Barking and Dagenham Partnership Board
Thursday 26 January 2023
The Chambers, Barking and Dagenham Town Hall and Via Microsoft Teams

Members:	
North East London ICB	
Dr Rami Hara (RH) (V)	Clinical/Care Director, NHS North East London
Sunil Thakker (ST) (V)	Finance, NHS North East London
NHS Trusts	
Melody Williams (MWi) (P)	Integrated Care Director, NELFT
Selina Douglas (SD) (V)	Director of Partnerships, NELFT
Local Authorities	
Cllr Maureen Worby (MWo) Co-Chair (P)	Councillor, London Borough of Barking & Dagenham
Fiona Taylor (FT) (P)	Acting Chief Executive, LBBD
Matthew Cole (MCo) (P)	Director of Public Health, LBBD
Together First CIC, B&D GP Federation	
Craig Nikolic (CN) (V)	CEO, Together First CIC, B&D GP Federation
Primary Care	
Dr Bhawnesh Liladhar (BL) (V)	Dental Lead
BD Collective	
Elspeth Paisley (EPa) (V)	Health Lead, Lifeline Community Resources
Georgina Alexiou (GA) (P)	Founder & Project Manager, BDYD
Healthwatch	
Manisha Modhvadia (MM) (P)	Healthwatch Acting Manager
Care Provider Voice	
Pooja Barot (PB) (P)	Director, Care provider Voice
Attendees:	
Jane Leaman (JLe) (P)	Consultant in Public Health (interim), LBBD
Jane Lindo (JLi) (V)	Director of Primary Care, NHS North east London
Debbie Harris (DH) (P)	Governance Officer, NHS North east London
Dotun Adepoju DA) (P)	Senior Governance Manager, NHS North east London
Matt Cridge (MCr) (V)	Head of Borough Partnerships, LBBD
Julia Summers (JS) (V)	Finance, NHS North east London
Charlotte Pomery (CP) (P)	Chief Participation and Place Officer, NHS North east London
Susanne Knoerr (SK) (P)	Head of Service, Integrated Care
Elena Tagliaferri (ET) (V)	NHShared PMO Lead- Planned Care & CYP, NHS North east London
Michelle Charles (MC) (V)	Engagement and Community Communications Manager, NHS North east London
Dalveer Johal (DJ) (V)	Pharmacy Services Manager, NEL LPC
Pete McDonnell (PMc) (V)	Older People and Frailty Programme Lead, NHS North east London
Apologies:	
Ann Hepworth (AH)	Director of Strategy & Partnerships, BHRUT
Dr Narendra Teotia (NT)	Primary Care Network Director, North
Dr Shanika Sharma (ShaS) Co-Chair	Primary Care Network Director, West One

Sharon Morrow (SM)	Place Director, NHS North East London
Elaine Allegretti (EA)	Strategic Director Children and Adults, LBBD
Mike Corrigan (MC)	Operational Director Adult's Care and support, LBBD
Dr Jason John (JJ)	Primary Care Network Director, New West
Dr Afzal Ahmed (AA)	Primary Care Network Director, East
Dr Ravi Goriparthi (RG)	Primary Care Network Director, North West
Sophia Murphy (SM)	Associate Director for Quality and Governance (Interim), BHRUT
Jess Waithe (JW)	Public Health Specialist (Interim)
Rhodri Rowland (RR)	Director of Community Participation and Prevention – ComSol, LDDB
Charlotte Griffiths (CG)	Infrastructure Planner, NHS North east London
Dr Natalya Bila (NB)	Primary Care Network Director, East One

Item	
1.0	**Welcome, introductions and apologies**
	The Chair welcomed members/attendees to the meeting. Apologies were noted as above. Some members joined in person, indicated above as (P) and some virtually online via MS Teams, indicted above as (V)
1.1	**Declarations of conflicts of interest**
	Members were reminded to complete their Declaration of Interest form if they had not already done so. No additional Conflicts of Interests were noted.
1.2	**Minutes of the meeting held on 27 October 2022**
	Notes from the previous meeting were agreed as an accurate record.
1.3	**Action Log**
	The action log was discussed and noted.
2.0	**Fuller Report**
	Jane Lindo (JLi) joined the meeting online to give an update on the Fuller Report. Highlights included: • The paper provides an overview of the Fuller report and what it will mean for NEL ICB and for primary care at place. • There will be a more streamlined access to care and advice for people who get ill but only use health services infrequently: • Increased choice about how patients access care; • More proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions; • There will be a more ambitious and joined-up approach to prevention; • Increased ability to influence quality of care; through patient-reported experience measures; • Reduction in inequalities and variations in access to and quality of care within their communities. • It also outlines the key next steps towards embedding the Fuller recommendations in NEL ICB including the setup of four key workstreams to progress this work- Streamlining urgent care, continuity of care, enablers- people, enables- digital and infrastructure. Comments from the Board: • A concern was raised that another set of meetings were being arranged to discuss matters that are already being discussed in other forums. Cllr Worby, in an earlier meeting, had asked Matt Cridge to undertake a mapping exercise so conversations only take place once.

	• It was felt the Fuller Report focuses on GPs and needs to be widened to take in other areas of Primary Care in its entirety. • The question was asked on how the four workstreams will overlap with Place and Collaboratives to avoid duplication. • It was felt that the current model of general practice does not work. Primary Care is not manged in the same way as the Provider Collaboratives are manged, this means groups of individuals are being manged rather than groups of organisations making Integrated Care difficult. The model needs to be flexed to better fit in the context it needs to operate within. • There is a need for Workforce to work together in order to address and resolve concerns. • There is a need to look at gaps at a Local level. • There was a request to not use new names for services as this confuse residents e.g. change in names from Polyclinics to Walk-in Centres to Urgent Care Centres. • It was felt that and until issues are sorted, we shouldn't yet be talking about prevention. • As partners it will be helpful to know the hierarchy, what we will be starting with and where the resources will be. The Board noted the update.
Unfortunately, due to IT issues the Chair made the decision to only hold the meeting in person. Therefore, the people that had joined virtually could no longer take part in the meeting. **The Chair reiterated that members/presenters should only be joining the meeting virtually as an exception, with prior agreement from herself or Co-Chair.**	
3.0	**Health and Wellbeing Strategy**
	Jane Leaman (JLe) updated members on the Health and Wellbeing Strategy. Highlights included: • The current Barking and Dagenham Health and Well Being Strategy (HWBS) ends in March 2023 • On review following the publication of the refreshed JSNA and the Babies, Children's' and Young Peoples Plan, it is proposed the strategy (now known as the Local Joint Health and Well Being Strategy (JLHWBS)) remains but is refreshed in the context of the new Integrated Care System (ICS) and in the aftermath of the COVID Pandemic and the current 'cost of living crises for the period 2023 -2028 (as recommended in the Director of Public Health's report 2021-22). • In the context of the new Place-based Partnership and integrated working this refreshed strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of residents' lives by 2028. • JLHWS will set out the agreed priorities and joint action for partners to address the health and wellbeing needs identified by the Joint Strategic Needs Assessment (JSNA). • Although the Health Well Being Board remains responsible for the JLHWBS, LBBD and the ICB must have regard to the relevant JLHWSs so far as they are relevant when exercising their functions, including NHS England in exercising any functions in arranging for the provision of health services in relation to the geographical area of a responsible local authority. • A programme of community engagement is currently planned to help define 'what good looks like' against the agreed priorities. • Once the strategy is agreed, measures (performance indicators) will be identified against which progress will be tracked and a Local Delivery Plan at Place detailed set of delivery plans will be developed to outline activity to achieve the agreed measures. The NEL IBB Local Delivery Plan will align to this local plan. • Responsibility and accountability for delivering the Local Delivery Plan at Place will be the Adult and Best Chance for Children and Young People Delivery Groups, reporting to the Partnership Executive Group.

	• The draft Health and Wellbeing Strategy will be discussed at the Health and Wellbeing Board in March and will return for final sign off in May Comments from the Board: • There is a need to ensure that the individual priorities of the 7 places' within NEL do not get diluted by the overall Integrated Care Strategy and Joint Forward Plan. • Engagement/coproduction with communities is central and a key enabler to the development and delivery of the JLHWBS and partnership priorities. It was proposed that the Partnership Board nominate a community engagement lead to lead this work lead to A need to have a communications enabler. Fiona Taylor (FT) took this action. • There is a need to engage with residents we don't normally speak too, one's not known to services, seeking what matters to them. • A question was raised about if there has been any involvement with the youth voice. • There was an offer of help from Social Care with Care Providers being on the front line dealing with services users. • There is a need to link up with communications lead within each of the partner organisations to develop a coordinated plan to consult on the document and to ensure the Strategy does not go out to the same people multiple times. • It was suggested that the Board could consider having a Lead person on the Board for Community engagement. **Action:** FT to identify a lead to attend Board meetings re Community Engagement. Members to support the consultation phase of the drafting of the strategy (March – April) through their respective community engagement leads. The Board noted the update.
4.0	**Long Term Conditions Board Progress update**
	Due to Dr Rami Hari (RH & JK) and Jeremy Kidd being unable to join the meeting the Chair suggested that members concentrated on the Plan on a Page within the meeting papers. Comments from the Board: • It was felt that the paper was missing an important aspect in respect to the National context, this being excess deaths. We are trying to understand why we have these excess deaths, there are multiply factors, Covid, delays, infection and residents not presenting at hospitals or local practice. It has been identified that these are related to Long Term Conditions (LTC). Recent analysis suggests there are around 38,000 undiagnosed and therefore unmanaged cases of CHD, hypertension, stroke, diabetes, CKD or COPD in B&D, with associated morbidity and risks of mortality for those individuals. It also highlights the prevalent inequalities in morbidity and treatment by geography, age, gender and ethnicity. The paper needs to set out what is being done to find these missing cases. • There is a need to do a targeted approach on Eastern European residents as their numbers have increased through the pathway. This needs to be in language they understand. • There is need to do an engagement piece of work. **Action:** Charlotte Pomery took the action to feed back to RH & JK that the paper needs to set out how the missing 38,000 cases are going to be identified The Board thanked the authors for their work and the Chair suggested that if members have any further questions/comments they should contact JK/RH directly. The Board noted the update.
5.0	**Concept paper for Paeds Community Ophthalmology**

	Due to Elena Tagliaferri (ET) being unable to join the meeting the Chair informed members of the idea to create a subsidiary pathway for management of certain cohorts of children referred to the ophthalmology department at BHRUT, by qualified community optometrists. Comments from the Board: • There was a request for clarity on where in the community these appointments would take place. There was a suggestion that a map is produced. Board members supported the development of a business case.
6.0	**Provider Collaborative update**
	Due to Jane Lindo (JL) being unable to join the meeting Charlotte Pomery (CP) talked members through the attached paper. Highlights included: • The first meeting took place on 18 January 2023. • The slides show the governance, membership and the role of the Primary Care Collaborative. • This first agenda focused on setting the strategic context to frame a workshop in the collaborative meeting on how members will work together to optimise their roles and the role of the Primary Care Collaborative. • Each Collaboratives are at different stages of development. Next Steps: • Next steps for the development of the Primary Care Collaborative are development of the provider group roles for pharmacy, dentistry and optometry. Comments from the Board: • Will Care Providers' Voice be involved? CP to take this question back to management. • It was noted that the membership was not fully inclusive of Primary Care representation. It was observed that, for example, there were no Physiotherapists or Nurses in the membership. • It was felt that there are too many Collaboratives in Primary Care e.g. The Partnership of East London Cooperatives (PELC), GP Federations, etc making it complicated and fragmentated. • There is a need to ensure that all of Primary Care Networks are represented with an equal voice for all. The Board noted the update.
7 0	**AOB**
	The Chair raised the issue of all four of our Urgent Care Centres failing their CQC inspections. The Chair has asked for a full report to come to the February meeting with both Steve Rubery, as CEO of PELC attending along with the ICB to provide an assurance process. **Action:** DH to add - Partnership of East London Co-operatives (PELC) Care Quality Commission Inspection Update to the forward planner.
Barking and Dagenham Integrated Care Board Sub Committee business	
8.0	**Welcome**
	The Chair welcomed members/attendees to the meeting.
9.0	**Discharge funds & section 75 agreement variations**
	Due to Pete McDonnell (PMc) being unable to join the meeting, Charlotte Pomery (CP) talked members through the attached paper: Highlights included:

	• Further to approval of the Better Care Fund Plan 2022/23 by NHSE, the Integrated Care Board (ICB) and London Borough of Barking and Dagenham (LBBD) are finalising a variation to the BHR Section 75 partnership agreement to reflect the updated plan and finance schedule. The following additional contributions are being made to the pooled budget to support discharge pressures: - £1.55M from the national Adult Social Care (ASC) Discharge Fund to support discharges pressures - £601K from the ICB to support additional social care capacity over winter. The purpose of the Adult Social Care (ASC) discharge fund is to prioritise approaches that free up the maximum number of hospital beds by reducing bed days and boosting ASC workforce capacity. Each local area is required to submit fortnightly reports to NHSE as well as an end of fund report in May. Next Steps: • There is a requirement for fortnightly activity reports from 6 January and a final spending report by 2 May 23. The BCF partnership group will monitor spend and agree any reallocation required. Comments from the Board: • It was noted that another recent allocation of £200m discharge fund was announced with NEL's allocation being £7.1m. The conditions are fairly stringent with it not being just about bed capacity but also packages of care capacity. The Board noted the update.
10.0	**AOB**
	None noted
	Date of next meeting – 23rd February 2023 – venue tbc