Barking and Dagenham Integrated Care Health and Wellbeing Sub Group

Chair: Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group

Items to be escalated to the Health & Wellbeing Board

None at this stage

Performance

N/A

Meeting Attendance

Members:

- Sharon Morrow, B&D CCG
- Dr J. John, B&D CCG Clinical Director
- Mark Tyson, LBBD
- Melody Williams, NELFT
- Tudur Williams, LBBD Adult Social Care
- Susan Lloyd, Public Health, LBBD
- Sarah D'Souza, B&D CCG
- Bas Sadig, BHRUT
- Ann Graham, LBBD
- Dr Goriparthi, B&D CCG
- Sandeep Prashar, Public Health, LBBD

Attendees:

- Jane Gateley, BHR CCGs
- Rita Symons, NELFT
- Sarah Perman, BHR CCGs
- Monga Mafu, B&D CCG
- Emily Plane, BHR CCGs

Action(s) since last report to the Health and Wellbeing Board

Since the last report to the health and wellbeing board, three meetings of the Integrated Care Health and Wellbeing Board sub group have taken place including an extended meeting in workshop format. The primary focus of these meetings has been the development of proposals to take forward the establishment of the locality model of care in Barking and Dagenham. This model will aim to deliver more seamless health and care to the people of B&D, with the primary aim of improving health and wellbeing, as well as helping to address some of the system challenges identified in the BHR Devolution Strategic Outline Case.

Action and Priorities for the coming period

We have received updates through the ICSG meetings on the progress which individual organisations (primarily NELFT and LBBD Adult social care as well as General Practice-through the development of GP networks which are coterminous with the locality

footprints) have made towards reconfiguring their services around the three Barking and Dagenham localities. Going forward, meetings will focus on how we can build on this progress to create a more integrated model of care which will include wider links with the community and voluntary sector. Public health are in the process of developing profiles at Locality level to enable the reconfigured teams to weight their service provision based on need, and this process will also enable more informed discussion about the types and level of service required within each locality to meet the needs of the people living there. By working together we will aim to use the resources available to us more intelligently to deliver high quality care and support in a time of constrained finances.

Key next steps on the agenda for the ICSG include:

- Development of health and care profiles at locality level
- Development of a prevention strategy around the locality model which will seek to describe how the locality model will be the delivery mechanism through which the B&D health and wellbeing strategy prevention agenda is delivered
- Working with health and care staff as well as wider groups with influence over the wider determinants of health to develop proposals to take forward/ establish the locality model
- A strong programme of engagement will be required/ developed to ensure that the model can be truly co-designed with staff, our population and other key stakeholders

NOTE: the locality model of care has been developed by BHR partners through the Integrated Care Partnership group's Devolution agenda and forms the BHR element of the north east London Sustainability and Transformation plan.

Action notes for the following ICSG meetings are attached for information:

- Attachment 1 Action notes ICSG 28 11 16
- Attachment 2 12.12.16 Workshop Write up
- Attachment 3 BD Locality Development ICP_23 01 17 2 (meeting with a focus on developing the presentation for the Integrated Care Partnership Group on 20.01.17)

The next meeting will take place on 13.03.17 with a focus on; feedback from the presentation to the Integrated Care Partnership meeting on 20.01.17 and next steps for locality development in Barking and Dagenham

Contact:

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