

DRAFT
Barking and Dagenham Partnership Board
Thursday 23 February 2023
The Chambers, Barking and Dagenham Town Hall,
Town Hall Square, Barking, IG11 7LU

Members:	
North East London ICB	
Dr Rami Hara (RH)	Clinical/Care Director, NHS North East London
Sharon Morrow (SM)	Place Director, NHS North East London
Julia Summers (JS) (for Sunil Thankker)	Finance, NHS North East London – rep for Sunil Thakker
NHS Trusts	
Melody Williams (MWi)	Integrated Care Director, NELFT
Selina Douglas (SD)	Director of Partnerships, NELFT
Ann Hepworth (AH)	Director of Strategy & Partnerships, BHRUT
London Borough of Barking and Dagenham	
Cllr Maureen Worby (MWo)	Councillor, LBBDD
Co-Chair	
Fiona Taylor (FT)	Acting Chief Executive, LBBDD
Elaine Allegretti (EA)	Strategic Director Children and Adults, LBBDD
Susanne Knoerr (SK)	Head of Service, Integrated Care, LBBDD
Together First CIC, B&D GP Federation	
Craig Nikolic (CN)	CEO, Together First CIC, B&D GP Federation
Primary Care	
Dr Shanika Sharma (ShaS)	Primary Care Network Director, West One
Co-Chair	
Dr Uzma Haque (UH)	Primary Care Network Director, North
Dr Kanika Rai (KR)	Primary Care development Lead, NHS North east London
BD Collective	
Elsbeth Paisley (EPa)	Health Lead, Lifeline Community Resources
Healthwatch	
Manisha Modhvadia (MM)	Healthwatch Acting Manager
Care Provider Voice	
Pooja Barot (PB)	Director, Care provider Voice
Attendees:	
Madalina Bird (MB)	Governance Officer, NHS North East London
Keeley Chaplin (KC)	Governance Manager, NHS North East London
Matt Cridge (MCR)	Head of Borough Partnerships, LBBDD
Jane Leaman (JL)	Consultant in Public Health (interim), LBBDD – rep for Matthew Cole
Steve Rubery (SR)	CEO, Partnership of East London Co-operatives (PELC) – for item 4.0
Mike Brannan (MB)	Consultant in Public Health, LBBDD - for item 2.0
Gillian McNiece (MGN)	CYP Programme Manager, NHS North East London - for item 5.0
Apologies:	
Dotun Adepoju (DA)	Senior Governance Manager, NHS North east London
Debbie Harris (DH)	Governance Officer, NHS North East London
Chetan Vyas (CV)	Director of Quality, NHS NEL
Sunil Thakker (ST)	Finance, NHS NEL
Georgina Alexiou (GA)	Founder & Project Manager, BDYD

Dr Bhawmesh Liladhar (BL)	Dental Lead
Matthew Cole (MCo)	Director of Public Health, LBBD
Dalveer Johal (DJ)	Pharmacy Services Manager, NEL LPC
Charlotte Pomery (CP)	Chief Participation and Place Officer, NHS NEL
Mike Corrigan (MC)	Operational Director Adult's Care and support, LBBD
Michelle Charles (MC)	Engagement and Community Communications Manager, NHS NEL
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
Rhodri Rowland (RR)	Director of Community Participation and Prevention – ComSol, LDDDB
Dr Natalya Bila (NB)	Primary Care Network Director, East One

Item	
1.0	Welcome, introductions and apologies
	The Chair, Dr Shanika Sharma, welcomed members/attendees to the meeting. Apologies were noted as above. All members joined the meeting in person.
1.1	Declarations of conflicts of interest
	Members were reminded to complete their Declaration of Interest form if they had not already done so. NELFT members noted they have an interest in item 4 on PELC as a subcontractor within the provider partnership for the Urgent Treatment Centres. No additional Conflicts of Interests were noted.
1.2	Minutes of the meeting held on 26 January 2023
	Notes from the previous meeting were agreed as an accurate record.
1.3	Action Log
	The action log was discussed and noted. ACT009 – ST to update at March meeting ACT010 – ST to update at March meeting ACT012 – Rhodri Rowland was identified as the new Community Engagement Lead
2.0	Health Inequalities plan 23/24
	Mike Brannan (MB) joined the Board and presented the papers distributed within the pack (page 16-36) and updated the members through the North East London (NEL) Integrated Care Board (ICB) health inequalities funding proposal for 23/24, the Place-based partnership allocations and provided a progress update on workstreams Highlights included: <ul style="list-style-type: none"> Majority of the workstreams have progressed very well so far (6 months into the programme) ICB is looking into allocating funding to places for three years which gives potential to build, develop and learn FY23/24 funding will cover 12 rather than 6 months The Chair thanked MB on the update and the excellent work and opened the discussion for comments: <ul style="list-style-type: none"> The Population Health and Integration Committee had agreed funding for three years in principle but requested NHS ICB to re-look at the formulas used for the allocations and to be more transparent as it does not consider the deprivation in some areas and present this at their next committee meeting. Members agreed the move towards a population health management approach has to be consistent There is need for a discussion on capacity to deliver that the Directors of Public Health across the seven boroughs can agree as a priority that can be flexed (one size does not fit all)

	<ul style="list-style-type: none"> • The biggest impact on health inequalities is a strong primary care offer that reaches the communities • Address the fundamental issue of quality of services that are able to provide access to those that need it. Need to get the quality agenda right (getting the basics right) and recognise that the quality issues are the biggest risk – lack of resources and good quality of universal services needs to be addressed • ICB needs to be clear on what is happening at NEL level (how it will benefit each Borough) and what would be best placed at borough level. • Need to take a more strategic and targeted approach to develop the plan for 23/24 and how to maximise funding for the population of B&D. • The way that the core services are delivered across the entire partnership should be about reducing the health inequalities – is there need as a partnership to take time to plan and identify what the targets should be? And how to help each other to deliver as a core business? • Need to look at key enablers (workforce, GPs, nursing, care workers) to create an infrastructure that manages to harness the whole system • Consider having a quarterly workshop style meeting where members can discuss in detail how services can be delivered in a different way and look at forward plans • Need to look at patient journey as a way of solving the problem (how many contacts did the patient have/how can the journey be reduced and made more seamless for them) • Work has started on identifying the programmes at risk if they were stopped and understand what bridging funding will be required <p>Action: Workshop to be arranged to discuss key issues in more detail.</p> <p>The Board noted the update.</p>
<p>3.0</p>	<p>Collaborative updates</p> <p>Selina Douglas (SD) presented the collaborative updates to members: System Diagnostics mental health and learning disabilities collaborative. Highlights included:</p> <ul style="list-style-type: none"> • The purpose of the diagnostic is to support the NEL Mental Health, Learning Disability and Autism (MHLDA) Collaborative to develop a clear understanding of the outcomes and quality and value we achieve in our MHLDA programmes for the money we spend • Review of how the resources are allocated, review of productivity and demand and capacity for 10 years to allow NEL MHLDA Diagnostic to understand what the population is going to look at and what services are needed • This report is being presented at all partnership boards across NEL. It will report into the MHLDA Collaborative and the NEL ICB Population Health and Integration Committee. • The report has to be done in partnership with both Children and Adult Social Care and wider Local Authority representatives • Work to be completed by 31st March and will support the planning for 23/24 and early indication on how it can be used going forward to address the differences in allocations and the way the services are delivered dependent on historic factors <p>Comments from the Board:</p> <ul style="list-style-type: none"> • Is any commitment to equalise funding? The members were advised that according to indicative information received so far there are three areas – Redbridge, Barking & Dagenham and Newham that are not reaching their targets (CAHMS access) and historically not been funded to deliver what they need to do in terms of their population. The aim as part of 23/24 planning is to work in a different way and to look at how to level up • Is Diagnostics considering the wider health needs of the population (ie. Health and Inequalities)? The work taking place is in collaboration with Local Authority

colleagues and looking at the data to think about wider social determinants to determine the whole context

- Members are asked to share the report/diagnostic QR code with all partners as the MHLDA Collaborative is looking for as many views as possible
- Members also pointed out the importance of involving patients and their journeys/experiences into the research and were advised that service user engagement will include testing emerging findings with experts by experience across mental health, learning disability and autism services and to get in touch with SD with any suggestions of groups that need to be involved
- SD to share the planning priorities with the Partnership/Board
- Members agreed the data collection is a good idea and suggested a dashboard with accurate data across the health and social care that the partnership can use to start to develop services, measure impact and to also hold each other to account on services access and on the quality of the service. It was suggested that a workshop is arranged to work on the development of the dashboard/data sharing

Action: SD to share the planning priorities with the Partnership/Board

Action: Mental health to be considered as a future board workshop

Community Collaborative:

The NEL Community Health Collaborative will sit alongside four other NEL collaboratives (acute care, primary care, mental health, and VCSE organisations) within NEL's integrated care system.

Highlights included:

Community Health Collaborative Principles:

- Champion for Community Health Services
- Needs to add value and not duplicate
- Ensure there is a consistent community offer across NEL
- Provide oversight of NEL wide initiatives and services
- Undertake deep dives across NEL as required

Comments from the Board:

- Members would like to see the B&D priorities led at Place first

The Board noted the updates.

4.0 Partnership of East London Co-operatives (PELC) Care Quality Commission Inspection Update

Steve Rubery (SRu) from PELC joined the Board meeting to present the report to members. The report provides an update on the actions taken by PELC in response to the CQC's findings and seeks to give assurance in relation to the safety of PELC services.

Highlights included:

- The Care Quality Commission (CQC) visited all four urgent treatment centres (UTCs) together with PELC's headquarters for a planned inspection from 8th-10th November 2022
- The reports on the inspections were published on the CQC's website on Friday 13th January 2023. All four UTCs were rated as "inadequate" overall and placed into special measures. Queens UTC was rated "inadequate" in the Safe, Responsive, Effective and Well-led domains and "good" in the Caring domain. Barking and Harold Wood and KGH UTCs were rated "inadequate" in the Safe, Responsive, and Well-led domains "requires improvement" in the Effective domain and "good" in the Caring domain
- The CQC also imposed urgent conditions on the registration of the Queen's site and conditions on the registration of the other three sites.

Comments from the Board:

	<ul style="list-style-type: none"> • Assurance is needed that this situation will not happen again and how had this situation not been picked up prior to the inspection • Members agreed it is important for SR to come back to the Board with an improvement plan • What are the mechanisms not just in monitoring but also in culture and behaviour and that the changes implemented are sustainable? • Members were advised this is a system issue not just an organisation issue and improvements can be made in partner organisations to support this including a review of the commissioning model for the 'front door'. • The extended access contract run by the Federation is due to expire which could put a bigger strain on urgent care services • Look at patient education campaigns to signpost local residents to alternative / appropriate services. • Partnership needs to think how to look after the cohorts of residents and a plan of action as a system. • Members agreed that access is a system wide problem and a system wide response is needed for any progress to be made. Need to look at the systems on offer across the borough, how to streamline and how to support. • Suggestion for the Urgent Care Board to come together to work towards a 'single point of access'. If Urgent Care is managed as a 'single point of access' (instead of GP+Federation+111+Pharmacist+Urgent Care Centre +A&E) so the patient triaged at one point/sighted according to the need and visit only one place • Use the challenges and opportunities of the Fuller review and bring the services in the community closer to home for residents • SRu acknowledged that all points raised are valid and the challenge in the wider community is correct with people attending urgent care services that could have been treated in primary care or in community services. – • The Board was advised that PELC has a new leadership team that will take the organisation forward and has reached out to BHRUT and NELFT to work as a partnership to support improvements <p>Chair thanked SRu for attending and offered the Board's support if needed.</p> <p>The Board noted the update.</p>
5.0	<p>Paediatric Integrated Nursing Service Concept paper</p> <p>Gillian McNeice (GMc) joined the Board meeting to present Paediatric Integrated Nursing Service concept paper. The concept paper presents a proposal to develop a Paediatric Integrated Nursing Service model of care across Barking and Dagenham, Havering and Redbridge (BHR).</p> <p>Highlights included:</p> <ul style="list-style-type: none"> • A new model of care has been developed by an operational working group comprising of representatives from the NHS NEL, BHRUT, NELFT and the local authorities. The existing services of community nursing (CCN), special school nursing (SSN), continuing care (CC) and various Clinical Nurse Specialist (CNS) roles will be reorganised into pathway teams located in borough-based hubs, following the 4-pathway model endorsed by DoH and RCN. This marries together a clearly defined service pathway to the differing needs of the children and their families, rather than a one size fits all. • A key feature across all the pathways will be integration with primary care, building links with Primary Care Network's (PCN) in order to support a multi-disciplinary team (MDT) approach linking to secondary and tertiary care, education and social services. • The proposal is to create an integrated CYP community nursing service, based on a best practice 4 pathway model for the following pathways: <ol style="list-style-type: none"> 1. short term/acute paediatric care 2. complex care 3. long term conditions

	<p>4. end of life/palliative care</p> <ul style="list-style-type: none"> • The proposal supports NHS NEL to deliver its system priority for improving quality and outcomes, and tackling health inequalities in children & young people by developing community-based holistic care. • A business case for Complex Nurse is going through the ICB governance process. The estimated financial investment required for complex pathway is not yet known. The service requirements are currently being modelled and costed and this will form part of the Business case. The preferred option will ensure that all national and statutory requirements are met and demonstrate value for money. <p>Comments from the Board:</p> <ul style="list-style-type: none"> • The proposal to support the programme including workforce challenges is going through the business case process. The current business case system arrangement with NEL requires an identified funding stream in order to push a business case against – there is no transformation investment funding programme targeted to children & young people across NEL yet it is one of the four priorities of the ICS. This has been flagged with BCYP overarching Board and there is a very small amount of funding that has been identified - £150k for each borough • It was noted that there is an investment fund created through the ICB and it would be helpful to get an update on NEL Financial Strategy at a future meeting to understand how it is intended to work. There is a process in the ICB for taking business cases if there is an un-identified premium source that goes through the executive management team for a discussion and agreement to put forward to the NEL Finance, Performance and Investment Committee but what is not clear is how investment is prioritised • Look at the work done as part of the Health and Inequality around Hot Clinics to link in and align • There are three teams that will be divided into places. The funding will be divided across the three places into areas of need • It was noted this is a BHR legacy programme for CYP and consideration will need to be taken on all programmes that they want to continue to support <p>The Board noted the update and noted the B&D Children and Young People Delivery Group leads on local engagement and oversight of the development and delivery of the business cases.</p>
6.0	AOB
	None noted
7.0	<p>Next meeting – Partnership Board/ICB sub-committee 30th March 2023, Committee room 2, Barking Town Hall, Town Hall Square, IG11 7LU</p>