groups under the Public Sector Equality Duty.

The Mayor of London is seeking feedback from Councils, the NHS, the education sector, community groups, businesses and other consultees until 30th November 2017.

This paper will be accompanied by an interactive presentation to give consultees the opportunity to discuss the Mayor's strategy in the context of Barking and Dagenham. Members are invited to comment on the strategy, share plans for reducing health inequalities locally and indicate what more the Mayor of London can do to support work to reduce health inequalities at a local level or across London. This will inform the final response(s) from the council, and potentially other member organisations.

Recommendation(s)

The Health and Wellbeing Board is asked to

- Endorse the five aims of the draft strategy
- Consider the implications of the Mayor's Health Inequalities Strategy for Barking and Dagenham and respond to the consultation questions
- Grant delegated authority to the Deputy Chief Executive & Strategic Director for Service Development and Integration to sign off a detailed consultation response on behalf of the Council in consultation with the Chair, Director of Law and Governance and the Director of Public Health.
- Encourage other member organisations to submit consultation responses
- Agree that the Mayor's final strategy will be reviewed to inform the refresh of the Barking and Dagenham Joint Health and Wellbeing Strategy in 2018

1. Introduction

1.1 The Mayor's Health Inequalities Strategy (HIS) consultation launched on 23 August 2017 for a period of just over 3 months to November 30th. The overarching aim of the strategy is to end the unfair inequalities in health that exist across the city whilst also improving the overall health of all Londoners.

1.2 Barking and Dagenham as a borough has some of the worst health and social indicators of all London boroughs[1]. A consultation response to this strategy offers us the opportunity to review our own approach to health inequalities, consider ways in which we may work with other London Boroughs and give feedback to the Mayor.

1.3 This paper outlines the key elements of the Mayors Health Inequalities strategy, considers these in the context of Barking and Dagenham: policy context, health and wellbeing issues and examples of our current programmes to address these issues. It also describes the Mayor's consultation process and how we have raised awareness of this locally. The paper will be accompanied by an interactive presentation that will allow Health and Wellbeing board members the opportunity to shape our local response to the strategy.

2. The Mayors Health Inequalities strategy

2.1 The length of time that Londoners can expect to live in good health varies widely across London. This is an unjust and preventable health inequality.

[1] Barking and Dagenham Joint Strategic Needs Assessment, 2016. http://www.lbbd.gov.uk accessed 08/09/2017

> "Health inequalities are systematic, avoidable and unfair differences in mental or physical health between groups of people. These differences affect how long people live in good health. They are mostly a result of differences in people's homes, education and childhood experiences, their environments, their jobs and employment prospects, their access to good public services and their habits."

2.2 The overarching aim of the Mayor's strategy is to reduce the differences in how long people live in good health across the city; whilst also improving this for the city as a whole. To achieve this aim, the consultation document has five key themes (Figure 1):

- **Healthy children:** every London child has a healthy start in life

  The Mayor of London's key ambition within this aim is to support development of a new health programme for London's early years settings.

- **Healthy minds:** all Londoners can share in a city with the best mental health in the world

  The Mayor of London's key ambition within this aim is to inspire more Londoners to have mental health first aid training.

- **Healthy places:** all Londoners benefit from a society, environment and economy that promotes good mental and physical health

  The Mayor of London's key ambition within this aim is to work towards London having the best air quality of any major global city

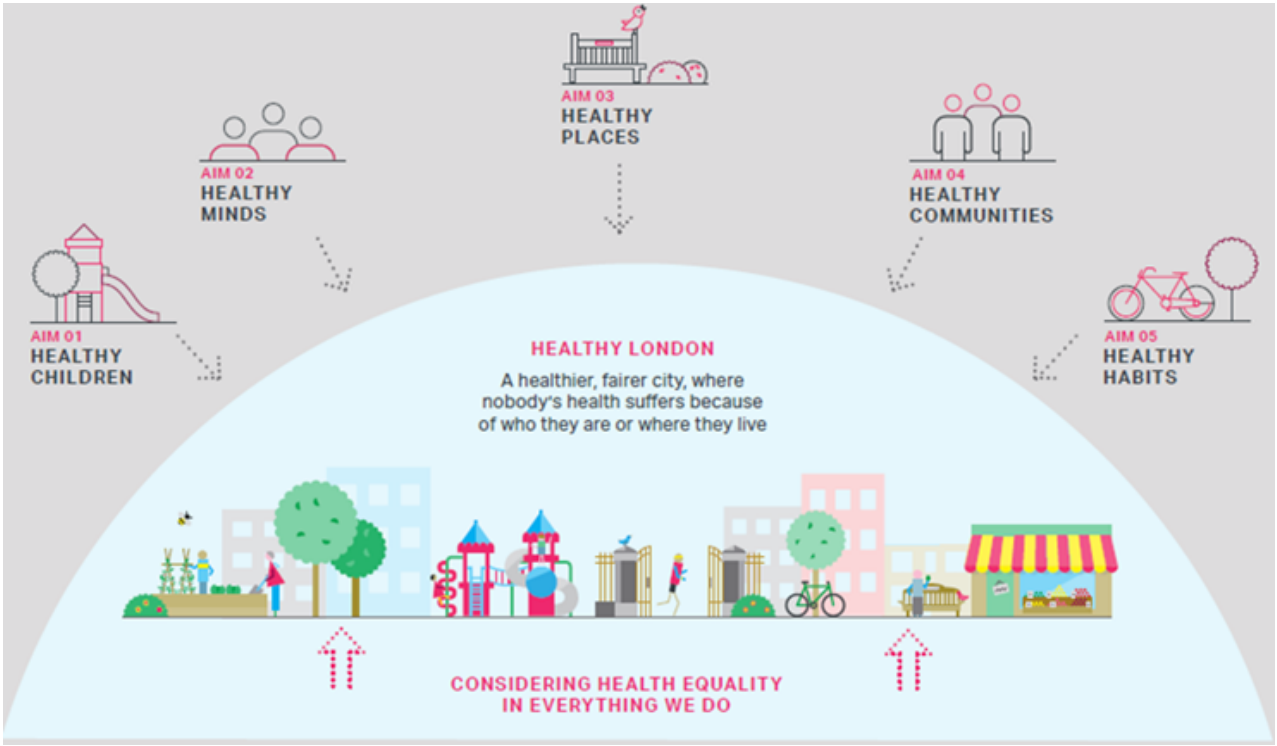
- **Healthy communities:** all of London's diverse communities are healthy and thriving.

  The Mayor of London's key ambition within this aim is to support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing.

- **Healthy habits:** the healthy choice is the easy choice for all Londoners

  The Mayor of London's key ambition within this aim is to work with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs with the highest and lowest rates of child obesity.

Figure 1: Overview of the Mayor's Health Inequalities Strategy (HIS)



2.3 The causes of and solutions to health inequalities are multiple and complex. They are mostly a result of differences the conditions in which people live, work and grow. The Mayor has major responsibilities and powers in these areas – for example in relation to housing and transport. In the light of this and the areas of influence of the Mayor, the HIS has been developed closely with other GLA strategies (environment, economic development, housing and transport for example) and key objectives relating to these are reflected in the theme on Healthy Places.

2.4 It is recognised that meeting the challenges set out in the strategy will require more than any one organisation can achieve in isolation. This Mayoral strategy therefore goes beyond the statutory duty of the Mayor. It seeks to provide an opportunity for London to combine offers to strengthen what we can do together to reduce health inequalities.

3. Implications for Barking and Dagenham

3.1 Reducing inequalities and improving the health of our local people are key priorities for the London Borough of Barking and Dagenham.

3.2 Barking and Dagenham rates poorly on many of the key measures of inequalities relating to the HIS. These are some examples:

- ***Healthy Children:*** One in four (25%) children aged 4-5, are overweight or obese, the third highest in London (18th in England) and more than two in

five (43%) children aged 10-11, are overweight or obese, the highest proportion in London and England.[2]

- ***Healthy Minds:*** The proportion of people with mental illness living in settled accommodation was 79% in 2015/16, higher than the England average (60%) and similar to London (78%).
- ***Healthy Places:*** As one of the most deprived locally our employment levels are significantly London and England[3] . 34% of the borough's surface has green space coverage. But within Barking and Dagenham, more than 50 per cent of households in 4 out of 17 wards have deficient access to nature.[4]
- ***Healthy Communities:*** B&D has the 12th highest rate of notifiable offences in London (81.6 per 1,000 residents) and is ranked highly in London for issues such as: criminal damage; domestic abuse, theft of motor vehicles and serious youth violence victims.[5]
- ***Healthy habits:*** B&D has one of the highest smoking prevalence rates in London. Around 1 in 12 pregnant women smoke at the time of their delivery – one of the highest rates in London.[6]

3.3 The response to the Mayor's strategy gives us the opportunity to promote our good activities and to consider areas to strengthen or work with others across London to address local concerns. Examples of our good work include:

- ***Healthy children:*** actions to address childhood obesity including a local school survey, the Healthy Exercise and Nutrition for the Really Young (HENRY) and the newly modified weight management programmes for children.

- ***Healthy places:*** the council (as one of the boroughs largest employers) has achieved accreditation at Achievement level for the London Healthy Workplace Charter. The local plan covers housing and planning and as such we conducted a Health Impact Assessment We have undertaken a health impact assessment of our emerging local plan. Barking Riverside is one of the 10 Healthy New Towns in the country, and only one in London.

- ***Healthy minds:*** Mental health first aid training; THRIIVE London a citywide movement supported by the Mayor of London which supports good mental health for Londoners.

- ***Healthy communities:*** work has commenced on social prescribing; Everyone Every Day – a partnership with Participatory Cities. To support those suffering as a result of domestic violence the domestic abuse services in the borough work together to help deliver a coordinated community response model which increases survivor safety and challenges the social tolerance to domestic abuse.

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[2] http://www.content.digital.nhs.uk/catalogue/PUB22269

[3] https://www.nomisweb.co.uk/reports/lmp/la/1946157260/report.aspx#tabempunemp
[4] https://www.lbbd.gov.uk/wp-content/uploads/2017/01/5.9-Access-and-utilisation-of-green-space-2016.pdf
[5] London Landscape, 2016
[6] PHOF, 2015/16

- ***Healthy habits:*** implemented the Great Weight Debate locally; Mayesbrook park health promoting activities; tackling shisha and illicit tobacco

3.4 The Mayor's Health Inequalities Strategy aligns well with our local plans. The recently published borough manifesto has as key themes – Employment, Skills and Enterprise, Education, Regeneration, Housing Health and Social Care, Community and Cohesion, Environment, Crime and Safety, Fairness and Arts, Culture and Leisure. Our Joint Health and Wellbeing Strategy (JHWS) sets, starting well- establishing healthy habits in pregnancy, Living Well- making it easier for adults to maintain healthy habits and Ageing Well- Living healthier for longer and making the most of old age, as key goals. This manifesto will provide a focus for our work over the next few years. The refresh in 2018-19 of the JHWS provides an opportunity to review our actions in partnership in the light of the Mayor's strategy. The Mayors strategy also aligns well with our Accountable Care System which looks at how we better integrate our health and social care services. The recently formed Community Solutions, which sits within the council acts as an early intervention service laying the foundation.

4. The Mayor's consultation process on the draft HIS

4.1 As part of the formal consultation on the strategy, statutory consultees including the Council, Clinical Commissioning Group and Trusts, have been invited to comment They are also invited to support the five aims of the strategy in order to help progress a shared agenda for reducing health inequalities in London. Consultees have also been asked to share their plans for reducing health inequalities, to work together to support action to reduce health inequalities within and between areas and to indicate what more they think the Mayor of London can do to support work to reduce health inequalities.

4.2 The strategy consultation asks the following questions of Londoners and partners (on each chapter):

1) Whether there is more that the Mayor should do.

2) How we (as Londoners and Partners) can help to reduce health inequalities.

3) What you think our measures of success should be

4.3 The deadline for the formal consultation period is 30th November. During this time (and beyond) the GLA and partners invite responses from partners and the public to the mayoral strategy in a number of ways:

- Public engagement: e.g. through Talk London and a London.gov poll
- Feedback via an online consultation
- Engagement with statutory consultees
- Stakeholder engagement through attending existing meetings or bespoke workshops/events
- Working with partners to develop a set of indicators for monitoring progress.

4.4 After the consultation closes at the end of November 2017 the GLA will undertake analysis of the consultation responses. Any offers for action in support of the strategy

will be collated and local bodies will be invited to commit to implementation. The Mayor will publish a final health inequalities strategy and delivery plan and a core set of health inequality indicators. A new governance system will also be established.

4.5 The strategy aligns with the other mayoral strategies' ambitions where there are topics that are cross cutting such as air quality. The GLA will also aim to ensure indicators/ metrics are aligned across the strategies where appropriate.

5. Local public consultation on the HIS in Barking and Dagenham

5.1 Over the last 4 weeks, the council has undertaken actions to raise awareness with residents of the Mayor's strategy and the aims, themes and related issues in Barking and Dagenham. Residents are being encouraged to respond directly to the consultation in a number of ways:

- Public engagement: e.g. through Talk London and a London.gov poll
- Feedback via an online consultation; and
- By email to ***healthinequalities@london.gov.uk*** (copying the council into their response)

5.2 Residents and local organisations are being engaged through the One borough newsletter, which has an approximate reach of 70,000 households. We have also engaged with local community organisations and residents through the Council for voluntary sector (CVS) newsletter, social media and at public events eg. to celebrate world mental health day.

6. Barking and Dagenham's formal response to the consultation

6.1 At the Health and Wellbeing Board today we will have an interactive discussion and presentation. The Health and Wellbeing Board members are invited to:

- consider their respective roles in reducing health inequalities in Barking and Dagenham
- identify alignment between the existing joint strategic plans in Barking and Dagenham with the London-wide priorities in the draft strategy
- discuss what more can be done locally, what needs to be in place across London and what the Mayor can do to better enable local action in Barking and Dagenham to address health inequalities

6.2 After discussion at this board we propose that a formal response be drafted informed by the discussion and on behalf of the council. We ask that delegated authority should be given to the Deputy Chief Executive & Strategic Director for Service Development and Integration to sign off a detailed consultation response on behalf of the Council in consultation with the Chair, Director of Law and Governance and the Director of Public Health.

7. Mandatory implications

7.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment, identified health inequalities across the borough. It has described the groups of people that are affected most and includes the key themes highlighted within the HIS. These themes can also be a focus of the next JSNA.

7.2 Joint Health and Wellbeing Strategy

Core to the Joint Health and Wellbeing Strategy is addressing inequalities and prevention across the lifecourse and improving healthy life expectancy. These are strongly reflected in the HIS. The HWB board is asked to agree that the future JHWS is informed by the HIS.

7.3 Implications completed by: Dr. Paul Feild Senior Governance Solicitor

The Health and Social Care Act (2012) conferred the responsibility for health improvement to local authorities. The consultation exercise by the Mayor gives the HWB the opportunity to make representations regarding health inequalities in the borough from the perspective of respective roles in reducing health inequalities in Barking and Dagenham at a stage where the Boards view can be taken into account. In addition there is a public consultation. Furthermore the Report seeks authority for the Director of Public health to draw the strings of the responses and observations together and complete the Boards response.

7.4 Financial

Implications completed by Katherine Heffernan Service Finance Group Manager:

This report is largely for information and sets out to brief the Health and Wellbeing Board about the key elements of the Mayor's Health Inequalities Strategy and the local public consultation process. As such there are no financial implications arising directly from the report.

Appendix 1- Aims, objectives, key ambitions of the HIS

AIM 1, healthy children: every London child has a healthy start in life
Draft objectives:

- London's babies have the best start to their life
- Early years settings and schools support children and young people's health and wellbeing.

Key Mayoral ambition:

- Launching a new health programme to support London's early years settings, ensuring London's children have healthy places in which to learn, play and develop.

AIM 2, healthy minds: all Londoners share in a city with the best mental health in the world
Draft objectives:

- Mental health becomes everybody's business across London
- The stigma associated with mental ill-health is reduced, and awareness and understanding about mental health increases
- London's workplaces are mentally healthy
- Londoners can talk about suicide and find out where they can get help.

Key Mayoral ambition:

- To inspire more Londoners to have mental health first aid training, and more London employers to support it.

AIM 3, healthy place: all Londoners benefit from a society, environment and economy that promotes good mental and physical health
Draft objectives:

- Improve London's air quality
- Promote good planning and healthier streets
- Improve access to high quality green space and make London greener
- Address poverty and income inequality
- More Londoners are supported into healthy, well paid and secure jobs
- Housing quality and affordability improves
- Homelessness and rough sleeping is addressed.

Key Mayoral ambition:

- To work towards London having the best air quality of any major global city.

AIM 4, healthy communities: London's diverse communities are healthy and thriving
Draft objectives:

- It is easy for all Londoners to participate in community life
- All Londoners have skills, knowledge and confidence to improve health
- Health is improved through a community and place-based approach
- Social prescribing becomes a routine part of community support across London
- Individuals and communities supported to prevent HIV and reduce the stigma surrounding it
- TB cases among London's most vulnerable people are reduced
- London's communities feel safe and are united against hatred.

Key Mayoral ambition:

- To support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing.

AIM 5, healthy habits: the healthy choice is the easy choice for all Londoners
Draft objectives:

- Childhood obesity falls and the gap between the boroughs with the highest and lowest rates of child obesity reduces
- Smoking, alcohol and substance misuse are reduced among all Londoners, especially young people.

Key Mayoral ambition:

- To work with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs

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HEALTH AND WELLBEING BOARD

8 November 2017

Title:	**Diabetes Care in Barking and Dagenham**
Report of the Health and Wellbeing Board	
Open Report	**For Decision** **For discussion**
Wards Affected: **All wards**	**Key Decision: No**
Report Author: Susan Lloyd, Consultant in Public Health	**Contact Details:** Tel: 020 8227 2799 E-mail: sue.lloyd@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	

Summary:

The prevention and care of diabetes is a developing story in Barking and Dagenham. The good news for residents is that Type 2 diabetes[1] can be prevented, and that new systems and structures to help prevent diabetes for residents are now being developed. While Type 1[2] diabetes cannot be prevented, the complications of Type 1 diabetes can be prevented. There have also been significant improvements in diabetes care in the community over the past year, this paper outlines the progress to-date and the future partnership working that is desirable for continued improvements.

The number of people with diabetes in the borough is increasing, and when not found early or managed effectively having diabetes can lead to severe disease, including potential amputations, and / or kidney failure. For this reason, poor control of diabetes can have a devastating impact on residents and their families; and can also be costly to both health and social care services.

Diabetes prevention and care is an LBBD Health and Wellbeing Board priority and also a priority in the East London Health Partnership Sustainability and Transformation Plan. It is important for the residents of Barking and Dagenham that they have access to services that help them prevent developing diabetes and also to manage diabetes effectively if they do develop the long-term condition.

With the numbers of people with diabetes in the borough rising it is important that the Board are assured that partners are working collaboratively to improve diabetes prevention and outcomes.

[1] Diabetes due to Insufficient insulin produced or insufficient response to insulin

[2] Diabetes due to autoimmune disease, when the pancreas is unable to produce insulin

The paper provides a summary of the diabetes prevention initiatives commissioned on behalf of Barking Havering and Redbridge CCG by NHS England and also an update on the improving offer of diabetes in primary care in the borough. It also addresses the importance, for residents, of the pathway between primary and secondary care.
We recommend two questions for discussion:

1. What action can partners take to ensure that they work jointly to deliver effective diabetes prevention for residents?
2. What action can partners take to ensure that they work jointly to continue the improvements in care for people with diabetes who live and work in our communities?

Recommendation(s)

The Health and Wellbeing Board is recommended to agree:

1. Diabetes prevention - that a diabetes prevention approach which meets the needs of residents is supported.

2. Diabetes care processes – that system and structures that embed improved diabetes care in the borough are supported.

Reason(s)

1.1 Diabetes prevention and care are East London Health Partnership Sustainability and Transformation Plan priorities because diabetes is a costly condition to manage and the return on investment for health and social care is potentially high.

1.2 The LBBD Corporate Plan[3] and Borough Manifesto[4], in line with the Health and Wellbeing Strategy, set out the strategic framework for the council including a vision that the population will be:

- Healthy weight better than the East London average
- Rate of regular physical activity will be higher than the East London average

Both these outcomes can support the care of residents with diabetes, and reduce the numbers of people who develop diabetes in the population.

1. Introduction and Background

1.1 The prevention of Type 2 diabetes in our residents and the improvement of care for people with Type 1 and Type 2 diabetes is a developing story in Barking and Dagenham.

1.2 Diabetes prevention and care are East London Health Partnership Sustainability and Transformation Plan priorities, the reason is clear, diabetes is a long-term condition which is costly to manage and can have a devastating effect on the lives of residents.

1.3 The return on investment when diabetes is well managed can be very high, both in quality of life for residents, and financially for health and social care.

[3] https://www.lbbd.gov.uk/council/priorities-and-strategies/corporate-plans-and-key-strategies/corporate-delivery-plan/overview/

[4] https://www.lbbd.gov.uk/wp-content/uploads/2017/07/Barking-and-Dagenham-Together-Borough-Manifesto.pdf

1.4 The LBBD Corporate Plan[5] and Borough Manifesto[6] set out the strategic framework for the council including a vision that the population will be:

- Healthy weight better than the East London average
- Rate of regular physical activity will be higher than the East London average

Both these outcomes can reduce the numbers of people with diabetes in the population.

2. Proposal and Issues

Diabetes services in Barking and Dagenham

1.5 It is important for the residents of Barking and Dagenham that they have access to services that help them prevent developing diabetes and to manage diabetes effectively if they do develop the long-term condition.

1.6 With the numbers of people with diabetes in the borough rising it is important that the Board are assured that partners are working collaboratively to improve diabetes prevention and outcomes.

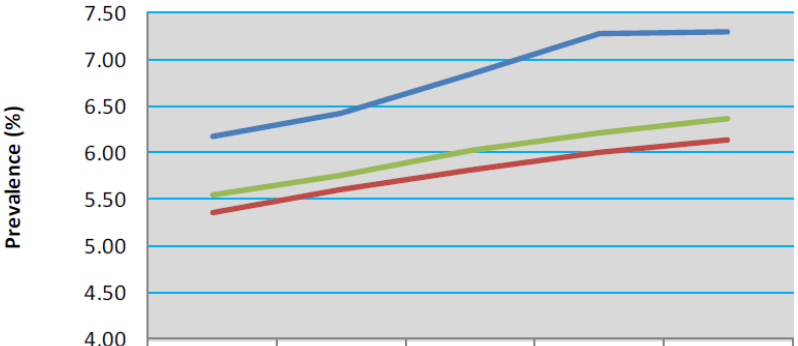
1.7 Below is a short summary of the numbers of people with diabetes in the borough and more information is available in the Joint Strategic Needs Assessment which is on the council website https://www.lbbd.gov.uk/wp-content/uploads/2017/01/7.20-Diabetes-2016.pdf.

1.8 Figure 1 shows that the numbers of people in the borough with diabetes is increasing and has been increasing over the past five years. The numbers of people with diabetes in London and England are also increasing.

Figure 1: Trend in prevalence of diabetes in the population registered with GP practices aged 17 and over in Barking and Dagenham from 2010 to 2014/15

[5] https://www.lbbd.gov.uk/council/priorities-and-strategies/corporate-plans-and-key-strategies/corporate-delivery-plan/overview/

[6] https://www.lbbd.gov.uk/wp-content/uploads/2017/07/Barking-and-Dagenham-Together-Borough-Manifesto.pdf



	2010/11	2011/12	2012/13	2013/14	2014/15
B&D	6.18	6.42	6.83	7.27	7.30
London	5.36	5.59	5.82	6.00	6.14
England	5.54	5.76	6.01	6.21	6.37

Source: HSCIC

1.9 In 2010/11 6 of every 100 people in the borough were recorded as having diabetes; by 2014/15 this had increased to 7 of every 100 people, this is set to increase further and higher than the England and London average.

1.10 Some of the increased prevalence could be due to increased awareness of diabetes by residents and better diagnosis of diabetes by primary care.

1.11 High cost outcomes of diabetes include dependency, higher than population average A&E attendances and hospital admissions.[7].

1.12 10% of the NHS budget is spent on diabetes care along with an unknown proportion of the social care budget.

3.0 Diabetes Prevention

2.1 The good news is that diabetes can be prevented. This depends on residents who are 'at risk' being found in primary care, and offered support to increase physical activity and make positive changes to diet.[8]

2.2 The National Health Service England (NHSE) has commissioned a diabetes prevention programme that is being rolled out across England, and residents from Barking and Dagenham will benefit from this programme.

2.3 It was agreed that the borough should sign up to this diabetes prevention programme when it was first established, and evidence-based prevention of diabetes is also a Sustainability and Transformation Plan priority.

2.4 The effective deliver of the diabetes prevention programme is dependent on a strong partnership approach across the health economy.

2.5 Two types of diabetes prevention programme are proposed for residents of Barking and Dagenham, the digital diabetes prevention programme, and the diabetes prevention programme. Both are being funded and commissioned by NHS England.

[7] National Diabetes Audit 2016-17 available at http://content.digital.nhs.uk/nda accessed 4 September 2017.
[8] NICE(2012) Type 2 diabetes: prevention in people at high risk. https://www.nice.org.uk/guidance/ph38

2.6 Where this prevention programme has been introduced to other areas of England, and it works most effectively if there is a pathway to identify 'at risk' residents in primary care, then to make sure they are referred to lifestyle services for support.

2.7 It is planned that individuals 'at risk' of developing diabetes are treated by lifestyle services commissioned by NHS England, and London Barking and Dagenham also have lifestyle services for residents who do not meet the criteria for diabetes prevention.

2.8 Prevention is though physical activity and good diet, these are topics which we've addressed at Health and Wellbeing Board previously. We will not address them in this paper. However, it is important to note that NHS England is commissioning services that will join up with local services to improve the lifestyle prevention offer for residents. The process for this has been tested in other London boroughs.

2.9 Two diabetes prevention programmes are being funded and commissioned by NHS England, the digital diabetes prevention programme, and the diabetes prevention programme.

2.9.1 **Digital Diabetes Prevention Programme** – The digital programme is an app or web-based education commissioned via NHS England that GPs can offer to residents who have a high but non-diabetic blood sugar measurement.

2.9.2 **Diabetes Prevention Programme – Face-to-Face** – The (non-digital) programme is a face-to-face programme where residents are offered the opportunity to have a programme and support to increase physical activity and change their diet.

2.10 The borough is ahead of the game, and in 2016 -17, Barking and Dagenham CCG invested £1.1m in diabetes care in primary care, and our pre-diabetes testing and diagnosis has increased over this 6 month period with an additional 3,563 patients being assessed for and determined as pre-diabetic.

2.11 For the digital prevention programme NHS England now have a final list of 5 potential products that have been offered to local health economies from which to choose. North East London boroughs have been allocated 2 providers - Hitachi and Liva and will be agreeing the referral profiles following an internal clinical assurance audit. The CCG are with local GPs to roll out this programme, it is likely that in the pilot phase residents in nine practices will be offered the service. The service will be evaluated and rolled out further if it is effective. Clearly access to this programme will depend on residents being IT literate.

2.12 The face-to-face diabetes prevention programme North East London diabetes prevention programme is likely to be delivered by Momenta, a company with whom LBBD lifestyle services already have a working relationship. In other areas Momenta and local lifestyle services have put in place arrangements to refer across from lifestyle services individuals who meet the pre-diabetes criteria. It is anticipated that a similar arrangement will be negotiated locally & this will extend the prevention services on offer to residents.

2.13 The start data for the BHR Diabetes Prevention Programme is projected to be April 2018, joint submissions were returned in October 2017.

2.14 It is likely that this project will reduce the number of people who develop diabetes in the borough.

Diabetes care

2.15 Diabetes is a long-term condition that is frequently diagnosed in primary care, and is treated in primary care and secondary care, depending on the complexity of the condition.

2.16 The borough has a community-based diabetes service. The service provides care for people with complex diabetes. The complex care team is led by Dr Nikookam. Other team members are GPs with Special Interest, Diabetes Specialist Nurses, psychologists, a dietitian, and podiatrists. An efficient and effective pathway from primary to secondary care and back to primary care is essential for the appropriate care of our residents, and for good outcomes to be achieved. An efficient and effective pathway is dependent on robust structures and knowledge.

2.17 Diabetes outcomes for residents of Barking and Dagenham have historically been poor with only 24% of the recommended 8 / 9 care processes being completed for people with diabetes and less than one in five GP practices in the borough making a return on the National Diabetes Audit (2015). This improved in the 2016 National Diabetes Audit.

2.18 The National Diabetes Audit is an annual audit of primary and secondary care, which measures the effectiveness of diabetes care against NICE clinical guidelines and NICE quality standards, in England and Wales.

2.19 As noted in 3.10 Barking and Dagenham CCG has invested £1.1m in diabetes care in primary care. This investment has enabled GP practices to re-start systems and processes no longer funded by the Quality and Outcomes Framework and raise care standards. The final data will be generated in October 2017, but the July 2017 data shows:

- The CCG average for completion of 8 care processes (not including retinal screening) is now 50%. This is a rise from 24% in October 2016. The national average is 53.7% (NDA 2015-16).
- Performance indicators around control of DM patients are improving; the main measures are control of cholesterol, blood pressure and HbA1C (glycosylated haemoglobin) with the number or practices achieving the targets is 12/37, 13/37 and 27/37 respectively.
- Practices have identified and registered 3,563 patients with pre-diabetes (out of their registered population of 223,878).

2.20 The response rate to the National Diabetes Audit has also improved to nine of ten practices making a return.

2.21 It is essential that the improvements that have been achieved are embedded in primary care practice. This is being achieved through continuation of the local incentive scheme, and via education and IT support.

2.22 However, treatment and outcome for residents could be improved through investment in primary care and improved pathways and links with secondary care.

Cost of diabetes

2.23 Significant investment has been made into the treatment of diabetes, it is important to ensure that the return on investment is being achieved.

3. Cost of diabetes care in Barking and Dagenham

3.1 We know that the cost of managing diabetes across England is high. This is because costs include the cost of drugs, and medical care, in both primary and secondary care. Equally important is the cost of social care that is needed by people who are discharged from hospital, and residents who have disabilities as a result of having diabetes.

3.2 Calculating the actual cost of medical and social care is complicated because of the many different needs that residents have, both direct and indirect linked to diabetes.

3.3 Drug costs alone are very expensive, in 2016/17 the cost of diabetes drugs prescribed in the borough was £4.3million, this is 15% of the total of prescribed drugs. This is higher than the average England average of 1% of drugs budget.

3.4 It is estimated that the cost of care, social care and other costs, including sickness absence, to the UK economy is £9.8 billion per year.

3.5 Significant investment has been made in the treatment and care of people with diabetes in the borough and it's important that residents see the financial benefit as well as the treatment benefits of good diabetes care.

6.0 Return on investment diabetes prevention programme

6.1 NHS England are investing in diabetes preventions in Barking and Dagenham.

6.2 The borough has 3,563 residents with pre-diabetes and if just 42% complete the prevention programme we can expect to see 29 fewer cases of diabetes, 4 fewer CVD events and 1 fewer strokes or similar cases in the following 5 years.

7.0 Suggestions for discussion by the Health and Wellbeing Board Barking and Dagenham

7.1 With the increasing numbers of residents who could develop diabetes in the borough and the increasing numbers of residents who already have diabetes it is suggested that it's important that joined up approach to both prevention and care across the borough is strong. The Board is asked to consider the following questions:

7.2 What action can partners take to ensure that they work jointly to deliver effective diabetes prevention for residents?

7.3 What action can partners take to ensure that they work jointly to continue to build on the improvements in care for people with diabetes who work and live in our communities?

4 Consultation

In writing this paper we have consulted with the East London Health Partnership; Dr K. Nikookam, Medical Consultant, BHRUT; Dr Anju Gupta, Clinical Director, Diabetes, BHR CCG, Diabetes UK representative, LBBD lifestyle team.

5 Mandatory Implications

5.1 Joint Strategic Needs Assessment

The Barking and Dagenham JSNA highlights that diabetes is a major public health problem, with low levels of physical activity and unhealthy diet linked with obesity, being important contributing factors.

Additionally, the JSNA cites the importance of addressing low levels of physical activity and unhealthy diet to support diabetes prevention.

5.2 Health and Wellbeing Strategy

The scrutiny review supports the ambitions of the borough's Health and Wellbeing Strategy:

Early pre-birth and early years:
More children are taking part in regular physical activity
Adolescents:
More children are taking part in regular physical activity and improve the opportunities to use green space
Early adulthood:
More young adults have a healthy weight and have access to healthy food produce
More young adults take regular physical activity and use active forms of transport
Established adults:
More adults have a healthy weight and more have access to healthy affordable food produce
More adults are taking regular physical activity, including cycling and walking
Older adults:
More children are taking part in regular physical activity and improve the opportunities to use green space

5.3. Financial Implications

Implications completed by Katherine Heffernan, Service Finance Group Manager:

This report is largely for information and sets out the current initiatives to improve diabetes prevention and care. As such there are no financial implications arising directly from the report. The treatment and prevention work described are NHS responsibilities and are funded from NHS budgets including the CCG and NHS England.

5.4 Legal Implications

Implications completed by: Dr. Paul Feild Senior Governance Lawyer

The Health and Social Care Act (2012) conferred the responsibility for health improvement to local authorities. The evidence is that occurrence and onset of diabetes is to a degree preventable but it relies on early diagnosis and intervention including lifestyle changes. Furthermore, the evidence demonstrates that diabetes is a prevalent heath issue for the borough. A preventative approach as set out in this report is therefore a key component of the Councils legal responsibility to work to improve the health of its community.

The Health and Well-Being Board terms of reference establish its function to ensure that the provision of health and social care services work in their deliver in an integrated matter. These proposals are in keeping with this committee's function.

6.0 List of Appendices:

None

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HEALTH AND WELLBEING BOARD
8 November 2017

Title: DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT	
Report of the Director of Public Health	
Open Report	**For Decision**
Wards Affected:	**Key Decision:**
Report Author: **Matthew Cole, Director Public Health**	**Contact Details:** Tel: 0208 227 3657 Email: matthew.cole@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	

Summary:

The Director of Public Health Annual Report is a statutory requirement under the provisions of the Health and Social Care Act 2012. It provides an opportunity for me to give an independent assessment of the health of the population and focus on some priority areas where I consider that the council and its partners need to consider individually and collectively where more needs to be done to realise health gain.

My report has been informed by and supports the achievement of the Council's and wider communities' vision to "Encourage growth and unlock the potential of Barking and Dagenham and its residents". I have focused on four areas of opportunity where the contribution that all partners can make will deliver both the wider public health agenda that supports this vision.

In Chapter 1 I explore the opportunity presented by Transforming Primary Care in London: General Practice/A Call to Action. I continue this theme in Chapter 2 where I examine the impact of Mental Illness, Mental Wellbeing. Chapter 3 examines the context for health improvement and how the Council can use its broad range of responsibilities to improve public health through creating a healthier environment. In my final chapter, I focus on the evidence and analysis on how we can enhance our interventions to improve early years' outcomes in the crucial first 5 years of life, and identify what matters most in preventing poor children becoming poor adults.

I hope my observations act as a starting point for sharing local experience and helping ourselves, our partners and our residents, to reflect on the need to commission services that are flexible, reflect need and are delivered closer to people's homes.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note and comment on the observations of the Director of Public Health in his Annual Report.

(ii) Note that the Director of Public Health Annual report will be used to inform future iterations of the Joint Health and Wellbeing Strategy and joint Strategic Needs Assessment.

Reason(s)

A number of the Director of Public Health's specific responsibilities and duties arise directly from Acts of Parliament – mainly the NHS Act 2006 and the Health and Social Care Act 2012 – and related regulations.

The Director of Public Health has a duty to write a report, whereas the authority's duty is to publish it (section 73B(5) & (6) of the 2006 Act[1], inserted by section 31 of the 2012 Act). The content and structure of the report is something to be decided locally.

1 Mandatory Implications

1.1 Financial Implications
Implications completed by Olufunke Adediran, Group Accountant:

This report is mainly for information and a cover for the statutory annual report of the Director of Public Health for the year 2016/17. The financial implications of the main report are contained in chapter 4 of the report. As such, there are no financial implications arising directly from this report.

1.1 Legal Implications
Implications completed by Dr. Paul Feild Senior Governance Solicitor

The legal obligation to produce this report is as set out in the reasons above.

1.2 JSNA

The functions of the Health and Wellbeing Board is to promote and inspire residents of Barking and Dagenham by focusing on integration of health and social care, delivery of improved health outcomes and effectively reduce inequalities for those who live in the Borough including those identified in 2016 JSNA. The Annual Report by the director of Public Health highlights the health of those living in the Borough, the Board intends to address the four focus areas by identifying the needs of the population and targets work to help deliver the aims to those residents within the Borough.

1.3 Health and Wellbeing Strategy

The Health and Wellbeing Strategy includes the following key themes; prevention, improvement and integration of services, care and support, protection and safeguarding. An annual report completed by the Director of Public Health will assist the Health and Wellbeing Board to deliver the Joint Health and Wellbeing strategy by identifying key priorities within the Borough.

1.4 Integration

The projected new direction of the Health and Wellbeing Board will allow it to dedicate greater resources and time to substantive topics of health and social care integration; a central purpose of the Board.

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HEALTH AND WELLBEING BOARD

08 November 2017

Title:	**Health and Wellbeing Outcomes Framework Performance Report - Q1 and Q2 2017/18**

Report of the Director of Public Health

Open Report	**For Decision:** No
Wards Affected: ALL	**Key Decision:** No
Report Author: Mark Tyrie, Senior Intelligence and Analysis Officer	**Contact Details:** mark.tyrie@lbbd.gov.uk 020 8227 3914

Sponsor:

Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham

Summary:

To track progress across the wide remit of the Health and Wellbeing Board, the Board has agreed an outcomes framework which prioritises key issues for the improvement of the public's health and their health and social care services. This high-level dashboard is monitored quarterly by the Board and this report forms the account of performance at the end of 2017/18 Quarter 2 (to end September 2017) or the latest data available. The report also highlights the changes that have been made to the indicators which make up the dashboard.

Recommendation(s)

Members of the Board are recommended to:

- Review the overarching dashboard and raise any questions with lead officers, lead agencies or the chairs of subgroups as Board members see fit
- Note the new key indicators and agree changes to the high-level dashboard
- Note the detail provided on specific indicators, and to raise any questions on remedial actions or actions being taken to sustain good performance.

Reason(s)

The dashboard indicators were chosen to represent the wide remit of the Board while remaining a manageable number of indicators. It is, therefore, important that Board members use this opportunity to review key areas of Board business and confirm that effective delivery of services and programmes is taking place. Subgroups are undertaking further monitoring across the wider range of indicators in the Health and Wellbeing Outcomes Framework. When areas of concern arise outside of the indicators ordinarily reported to the Board, these will be escalated as necessary.

1 Introduction

1.1 The Health and Wellbeing Board has a wide remit, and it is therefore important to ensure that the Board has an overview across this breadth of activity. The indicators included within this report show performance of the whole health and social care system. Added to selected indicators from the Barking & Dagenham Health and Wellbeing Strategy Outcomes Framework are indicators from the Local A&E Delivery Group's Urgent Care Dashboard, as well as information on CQC inspections where the quality of local service provision is highlighted.

2 Structure of the report, and the key performance indicators selected

2.1 The following report outlines the key performance indicators for the Health and Wellbeing performance framework. The indicators are broken down across the life course under the following categories:

- children;
- adolescence;
- adults;
- older people; and
- across the life course.

2.2 All indicators are rated red, amber or green (RAG) as a measure of success and risk to end-of-year delivery. Any indicator that is RAG-rated as 'red' or that has seen a significant change has additional commentary available in Appendix B. Board members should therefore note that this means the covering report is focused on poor performance to highlight what needs improving, and is not to be taken as indicative of overall performance.

2.3 The dashboard is a summary of important areas from the Health and Wellbeing Board Outcomes Framework. The outcomes framework itself is based on selections from the key national performance frameworks: the Public Health Outcomes Framework, Adult Social Care Outcomes Framework, the NHS Outcomes Framework, and Every Child Matters. Priority programmes such as the Better Care Fund have also been represented in the selected indicators.

2.4 The high-level dashboard has been reviewed and new key health indicators have been added as requested by the Director of Public Health. Those indicators are as follows:

- The number of children who turn 15 months old in the reporting quarter who receive a 12-month review (as an indicator for the health visiting service); and
- Bowel screening – coverage of people aged 60–74 years (as this is an area where the borough is performing poorly).

As part of this review, the following indicators have been deleted from the dashboard:

- Prevalence of children in Reception year that are obese or overweight;
- The number and rate of children subject to Child Protection Plans;
- The outcome of short term services: sequel to service;

- Injuries due to falls for people aged 65 and over (due to the lack of timely, quarterly data);
- Emergency readmissions within 30 days of discharge from hospital (due to a lack of data); and
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (due to the lack of timely, quarterly data).

In addition, one indicator has been modified to reflect changes to how this is reported internally:

- The percentage of children and adults referred to healthy lifestyle programmes that complete the programme (previously reported on as number of referrals).

3 Performance Overview

Children

3.1 The dashboard draws attention to a number of indicators which are performing poorly relative to the targets set where new data is available. These include 'red' RAG ratings for:

- Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old;
- The percentage of children in Year 6 that are obese or overweight; and
- Percent of looked after children with a completed health check.

3.2 Appendix B contains further detail on these indicators for Board Members' reference.

3.3 The new health visiting indicator, the number of children who turn 15-months old who have received a 12-month review, is RAG-rated amber and has shown consistent improvement from quarter 2 2016/17 (57.7%) to quarter 1 2017/18 (68.4%).

3.4 It is still not possible to provide a target to 'rate' progress against for the number of children and young people accessing Tier 3/4 CAMHS services. This is due to the lack of national benchmarking information. Performance is currently broadly consistent with previous years.

Adolescence

3.5 There remains a 'red' rating for the under-18 conception rate (per 1,000 population). Additional data is now available for 2016/17 Quarter 1 and can be seen in Appendix B. This continues to decline but the quarterly rate remains among the highest in London.

Adults

3.6 There remains a concern about both the performance against the number of four-week smoking quitters and the NHS Health Check performance; both are RAG-rated red; however, NHS Health Check coverage per quarter is higher than London and England, while the most recent benchmarking data for smoking cessation (April 2016 to March

2017) also suggests Barking and Dagenham had more quitters per 100,000 smokers compared with London and England.

3.7 Appendix B contains an updated account of actions being taken to address these performance issues.

Older Adults

3.8 The number of long-term needs met by admission to a residential or nursing care home remains well below its target and is rated green.

3.9 However, bowel screening coverage continues to be a concern, with provisional figures for 2016/17 showing that performance has not improved from the low levels seen in 2015/16. Coverage in Barking and Dagenham in 2015/16 was 41.1%, which was lower than both London (48.8%) and England (57.9%).

3.10 Further detail can be found in Appendix B.

Across the Life Course

3.11 There are a number of key indicators that apply across the life course, which include positive, or low-risk performance (and therefore a 'green' or 'amber' rating) for:

- Percentage of people using social care who receive services through direct payments;
- Delayed transfers of care from hospital, which remains a significant national concern but one that is well-managed in Barking and Dagenham;
- A&E attendances less than 4 hours from arrival to admission, transfer or discharge;
- Emergency admissions in those aged 65 and above;
- The number of leisure centre visits; and
- The percentage of children and adult referred to healthy lifestyle programmes that complete the programme.

4 CQC Inspections

4.1 There were 40 CQC inspections to healthcare organisations in the borough in quarters 1 and 2. Twenty-three inspections returned a rating of 'Good', eight received a rating of 'Requires Improvement', and three received a rating of 'Inadequate'. Six were not eligible to be rated.

4.2 The three organisations receiving a rating of 'Inadequate' were Barking Enterprise Centre, Barking (Metropolitan Care Services Ltd.), and Dr. Hamilton-Smith and Partners.

4.3 For further information, please refer to Appendix C, which details all the inspections carried out.

5 Mandatory implications

5.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment provides an overview of the health and care needs of the local population, against which the Health and Wellbeing Board sets its priority actions for the coming years. By ensuring regular performance monitoring, the Health and Wellbeing Board can track progress against the health priorities of the JSNA

5.2 Joint Health and Wellbeing Strategy

The Outcomes Framework, of which this report presents a subset, sets out how the Health and Wellbeing Board intends to address the health and social care priorities for the local population. The indicators chosen are grouped by the 'life course' themes of the Strategy, and reflect core priorities.

5.3 Integration Implications

The indicators chosen include those which identify performance of the whole health and social care system, including indicators selected from the A&E Delivery Board's dashboard.

5.4 Legal Implications
Legal Implications by Dr. Paul Feild Senior Lawyer

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 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.

The function of this report is to provide "dashboard indicators" to represent the wide remit of the Board while remaining a manageable number of indicators. It is, therefore, important that Board members use this opportunity to review indicator data so as to confirm that effective delivery of services and programmes is taking place and ensure that providers of health and social care are working to their best effect.

5.5 Financial Implications
Implications completed by Olufunke Adediran, Group Accountant.

This report is mainly for information and sets out to track performance progress across the wide remit of the Health and Wellbeing Board at the end of the second quarter of 2017/18. As such there are no financial implications arising directly from the report.

6 List of Appendices

The appendices to this item are included in the ‘Supporting Documents’ pack.

- Appendix A: Performance dashboard
- Appendix B: Performance summary reports of red-rated indicators
- Appendix C: CQC reports, 2017/18 Quarters 1+2

HEALTH AND WELLBEING BOARD
8 November 2017

Title:	Better Care Fund: Update on Approval of the Submitted Plan
Report of: Strategic Director for Service Development & Integration	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: David Millen, Integrated Care Delivery Manager	**Contact Details:** Tel: 0208 227 2370 E-mail: david.millen@lbbd.gov.uk
Sponsor: Anne Bristow, Strategic Director, Service Development & Integration	

Summary:

At its meeting on 6 September 2017 (minute 23), the Health & Wellbeing Board received an update on progress on developing a Better Care Fund plan, in partnership with Havering and Redbridge. Submission was due the following week, to meet the national timelines. The Board had previously delegated authority to the Strategic Director, Service Development & Integration, for this submission at its July meeting.

Submission has been made and confirmation has now been received from NHS England that the plan is approved. However, in its September discussion the Board supported the case for a target for social care related discharge delays in the range 44-45 days total per month. This was not in line with NHS England's expectations of 'maintenance' from the previous year, because of their selection of a restricted three month baseline window. As expected, this triggered concerns on NHS England's part, and they threatened to rate the plan as non-compliant, with possible impacts on the funding available to social care through the Improved Better Care Fund. This was despite the case that was made (and previously set out to the Board) that a more stringent target risked unsafe discharges.

In response, the CCG and Council proposed a compromise whereby the difference between the current social care performance and the NHS England target, would be shared between the two organisations within the same overall envelope (transferring some of those days to joint and/or NHS delays).

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note that submission of the plan has taken place, and approval received;

(ii) Note the steps taken to ensure the Better Care Fund plan's compliance with NHS England requirements, particularly the redistribution of the social care target between social care and health; and

(iii) Note the continuing uncertainty in the scope and criteria of the November 'review' by NHS England, the need for a sustained focus on performance, and the potential for inclusion in the review programme should performance drop.

Reason(s)

This report seeks to support the Health and Wellbeing Board of Barking and Dagenham in its role as principal point of governance of the Better Care Fund. This is of particular importance, given the recent requirement by NHS England that areas meet a particular trajectory for reducing delayed transfers of care which in many cases nationally was at variance from what been both agreed locally and, for high performing areas such as Barking and Dagenham, the previously published policy requirement that 'maintenance' of existing performance be the basis for planning. To meet the required trajectory, we have agreed the attribution between health delays and social care delays which better meets our local circumstances, but it is recognised that this will need close monitoring given the consequences of any failure to meet this target.

We would also note for the Board, the latest position in relation to the November review process and our local position, that would be undertaken by DCLG and NHS England. Reviews will focus upon 'performance' and the use of additional monies delivered through the new social care grant, forming part of the BCF pooled fund between the Council and the Clinical Commissioning Group for Barking and Dagenham. Whilst we have not been identified as the cohort of HWBB areas for initial inclusion there is a potential for such inclusion should performance slip and based upon August/September outturn, this performance area needs a sustained focus.

1 Introduction and Background

1.1 All HWBB areas were required, as part of their Better Care Fund plan submission, to submit a plan for Delayed Transfers of Care. Within our three-borough plan submission we provided a target based upon one of 'maintenance', where we would maintain our existing strong comparative performance across the past year. With on-going delays in issuing national guidance, and with submission deadline of 11 September, a significant proportion of the current year had already elapsed.

1.2 In order to be both proactive and to properly consider the development of a shared narrative Better Care Fund Plan, we undertook dialogue with NHS England and met with them to explore our understanding and approach. This resulted in positive and supportive encouragement. However, late additional guidance added further stringent requirements to the delayed transfers of care target-setting. The Board had a discussion on this point at its September meeting. We determined, in common with some other areas, that given the timescales, our historic strong performance on social care delays, that we would submit our original plan and, in doing so, identify our concerns about attempting to improve on that target.

1.3 In the re-submission of our DToC target, we were clear that we have concerns about both the trajectory and the process that has been applied. However, we also had a desire to ensure that we are able to focus upon the delivery of our plans and that an inability to progress these would be unhelpful. We noted our past strong performance, over an extended period, and the plans that we had made to maintain that. Crucially, we reiterated our concern about the singular focus upon fast discharge, without balancing this with the need to maintain safe discharge. We have stressed that our primary duty must be to ensure safe discharge, illustrated by reference to the outcomes of two local Safeguarding Adults Reviews which have looked into these issues.

1.4 When initially raised with NHS England, none of these concerns appear to have been considered. The first letter that we received about our draft submission was a clear threat to the funding received to maintain social care services through the Improvement Better Care Fund, as well as pre-existing social care investments routed via the CCG within the Fund.

1.5 After some discussion, it was agreed to compromise locally, and the CCG and Council shared between them the additional performance requirement set by NHS England. This splits the 14 monthly days of delay between health and social care (4 to social care, 10 to NHS), and thereby ensures that the overall total delays meets NHS England requirements. The agreed adjustment with CCG colleagues alleviates in part, these issues, bringing permissible social care delays to just under 40. The Board is invited to note the compromise position, given its previous support for the approach proposed to maintain the overall 2015/16 average performance.

1.6 The Council is liaising with the Local Government Association, the Association of Directors of Adult Social Services, and London Councils (via its Chief Executives'

group) to lend its support to the national expressions of dissatisfaction at the approach taken by NHS England to this assurance process.

1.7 The letter to Simon Wheldon, Director of Operations & Delivery at NHS England in response to his initial rejection of the plan, has yet to receive a reply, and is not referenced in the letter granting approval to the plan, which is contained at Appendix 1 for Board members' information.

2 Current and recent performance DToC

2.1 The latest available and nationally validated data at the time of publication is for August 2017. Overall performance has been good and despite a substantial increase in the total number of delayed days since July, we remain in reasonable performance position as the totals were within the agreed targets, and should preclude our subsequent inclusion within any November review process.

2.2 In terms of the performance of individual partners, the NHS met its target, whilst social care exceeded it. Early indications are that September's performance has improved and these two months overall are together within the target range.

2.3 Joint performance is a current concern for us as our performance was variable against the target, which was also breached in August. It is recommended that this becomes an area of focus, with detailed work needed to understand the delays attributed to mental health providers, who contribute significantly to both joint and social care delayed days.

Organisation responsible for delayed days	Apr-17	May-17	Jun-17	Jul-17		Aug-17	
				Actual number	Target	Actual number	Target
NHS	135	85	111	152	216.5	*190*	*216.5*
Social Care	25	45	9	37	39.9	*52*	*39.9*
Joint (NHS and Social Care)	30	33	37	31	31.0	*33*	*31.0*
Total number of days	190	163	157	220	287.4	275	287.4
Total (Rate per 100,000 people)	**134.18**	**115.11**	**108.52**	**152.06**	**194.5**	**190.08**	**194.5**

3 November review

3.1 NHS England, with the support of the Departments of Health and of Communities & Local Government, intend to undertake a review in November of those areas

whose target performance at this point in the year is below expectations, or who are submitting and standing by a non-compliant plan.

3.2 A letter has been received which confirmed that we will not be part of the initial group of areas to be reviewed, based on the plan submission alone. Should a review be prompted by our current performance, then the approach that will be applied is far from clear. We are currently focusing on performance against delayed transfers of care, including weekly operational review meetings to identify early any emerging issues. We are also maintaining links with all points of guidance and forums to ensure that we are sighted upon further developments at the earliest point which will support full consideration of any implications and time required to support any further process.

4 Mandatory Implications

4.1 Financial Implications
Implications completed by: Katherine Heffernan, Group Finance Manager.

This report provides an update on the Integration and Better Care Fund (IBCF) plan submitted to NHS England (NHSE) for approval where a re-submission of the DTOC target was requested.

Failure to meet this revised target could have an adverse impact on the additional adult social care grant funding via the iBCF of £7.526m. NHSE and the DCLG would reserve the right to take control of how this funding will be spent in 2018-19 and this in turn would have an impact on the agreed allocation of the grant in the IBCF plan for 2018-19 by the Joint Executive Management Committee.

4.2 Legal Implications
Implications completed by Dr. Paul Feild Senior Governance Solicitor

The current picture is that Barking and Dagenham is not within the provisionally earmarked 32 authorities identified as poor performers. Nevertheless, the Board needs to monitor the situation and be best prepared to ensure of the Better Care Fund plans compliance. Should the situation change a full range of options will be considered including appropriate legal advice.

4.3 Joint Strategic Needs Assessment

The purpose of the Health and Wellbeing Board is to promote the health and wellbeing of the residents of Barking and Dagenham. This is achieved by focusing on integration of health and social care, delivery of improved health outcomes and efficiently reduce inequalities for those residents who live in the Borough, including those identified in the 2016 JSNA.

The JSNA set out a number of areas for improvement in the management of long-term conditions, avoiding hospital admission, and keeping people well in the community. The BCF plan that has been submitted sets ambitious plans for

improving the hospital discharge process, avoiding admissions, and improving targeted support to individuals in the community, particularly frail older people and those with long-term conditions. The plan exceeds the JSNA's identified needs around delayed transfers of care.

4.4 **Health and Wellbeing Strategy**

The Health and Wellbeing Strategy includes key priorities including prevention, improvement and integration of services, care and support, protection and safeguarding. By focusing on improving out-of-hospital support, integration of services, and helping to get people home from hospital safely and quickly, the BCF plan will aid the Health and Wellbeing Board to deliver the Joint Health and Wellbeing strategy.

4.5 **Integration**

The Better Care Fund plan is fundamentally about integrating services more fully, including with partners in Redbridge and Havering, and therefore is central to the Board's statutory aim to promote integration of services.

4.6 **Patient / Service User Impact**

The approach taken seeks to balance the impact upon patients and service users, ensuring both timely discharges from acute care but equally, balancing these with the need to ensure that discharges are safe.

List of Appendices:

The appendices to this item are included in the 'Supporting Documents' pack.

Appendix 1: Revised DToC trajectory submitted to NHS England: 2017-18 plans

Appendix 2: Approval Letter from NHS England for the Barking & Dagenham Better Care Fund Plan 2017-2018

HEALTH AND WELLBEING BOARD
8 November 2017

Title:	**Update on the East London Health & Care Partnership and Sustainability and Transformation Plan (STP)**

Report of the East London Health & Care Partnership

Open Report: Yes	**For Decision:** Yes
Wards Affected: ALL	**Key Decision:** Yes
Report Author: Ian Tompkins, Director of Communications & Engagement, East London Health & Care Partnership	**Contact Details:** Tel: 07879 335180 E-mail: ian.tompkins@nhs.net

Sponsor:

Anne Bristow, Deputy Chief Executive & Strategic Director, Service Development & Integration, London Borough of Barking and Dagenham.

Summary:

This report provides the Board with an update on the development of the East London Health & Care Partnership and Sustainability and Transformation Plan (NEL STP).

For Barking and Dagenham, Havering and Redbridge (BHR) it remains the case that the detail of the local contribution to the NEL STP has been developed through the established programme to draft a business case for an Accountable Care Organisation (ACO).

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note the update.

Reason(s)

The East London Health and Care Partnership, as outlined in the attached Partnership Agreement, is accountable to the BHR Integrated Care Partnership, Barking and Dagenham's membership of which is accountable to this Board.

1. Introduction and Background

1.1 The population of Barking and Dagenham, and the wider region, is growing rapidly. Between 2001 and 2011 LBBD's population rose from 164,000 to 186,000 and is projected to reach 275,000 by 2037. As well as growth, our population is becoming more complex and our health and wellbeing needs are intensifying and diversifying. For example, recent research by the University of Liverpool and University College London suggests a likely 25 per cent increase in the number of people requiring care in the UK between 2015 and 2025, a pattern we can expect to see mirrored in Barking and Dagenham.

1.2 This is placing increasing strain on already pressured budgets across health and care services. Despite NHS budgets having been protected during the programme of public sector austerity followed by the past three national Governments, funding for the NHS is failing to keep up with both demand and economic growth. Between 2015/16 and 2020/21 funding increases will average 0.7 per cent a year in real terms, compared to the long-term average of approximately 4.0 per cent a year since the NHS was established. Despite the extra £2bn for adult social care announced in the 2017 Budget, funding of the social care sector is facing similarly severe pressure. This pressure is manifesting with an increasing difficulty to provide safe, secure and high quality services. For example, 75 care home businesses across the UK were declared insolvent in 2016.

1.3 The residents of Barking and Dagenham already live with a range of poor health and wellbeing outcomes and inequalities. The healthy life expectancy in Barking and Dagenham is 60 for men and 59 for women, compared to the London average of 64. Obesity – especially among children – smoking, alcohol and drug abuse, a lack of healthy food options and regular activity are particular problems for Barking and Dagenham, and contribute to our already-high health and social care needs.

1.4 The severity of this crisis makes efforts to design innovative and sustainable services which transform and integrate the health and care sectors more important than ever. Organisations across the country are approaching service integration and transformation in a variety of ways, at different levels, and with differing outcomes.

1.5 Sustainability and Transformation Plans (STPs) were announced in NHS planning guidance in December 2015, with the intention of being 5-year plans establishing the future of health and care services, incorporating the vision of the NHS Five Year Forward View, and how the sector will integrate and transform better and more sustainable services. 44 'footprint' local areas across England have been identified, and NHS organisations, local authorities and other partners in each area have since been developing local 'place-based' plans for the future of their health and care services.

1.6 The North East London area encompasses the CCGs, local authorities and provider organisations across Barking and Dagenham, Havering, Redbridge, Waltham Forest, Newham, Tower Hamlets, City and Hackney.

1.7 Previous reports and updates regarding the NEL STP have been provided to the Board. A draft STP was submitted to NHS England on 30 June 2016 as a 'checkpoint', which formed the basis of a local conversation with NHS England on 14 July. The

next iteration of the STP was submitted on 21 October 2016, and feedback and next steps are awaited from NHS England.

2. Local Devolution, Transformation and Integration

2.1 Many efforts are already underway across the region, attempting to forward health and social care integration and transformation, and build more sustainable services. Barking and Dagenham has a long history of pioneering health and care integration from the bottom-up.

2.2 The City and Hackney devolution pilot seeks to build a truly integrated 'system' across the full range of health and social care services, from children's public health to long term social care. Similarly, Newham, Tower Hamlets and Waltham Forest are undertaking their 'Transforming Services Together' Programme.

2.3 In BHR integration and transformation efforts have focused in recent years on the Integrated Care Partnership. In September 2015, this meant the scoping of a potential Accountable Care Organisation for Barking and Dagenham, which would unite into one organisation the responsibility for all of health and social care, under joint political and clinical leadership. However, priorities at a more operational level, especially amongst wider primary care, did not match with this vision. As a result, the bottom did not engage with the integration to the same extent as previous initiatives. More recently Barking and Dagenham have developed the locality model, further pushing devolution and bottom-up integration.

2.4 The London Borough of Redbridge are leading on the newly established Joint Commissioning Board (JCB), which aims to give joint commissioning significant authority in an attempt to drive integration through mutual benefit and collaboration. Being guided by a necessity to deliver financially sustainable services for both the participant local authorities and the NHS, the JCB will aid the implementation of the new 2017-19 Integration and Better Care Fund by identifying and acting upon areas of mutual interest and reasonable commissioning leads.

2.5 The 2017-19 Integration and Better Care Fund, while still in development, will take a staged approach over the next 2 years to ensure that strong and established governance arrangements support meaningful integration and innovation. In year 2 this integration and innovation will be sought in part through joint commissioning identified and implemented by the JCB, and led by the most suitable participants.

3. Governance

3.1 A Partnership Agreement has now been developed for the East London Health and Care Partnership, which intends to develop and implement the NEL STP. It is intended that this Agreement secures a common understanding and commitment between the partner organisations of the scope and objectives of the governance arrangements, the principles and processes that would underpin the governance arrangements, and the governance framework that would support the development and implementation of the STP.

4. Equality Impact

4.1 An equality screening has been completed which considers the potential equality impacts of the proposals set out in the NEL STP. It includes an overview of all the initiatives included in the NEL STP narrative, an initial assessment of the NEL STP overarching 'Framework for better care and wellbeing' and actions to be undertaken during further detailed equality analysis.

4.2 The Equality Impact Assessment has been published and is available here: http://www.nelstp.org.uk/downloads/Publications/NEL-STP-Equality-screening2016.pdf

5. Engagement

5.1 A communications and engagement plan has been developed and sets out how communications with staff, patients, the public, partners and other stakeholders will be managed and delivered. This will be regularly reviewed, refined where necessary and shared with all interested parties, with updates on the outcomes achieved.

6. Mandatory Implications

Joint Strategic Needs Assessment

6.1 A public health profile for north east London (March 2016) is being used to help understand the health and wellbeing, care and quality, and the financial challenges locally, to identify priorities for inclusion in the NEL STP. The public health profile for north east London can be viewed below:

http://www.nelstp.org.uk/downloads/Publications/NEL-STP-JSNA-2016.pdf

6.2 The public health profile for north east London identifies common themes that are also identified in the Barking and Dagenham JSNA, as outlined below:

- According to the updated Index of Multiple Deprivation (2010), Barking and Dagenham continues to be in the bottom 7% of most deprived boroughs. In a population weighted ranking the borough is 8th worst in England.
- Barking and Dagenham there is predicted to be an increase in population from 203,060 to 223,185 between 2015 and 2020, an increase of 9.9%. The 2011 Census found that the population of children aged 0-4 years had grown by 49% in the previous ten years, the highest growth for this age group in England and Wales. In 2013 the numbers of children under 5 years made up 10% of the population and between the ages of 0-19 made up 32% of the population.
- By the end of March 2014, 10,797 people had been detected with diabetes in Barking and Dagenham, a 6.7% rise on the March 2013 figure (10,260) and a 28.6% rise on the March 2010 figure (8,349). The prevalence of diagnosed diabetes in the borough is 7.3%, higher than the England average of 6.2%. It is estimated that 16% of the total number of people predicted to have diabetes are currently undetected.

- Barking and Dagenham has a significantly higher prevalence of overweight and obese adults when compared with London and is similar to that of England. In 2013/14 Barking and Dagenham had the ninth highest proportion of overweight and obese children in Reception class (26.8%) and the third highest proportion in Year 6 (42.2%) in England. Provisional measurements for 2014/15 indicate that the prevalence of children in reception year that are obese or overweight increased by 1%, while the prevalence of overweight or obese children in year 6 fell by 1.9%,

- Cancer contributes significantly to the health inequalities gap. There are 352 cancer deaths per 100,000 people each year in LBBD, the second highest rate between all London CCGs after Tower Hamlet. This is over 21% higher than the England average of 290 death per 100,000 population. The one year survival rate for all cancers in 2012 was 64%, the lowest in London at 69.7% and 69.3% for England.

Health and Wellbeing Strategy

6.3 The NEL STP links with the Barking and Dagenham Health and Wellbeing Strategy 2015-18 through several mutual themes. These include prevention, care and support, and improvement and integration.

Integration

6.4 Integration is a vital component of delivering the NHS Five Year Forward View and, as a result, building more sustainable services. One of the top priorities for the NEL STP is encouraging and implementing health and care integration. It also purports to aid and encourage local integration efforts, though some concerns have been raised regarding the potential limiting of local integration programmes due to the possible top-down approach of the STP.

Financial Implications

Implications completed by Olufunke Adediran, Group Accountant:

6.5 This report gives an update on the NEL STP although there are no direct financial implications arising as a result of this report, the STP seeks to address challenges in the health and social care economy and with increasing financial constraints across Local Government and the NHS, there needs to be effective monitoring and control processes in place to analyse the relationship between the input of resources into the system and outcomes.

Legal Implications

6.6 **Implications completed by Dr. Paul Feild Senior Governance Solicitor**

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 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.

Risk Management

6.7 N/A

Patient/Service User Impact

6.8 N/A

List of Appendices:

The appendices to this item are included in the 'Supporting Documents' pack.

Appendix 1	East London Health and Care Partnership General Update October 2017.
Appendix 2	Better Care and Wellbeing in East London
Appendix 3	ELHCP governance structure

HEALTH AND WELLBEING BOARD

8 November 2017

Title:	**Update on the work of the Integrated Care Partnership for Barking & Dagenham, Havering and Redbridge**
Report of the Deputy Chief Executive and Strategic Director for Service Development and Integration	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Jade Hodgson, Partnership Boards Business Manager	**Contact Details:** Tel: 020 8227 5784 E-mail: Jade.hodgson@lbbd.gov.uk
Sponsor: Anne Bristow, Deputy Chief Executive and Strategic Director for Service Development and Integration, LBBD.	
Summary: This report updates the Board on the work undertaken by the Barking and Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership Board (ICPB) since the last meeting of the Health and Wellbeing Board.	
Recommendation(s) The Health and Wellbeing Board is recommended to: (i) Note and discuss the reports of the Integrated Care Partnership Board.	

List of Appendices

Appendix A: ICP Board action notes

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HEALTH AND WELLBEING BOARD
8 November 2017

Title:	**Stepping Up: Sub-Structure Update**

Report of the Deputy Chief Executive and Strategic Director for Service Development and Integration

Open Report	**For Decision**
Wards Affected: ALL	**Key Decision:** Yes
Report Author: Mark Tyson – Commissioning Director, Adults' Care and Support Jade Hodgson – Partnership Boards Business Manager	**Contact Details:** Tel: 020 8227 2875 E-mail: Mark.tyson@lbbd.gov.uk Tel: 020 8227 5784 E-mail: Jade.hodgson@lbbd.gov.uk

Sponsor:

Anne Bristow: Deputy Chief Executive and Strategic Director for Service Development and Integration

Summary:

This report provides an update for the Board on further developments within its sub-group structure.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note and discuss the contents of this report.
(ii) Note the Terms of Reference and Vision for the Children's Partnership (Appendix A)
(iii) Formally agree the Children's Partnership as a sub-group of the Health and Wellbeing Board.
(iv) Note the Membership for the Mental Health Sub-group
(v) To address the substructure of the HWBB in line with the new Health and Wellbeing Strategy 2018
(vi) To review the Integrated Care Steering Group

Reason(s)

For the Board to fulfil its responsibilities of encouraging health and social care integration, and delivering improved outcomes and reduced inequalities for the residents of Barking and Dagenham, it is vital that the focus, operation and direction of the Board be evaluated and improved as necessary.

1 Introduction and Background

1.1 The Health and Wellbeing Board established on 1 April 2013 under the provisions of the Health and Social Care Act 2012, has the responsibility to strengthen working relationships between health and social care, and to encourage the development of more integrated commissioning of services. Through its work the Board seeks to improve health and wellbeing outcomes, and reduce health inequalities, of local people.

1.2 There are five sub-groups that report to the Health and Wellbeing Board; Mental Health, Integrated Care, The Learning Disability Partnership Board, Children's Partnership and The Public Health Programmes Board. Each of the five sub-groups will take direction, where given, from the Board and report back on the outcomes of each sub-group meeting.

1.3 With the population of Barking and Dagenham growing rapidly – expected to reach 275,000 by 2037 – and demand for health and social care services increasing even faster, with a wide range of health inequalities continuing to impact residents, and with budgets facing the pressures of this demand in conjunction with the last 7 years of austerity, the Board's responsibility to encourage substantive integration and innovation has never been so important and urgent.

1.4 With these factors it is essential to ensure that the Board is using its time and resources efficiently and effectively, targeting innovative and important proposals and challenges to best serve the residents of Barking and Dagenham. This includes ensuring that each sub-group is working as effectively as possible to deliver the outcomes outlined in the Joint Health and Wellbeing Strategy.

2 The Children's Partnership

2.1 The Children Partnership chaired by Commissioning Director Childrens' Care and Support is one of the five sub-groups that reports to the Health and Wellbeing Board. The Children's Partnership is a newly formed sub-group and will replace the Children and Maternity Group. The Partnership meet on a 2-monthly basis with the main purpose to improve the health, wellbeing and outcomes of children and young people in the Borough. This will be achieved through key priority areas such as commissioning, integration, transformation and innovation.

2.2 The Children's Partnership Board's inaugural meeting was on 20 September 2017 where the board were presented with the terms of reference (ToR) and vision (Appendix A). It was decided that the sub-group membership will not exceed 10 members in order to keep the Board focused. The ToR and vision for the future of the Partnership Board were reviewed and agreed.

2.3 The Children's Partnership was set up in this way to agree a strategy for children and young people in Barking and Dagenham. They will also consider aspects relating to the health agenda for children and young people, noting that there are other bodies to oversee other impacts on the lives of children and young people in the borough, most notably safeguarding arrangements through the Local Safeguarding Children's Board. The next Partnership meeting will be held on 29th November 2017.

2.4 The Partnership have agreed that each year they will identify and focus on a small set of key priorities, undertaking in-depth workshops to address each identified challenge. In the first year the Partnership have agreed to focus on the following challenges:

- The Health and Wellbeing of children and the wider strategy for children and young people in Barking and Dagenham;
- The agenda for special educational needs and disability (SEND) focusing on those young people preparing for independence and approaching a working age;
- Those that are not in education, employment, training and unknown looking at attainment and post-16 outcomes.

3 Learning Disability Partnership Board

3.1 The Learning Disability Partnership Board (LDPB) is an established sub-group of the Health and Wellbeing Board chaired by the Commissioning Director of Adults Care and Support. The LDPB convene every 2 months with the purpose to promote and advance the health and wellbeing of people with learning disabilities in Barking & Dagenham. This be will accomplished by delivering and implementing key local and national plans and strategies.

3.2 The LDPB have undertaken minor changes to the function and running of the board including expanding their remit to include Learning difficulties and Autism. The Board previously mirrored the schedule of the Health and Wellbeing Board holding Boards every 8 weeks however the Board has rescheduled to hold quarterly meetings, to better fit with the working pattern of those involved and ensure meetings are more substantive.

3.3 The three Sub-groups that feed into the LBDP; Family Carers forum, Service Users forum and Provider and Professional forum have decreased in attendance affecting the efficiency of the sub-groups. The board have plans to address this issue by reenergising the sub-groups through working and engaging with the wider community. There is a view to widen membership for both the Provider and Professional forum and Service User's forums with the view for these to become self-led sub-groups.

3.4 The focus of changes that are required to both the Board and three sub-groups include updating and agreed the Terms of Reference to reflect clearer aims and objectives and to address responsibilities of the LDPB and its sub-groups. These changes will start imminently and report back to the Health and Wellbeing Board to approve the Terms of Reference.

4 Public Health Grant Assurance Group

4.1 Members will note that the substructure proposes the removal of the Public Health Programmes Board. In line with the structural changes within the Council, this will be replaced by a process of assuring that commissioning undertaken under the Public Health Grant meets the outcomes that were intended, and where necessary adjust commissioning priorities to ensure that wider preventive outcomes are being addressed. Renamed as the Public Health Grant Assurance Group, this will have

renewed Terms of Reference. The first meeting was held on the 9 October where these proposed arrangements were presented and approved. As the Board has now transformed to an assurance group it will no longer be an established subgroup that reports to the Health and Wellbeing Board.

5 Integrated Care Sub-group

5.1 The Integrated Care Sub-Group chaired by the SRO Unplanned Care BHR CCGs meets every 2 months with the purpose to develop the vision for integrated health and social care services in B&D, and to engage providers in the development and delivery integrated health and social care services commissioned through the Better Care Fund (BCF) plan. The subsequent establishment of the Joint Executive Management Committee as the formal governance arrangement for the Better Care Fund has shifted the focus of the group onto locality development. Over the past year progress has been made to take forward the ambition of developing a BHR Accountable Care System led by the BHR Integrated Care Partnership (ICP). The ICP has agreed to establish a Joint Commissioning Board to be responsible for the joint commissioning of services and a Provider Alliance is coming together across primary, community and social care. In light of these developments it is recommended that the purpose and leadership if the Integrated Care Steering Group is reviewed.

6 Future Development

6.1 With the introduction of the new Health and Wellbeing Strategy in 2018 the vision of Barking and Dagenham is to reduce inequalities and improve the health and wellbeing of residents in the Borough by year 2020. During this phase the Board may want to consider a review of the substructure of the Health and Wellbeing Board to ensure that the structure and membership are right to deliver the impending strategy.

6.2 The board is recommended to review to substructure of the Health and Wellbeing Board to determine whether the structure and membership will be able to deliver the new Health and Wellbeing Strategy efficiently and effectively.

7 Mandatory Implications

7.1 Joint Needs Assessment Implications

The functions of the Health and Wellbeing Board is to promote and inspire residents of Barking and Dagenham by focusing on integration of health and social care, delivery of improved health outcomes and effectively reduce inequalities for those who live in the Borough including those identified in 2016 JSNA. A more effective substructure will help identify the needs of the population and target work to deliver on those needs.

7.2 **Health and Wellbeing Strategy Implications**

The Health and Wellbeing Strategy includes key themes prevention, improvement and integration of services, care and support, protection and safeguarding. Reviewing and developing substructure will aid the Health and Wellbeing Board to deliver the Joint Health and Wellbeing strategy.

7.3 **Integration Implications**

The projected new direction of the Health and Wellbeing Board will allow it to dedicate greater resources and time to substantive topics of health and social care integration; a central purpose of the Board.

7.4 **Financial Implications**
Implications completed by Katherine Heffernan, Service Finance Group Manager:

This report is mainly for information and sets out to provide an update for the Health and Wellbeing Board on further developments within its sub-group structure. As such there are no financial implications arising directly from the report.

7.5 **Legal Implications**
Implications completed by Dr. Paul Feild

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 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. As part of this function it utilises the support of specialist sub groups.

This Report seeks the Health and Well-Being Board agreement to the arrangement whereby the Children's Partnership will be a sub-group reporting to this Board and further explains changes within the scope of the Mental Health Group.

List of Appendices:

Appendix A: Childrens' Partnership Vision and ToR

Appendix B: Mental Health Membership

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HEALTH AND WELLBEING BOARD 8
November 2017

Title:	**Sub-Group Reports**
Chair of the Board	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Jade Hodgson – Partnership Boards Business Manager	**Contact Details:** Tel: 020 8227 5784 E-mail: Jade.hodgson@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Board	

Summary:

At each meeting of the Health and Wellbeing Board each sub-group, excluding the Executive Planning Group, report on their progress and performance since the last meeting of the Board.

Please that the Integrated Care Sub Group has not met since the last meeting of the Health and Wellbeing Board.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note and discuss the contents of the appended sub-group reports.

List of

The appendices to this item are included in the 'Supporting Documents' pack.

Appendix A Mental Health Sub-Group Report

Appendix B Learning Disability Partnership Board

Appendix C Childrens' Partnership Board

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HEALTH AND WELLBEING BOARD
8 November 2017

Title:	**Chair's Report**
Report of the Chair of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Jade Hodgson: Partnership Boards Business Manager	**Contact Details:** Tel: 020 8227 5784 E-mail: Jade.hodgson@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board.	
Summary: Please see the Chair's Report attached at Appendix A.	
Recommendation(s) The Health and Wellbeing Board is recommended to: (i) Note the contents of the Chair's Report and comment on any item covered should they wish to do so.	

List of Appendices:

The appendix to this item is included in the 'Supporting Documents' pack.

Appendix A: Chair's Report

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HEALTH AND WELLBEING BOARD

8 November 2017

Title:	**Forward Plan**
Report of the Chief Executive	
Open	**For Comment**
Wards Affected: None	**Key Decision:** No
Report Authors: Tina Robinson, Democratic Services, Law and Governance	**Contact Details:** Telephone: 020 8227 3285 E-mail: tina.robinson@lbbd.gov.uk
Sponsor: Cllr Worby, Chair of the Health and Wellbeing Board	

Summary:

The Forward Plan lists all known business items for meetings scheduled for the coming year. The Forward Plan is an important document for not only planning the business of the Board, but also ensuring that information on future key decisions is published at least 28 days before the meeting. This enables local people and partners to know what discussions and decisions will be taken at future Health and Wellbeing Board meetings.

Attached at **Appendix A** is the next draft edition of the Forward Plan for the Health and Wellbeing Board. The draft contains details of future agenda items that have been advised to Democratic Services at the time of the agenda's publication.

Recommendation(s)

The Health and Wellbeing Board is asked to:

(i) Note the draft January 2018 edition of the Health and Wellbeing Board Forward Plan;

(ii) Consider whether the proposed report leads are appropriate;

(iii) Indicate whether any of the items should be considered in the first instance by a Sub-Group of the Board.

(iv) The next full issue of the Forward Plan will be published on 18 December 2017. Any changes or additions to the next issue should be provided before 2.00 p.m. on 13 December 2017.

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

List of Appendices

- **Appendix A** – Draft January 2018 Forward Plan
  The appendix to this item is included in the 'Supporting Documents' pack.

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