Barking & Dagenham

Notice of Meeting

HEALTH & WELLBEING BOARD

Wednesday, 13 January 2021 - 6:00 pm
Virtually via Teams

Date of publication: 5 January 2021

Claire Symonds
Acting Chief Executive

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Membership

Cllr Maureen Worby (Chair)	LBBD (Cabinet Member for Social Care and Health Integration)
Dr Jagan John	Barking & Dagenham Clinical Commissioning Group
Elaine Allegretti	LBBD (Director of People and Resilience)
Cllr Saima Ashraf	LBBD (Cabinet Member for Community Leadership and Engagement)
Cllr Sade Bright	LBBD (Cabinet Member for Employment, Skills and Aspiration)
Cllr Evelyn Carpenter	LBBD (Cabinet Member for Educational Attainment and School Improvement)
Bob Champion	North East London NHS Foundation Trust
Matthew Cole	LBBD (Director of Public Health)
PS Kimberly Cope	Metropolitan Police
Sharon Morrow	Barking & Dagenham Clinical Commissioning Group
Fiona Peskett	Barking Havering & Redbridge University NHS Hospitals Trust
Nathan Singleton	Healthwatch - Lifeline Projects Ltd.

Standing Invited Guests

Cllr Paul Robinson	LBBD (Chair, Health Scrutiny Committee)
Terry Chaplin	London Fire Brigade
Brian Parrott	Independent Chair of the B&D Local Safeguarding Adults Board
Vacant	London Ambulance Service
Ian Winter CBE	Independent Chair of the B&D Local Safeguarding Children Board
Vacant	NHS England London Region

AGENDA

1. **Apologies for Absence**

2. **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.

3. **Minutes - To confirm as correct the minutes of the meeting on 10 November 2020 (Pages 3 - 8)**

BUSINESS ITEMS

4. **COVID-19 update in the Borough**

5. **Corporate Parenting Annual report (Pages 9 - 26)**

6. **Integrated Care Partnership - Governance arrangements (Pages 27 - 51)**

7. **ReMove Abuse (Pages 53 - 68)**

8. **Forward Plan (Pages 69 - 75)**

9. **Any other public items which the Chair decides are urgent**

10. **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.***

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

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Barking & Dagenham

Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

Participation and Engagement

- To collaboratively build the foundations, platforms and networks that enable greater participation by:
  - Building capacity in and with the social sector to improve cross-sector collaboration
  - Developing opportunities to meaningfully participate across the Borough to improve individual agency and social networks
  - Facilitating democratic participation to create a more engaged, trusted and responsive democracy
- To design relational practices into the Council's activity and to focus that activity on the root causes of poverty and deprivation by:
  - Embedding our participatory principles across the Council's activity
  - Focusing our participatory activity on some of the root causes of poverty

Prevention, Independence and Resilience

- Working together with partners to deliver improved outcomes for children, families and adults
- Providing safe, innovative, strength-based and sustainable practice in all preventative and statutory services
- Every child gets the best start in life
- All children can attend and achieve in inclusive, good quality local schools
- More young people are supported to achieve success in adulthood through higher, further education and access to employment
- More children and young people in care find permanent, safe and stable homes
- All care leavers can access a good, enhanced local offer that meets their health, education, housing and employment needs
- Young people and vulnerable adults are safeguarded in the context of their families, peers, schools and communities

- Our children, young people, and their communities' benefit from a whole systems approach to tackling the impact of knife crime
- Zero tolerance to domestic abuse drives local action that tackles underlying causes, challenges perpetrators and empowers survivors
- All residents with a disability can access from birth, transition to, and in adulthood support that is seamless, personalised and enables them to thrive and contribute to their communities. Families with children who have Special Educational Needs or Disabilities (SEND) can access a good local offer in their communities that enables them independence and to live their lives to the full
- Children, young people and adults can better access social, emotional and mental wellbeing support - including loneliness reduction - in their communities
- All vulnerable adults are supported to access good quality, sustainable care that enables safety, independence, choice and control
- All vulnerable older people can access timely, purposeful integrated care in their communities that helps keep them safe and independent for longer, and in their own homes
- Effective use of public health interventions to reduce health inequalities

Inclusive Growth

- Homes: For local people and other working Londoners
- Jobs: A thriving and inclusive local economy
- Places: Aspirational and resilient places
- Environment: Becoming the green capital of the capital

Well Run Organisation

- Delivers value for money for the taxpayer
- Employs capable and values-driven staff, demonstrating excellent people management
- Enables democratic participation, works relationally and is transparent
- Puts the customer at the heart of what it does
- Is equipped and has the capability to deliver its vision

MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 10 November 2020
(6:00 - 7:40 pm)

Present: Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Saima Ashraf, Cllr Sade Bright, Matthew Cole, Sharon Morrow, Fiona Peskett, Nathan Singleton, Melody Williams and Melissa Gilmour

Also Present: Cllr Paul Robinson and Brian Parrott

78. Apologies for Absence

Apologies were submitted on behalf of Cllr Evelyn Carpenter and Ian Winter.

79. Declaration of Members' Interests

There were no declarations of interest.

80. Minutes (15 September 2020)

The minutes of the meeting held on 15 September were confirmed as correct.

81. Director of Public Health update on Covid-19 cases in Barking and Dagenham

The Director of Public Health (DPH) introduced the regular report on Covid-19 cases in Barking and Dagenham and asked the Intelligence and Analytics Officer to present the latest data (as of 30 October), highlighting the relevant local aspects such as the geographical spread of the virus and the different groups at higher risk of admission to hospitals and of deaths, and a range of comparisons with cases across NE London.

The DPH referenced the main drivers for the upward trend of positive cases in the Borough and in NE London generally with increasing rates of testing, which was in contrast to the reduction in testing and lowering positive case numbers in London as whole. It was therefore inevitable that the number of positive cases per 100,000 of the Borough's population would exceed 200 probably by tomorrow.

In total there had been sadly 183 deaths in Barking and Dagenham which was up four from the previous week. The increasing death rates were mirrored in the other NE London Boroughs with the over 59's having the largest mortality rates. This was particularly concerning given that based on the first wave it was this age group which tended to get hospitalised leading sadly to death.

The presentation also set out the latest COVID statistics for schools which since the October half term showed a marked increase in positive cases both in staff and pupils, and that given that these statistics did not include the more vulnerable teachers who were isolating, it meant that a number of schools were starting to struggle to cope. The DPH commented that the increase during half term did not

bode well for the upcoming Christmas and New Year break and would require detailed planning between the Council and schools as to how this worsening situation could be managed.

The statistics indicated a considerable increase in adult household transmission and the DPH drew particular attention to the worsening case rates in the over 65's, which had spilled over into the Borough's care homes. Whilst the testing regime in the homes had identified asymptomatic cases, given the two-day window of testing to results, this had meant an opportunity for the virus to spread. The DPH confirmed that in most homes the virus had been contained. However unfortunately in one home there had been a significant outbreak of up to 40 cases.

It was evident that lapses had occurred in procedures where in particular three patients released from hospital back into care homes and who had tests carried out in hospital, did not have their results recorded on their discharge notes, resulting in a lack of infection protection support in the homes. There was also a variation in the primary care support available to the local care homes when it was most needed. Despite the positive news coming out of government about a possible vaccine and ramped up testing, it was the DHH view that for colleagues in both the local hospitals and care homes this Winter would be very challenging, and therefore given the problems this and last week partners needed to work through how to strengthen and improve the interface with the integrated care systems.

Shelagh Smith, BHRUT gave the Board an update on the position in the local hospitals during the second wave of the pandemic, providing details of the number of positive cases in both Queens and King Georges, and described the problems and challenges faced by staff during this time. She outlined the plan to introduce lateral COVID testing for all staff in both hospitals as part of a national roll out.

Following the presentation, the Chair expressed her concerns about the recent outbreak in the local care home and that colleagues at the CCG and NELFT needed to answer for what had happened. She was particularly frustrated at the lack of immediate action and support provided to the staff and the reasons given by the CCG for their inaction, namely their claim the home was not on their list of registered homes, it being assessed as an Assisted Living home as described on a list held by the CQC, and therefore not covered by any enhanced service. This would be changed going forward. She was also very disappointed about the absence of any out of hours GP support over the previous weekend at the height of the outbreak and why it had taken so long for Infection Prevention Control (IPC) to go into the home too. Her view was that the care home staff had been badly let down.

Dr John, Deputy Chair whilst happy to look into any concerns about the local GP's response in the weekday, put on the record that contractually there was no out of hours GP practice cover for any patients available anywhere in this country, whatever the circumstances.

Melody Williams, NELFT explained why the IPC had not responded quicker, citing issues of delays in establishing it in the Borough as well as recruitment problems, albeit there had been some clinical support backfilled through the Community District Nursing Service. She confirmed that the ICP had visited the home today and would continue to monitor the situation.

Sharon Morrow made a request that in order to learn lessons she would appreciate if the CCG could be invited to join the First Incident Management team that had been set up so that going forward the CCG could organise support across the system. The DPH posed the question for the Integrated Care Partnership Board (ICPB) as to what are the expectations of primary and integrated care were to keep care home residents safe and not end up with a situation of overwhelming hospital beds during the coming Winter.

A number of other questions were raised and were responded to by the DPH as to how the infection was able to enter the care home and about the three hospital patients who were tested and were allowed back into the homes without any record of testing on their discharge notes.

The Director of People and Resilience asked that building on the good work of the partners the Board should agree a principle of safeguard and protect first and worry about the governance and what should have done at a later date. It was clear in this instance that the delay in providing the home with support did have a detrimental effect. All parties agreed that going forward lessons needed to be learnt from this incident and that assurance would be sought that as far as it was possible that a similar situation could not arise in the future. The Deputy Chair added that this should include making care home staff aware of what other than GP services are available to call on should a resident's health worsen, and in respect of infection control, if a COVID positive resident remains in the home, what steps to take to contain the spread of the virus.

82. Adult Social Care Winter Plan

Having regard in particular to the increasing second wave of COVID-19 all local authorities have been asked by government to present an Adult Winter Plan which outlines steps being taken to reduce the impact of the pandemic and normal winter pressures on the health and social care system.

The Head of Adult Commissioning presented an overview of the Plan which was appended to the report, the full extent of which contained over 100 elements which the local authority in liaison with health partners and local stakeholders were required to address.

Sharon Morrow informed the Board that the local CCG was working closely with the Council to ensure that the NHS and Adult Social Care winter plans were fully joined up.

The Board noted the content of the local Plan.

83. Integrated Care Partnership planned arrangements update

The health and care system in BHRUT had faced a number of significant challenges in the last few months, demonstrating the need to work together across health and social care and have the right structures in place.

At a joint meeting on 20 October members of the seven NEL CCGs supported a merger to form a new single North East London CCG from April 2021, paving the way for the three systems across NEL to further develop local integrated care partnership arrangements based on what is referred to as the 80:20 principle, namely 80% of delivery continuing at a local level and 20% at NEL level, where it makes sense to do things together and achieve economies of scale.

Alison Blair, Director of Transition and colleagues in BHRUT have continued to work over the past few months on these arrangements, bringing forward regular progress reports to this Board. This latest report and presentation focussed on governance and structural matters building on developing the current structure of the ICPB including the role of the Borough Partnership Delivery Group chaired by the DPH, and which currently reports through this Board. A more detailed report on these matters is due to be presented to the Board in January 2021, when approvals would be sought as to how the ICPB proposes to work together in practice including the proposed terms of reference for the key governance bodies of the BHR Integrated Care Partnership. It was noted that a workshop is being held at the end of November to progress these issues.

The DPH commented that these structural changes will hopefully present the opportunity for the Delivery Group to get on and make a real difference such as the place based changes that are necessary to address a number of health needs from paediatric through to older people services.

The Deputy Chair remarked that for him this was about the B&D Partnership and therefore structurally it was important to get this right as based on the 80:20 principles most decisions should be taken locally and be accountable.

The Chair commented that from her discussions with colleagues across London the pace and direction of changes varied considerably. Important for B&D the changes were being led and directed from the bottom up rather than being dictated nationally. She concluded that once the governance and structural arrangements were more finalised, she would present them to her Cabinet colleagues for a view.

Accordingly the Board noted the report.

84. Phlebotomy System Update

Following concerns expressed about the lengthy waiting times for local residents for non-urgent blood tests, Ceri Jacob, Managing Director, BHR CCG provided the Board with an update on the current position.

Prior to the pandemic Barking, Havering and Redbridge a range of providers across acute, community and primary care provided phlebotomy services/clinics across approximately 53 sites. However, with the onset of the COVID-19 pandemic, the focus shifted to enable providers to respond with the priority being to keep patients and staff safe while maintaining a blood testing service for people living in the three boroughs.

As the position moved into the recovery phase of services from June, BHRUT was unable to re-open up its phlebotomy sites as staff had been ‘re-purposed’ to support inpatient care, and as such could only continue with phlebotomy for priority patient groups. In response, the CCGs and the community services and primary care providers worked closely together to restart community clinics (previously provided by BHRUT and NELFT) and to rapidly increase capacity by funding additional clinics and staff resources, enabling the introduction of a number of new community clinics.

However, despite this a gap between capacity and demand remains with a consequent rapid increase in waiting times, and which led to a Serious Incident (SI) being declared on 14 October 2020. In response NELFT agreed to lead an investigation into the SI under the leadership of a Non-Executive Director (NED) across both NELFT and BHRUT. Oversight of the whole process will be via a weekly system meeting jointly chaired by a CCG Governing Body Lay Member and the CCGs’ Managing Director. It was recognised that this had been an incredibly difficult time for patients causing them considerable stress and anxiety about getting a simple blood test.

The Deputy Chair recognised that this issue had been a disaster for all concerned, and that despite the subsequent good work carried out by NELFT supported by Community Solutions and the positive ‘call to action’ by local practices, his preference would have been to see all GP’s offering routine blood tests to their patients. Going forward the priority now was to reduce the backlog in the coming months, in respect to which despite recruitment challenges, two additional phlebotomy staff had been secured locally.

In response to a question Ceri Jacobs reassured the Board that the infrastructure was in place to ensure there was sufficient lab capacity to manage the uptake in blood tests now being performed to address the backlog.

The Chair whilst welcoming the steps and efforts now being taken to address the backlog had concerns as to why locally we were so dramatically affected compared to other areas. Ceri Jacobs explained that in part the problem was due to the fact that unlike many other Boroughs, Barking and Dagenham did not have the model of primary care support in place prior COVID and therefore when the pandemic struck it was not geared up to respond. This is now being addressed for the future.
The Chair concluded that whilst appreciating the efforts now being taken to address these problems, given what has happened and that Dame Margaret Hodge had rightly raised a lot of concerns, she would be asking the Chair of the Council’s Health Scrutiny Committee to conduct a scrutiny into what went wrong and why in order to learn lessons etc.

85. Situational update on waiting lists including use of King Georges as a Day Centre to support NE London

In the light of the pandemic the Board received a presentation from Shelagh Smith, BHRUT on the current position regarding waiting lists at both Queens and King Georges Hospitals as well as the use of the latter site as a day centre to support NE London.

The presentation detailed the progress around reinstating services during the various national responses to the pandemic, and which whilst complicated and complex, has seen the majority, when safe to do so, and in accordance with IPC guidelines, restarted through a phased approach. Given the ever changing circumstances and challenges a number of these services are being delivered from differing locations across NE London with a series of hubs being set up. Locally work started at King Georges as it was easier to set up green pathways, those being non-COVID protected pathways to allow for elective programmes to get up and running quickly. Endoscopy is now operating at both sites and all patients are now able to have blood tests ands children under 12 able to be seen. However, given the increase in COVID infection rates, patients are again declining appointments due to anxiety or isolation requirements.

The presentation also covered infection prevention controls, an overview of national standards and targets including referrals for treatment, diagnostics and cancer treatment and performance, introduction of a temporary surgical hub at King George to support NE London with plans to make it permanent, details of waiting times and numbers which given the second lockdown and rises in COVID cases will inevitably vary, and challenges and constraints going forward . Staff wellbeing is seen as a high priority with shielded staff again where possible working from home although burn out, stress and mental anxiety is taking its toll with increasing levels of staff sickness.

In response to the presentation the Chair made the point about the importance of having more joined up communications to reassure the public about the safety of going into hospital, given the level of COVID secure precautions that are in place. On that point she suggested that the BHRUT might want to speak to the Council's Media team about using the Leader to rely the safety message in one of his weekly video calls, given the large local audiences they reach.

86. COVID funding

The Chair wanted it placed on record the ongoing dispute with colleagues in NHS as to the disparity of COVID payments to outer NE London authorities in comparison to inner NE London authorities, and which she will continue to lobby for.

In response Ceri Jacob, Managing Director, BHR CCG stated that as far as she was aware the rules around financial payments had been applied consistently and that this was not an issue of outer v inner NE London, but more to do with the treatment of exceptional circumstances concerning Newham CCG. She was aware that the initial response to a representation made by Barking and Dagenham had not been accepted and that further discussions were taking place to reach an agreement.

HEALTH AND WELLBEING BOARD

13 January 2021

Title: Corporate Parenting Report	
Report of the Cabinet Member for Social Care and Health Integration	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Vikki Rix, Head of Performance and Intelligence, Children's Care and Support, Commissioning, People and Resilience	**Contact Details:** Tel: 0208 227 2564 E-mail: Vikki.Rix@lbbd.gov.uk
Accountable Directors: Chris Bush; Commissioning Director for Children's Care and Support; April Bald; Operational Director for Children's Care and Support	
Accountable Strategic Director: Elaine Allegretti, Strategic Director for People and Resilience	

Summary

The Members Corporate Parenting Group (MCPG), chaired by the Lead Member of Social Care and Health Integration is the key strategic group that ensures the Council, and its partners, are the best possible 'parents' to our looked after children and care leavers.

The MCPG produce a detailed Corporate Parenting report annually and the latest report can be found at Appendix 1. This Annual Report provides an overview of what we are doing well, the key achievements in the last year, what are our key challenges and our plans to address those challenges in 2020/21 and beyond.

In addition, the DfE National Implementation Adviser for Care Leavers carried out a two-day virtual visit to the Local Authority on 11 and 12 November 2020. This visit included meetings with the Leader, Lead Member for Social Care and Health Integration, Acting Chief Executive, Director of Children's Services, Operations Director for Children's Care and Support and Senior Officers across the Council including partner agencies, and focus groups with some of our Care Leavers. The visit was very positive, and a summary is set out in section 4.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note the contents of the Corporate Parenting Annual Report;
(ii) Note the improvements and developments for Looked After Children and Care Leavers and our plans for the next 12 months; and
(iii) Note the summary feedback of the DfE two-day formal visit by the National Implementation Adviser for Care Leavers.

Reason(s) The Council is required to produce a Corporate Parenting Report annually, and to present this to elected members in their capacity as corporate parents.

1. Introduction and Background

1.1 The concept of Corporate Parenting was first introduced in the Children Act 1989 and describes the responsibilities of the Council to provide the best possible care for our Looked After Children and Care Leavers, as any good parent would do for their children. Looking after and protecting children and young people is one of the most important jobs that Councils do and when a child, for whatever reason, cannot safely stay at home, it is up to us as the local authority to step in and give them the care, support and stability that they deserve.

1.2 This is not just up to the Lead Member or Director of Children's Services – we need everyone looking out for our most vulnerable children and young people, and every Councillor has a role to play. Being a corporate parent means doing everything we can for every child in the Council's care – and every Care Leaver – to give them the opportunities that other children get. This covers everything from keeping an eye on their progress at school, to looking after their health and wellbeing, to preparing them for life as independent adults – and supporting them when they get there.

1.3 We have reinvigorated and strengthened the MCPG in the last 18 months, chaired by the Lead Member for Social Care and Health Integration, and includes three other elected Members who individually champion education, health, and placement quality. The MCPG also includes representation from Community Solutions including Housing, Homes and Money, Health, Commissioning and Education. Looked After Children and Care Leavers present at each Board and once a year have a take-over where they chair the Board and set our priorities for the year ahead.

1.4 The Promises made to our Looked After Children and Care Leavers were refreshed two years ago and remain the focus of the MCPG to shape the Council being the best parent we can be to those who we are responsible for.

2. Barking and Dagenham Context – Looked After Children and Care Leavers

2.1 At the end of October 2020, the number of Looked After Children in Barking and Dagenham fell to 383 compared to 402 at the end 2019/20. This corresponds to a rate of 60 per 10,000 children, lower than the England and statistical neighbour rates but higher than London. During COVID-19, the number of children coming into care has been lower compared to pre-COVID-19, for example, 95 children have come into care between April and October 2020 compared to 120 in April to October 2019.

2.2 We currently have 281 Care Leavers aged 18 to 25 in Barking and Dagenham of which 98 are former Unaccompanied Asylum Seekers (UASC). This compares to 245 at the end of 2019/20 and 82 former UASCs.

3. Corporate Parenting Annual Report

3.1 2019/20 has been another busy year with many key achievements and improved outcomes for our Looked After Children and Care Leavers. The MCPG has focused its attention on the Ofsted Inspection carried out in February 2019 and kept a close eye on the subsequent LBBD Ofsted improvement plan to ensure changes have been made with performance and outcomes improving.

3.2 The work of the MCPG has also concentrated on delivering the promises we have made to our Looked After Children and Care Leavers. We are ambitious for children and young people and want them to lead happy, safe, and successful lives.

3.3 This Annual Report provides an overview of what we are doing well, our key achievements in the last year, what are our key challenges and our plans to address those challenges in 2020/21 and beyond. The report presents activity and performance data from 2019/20 and identifies the Board's plans and priorities for the year ahead.

3.4 The report clearly shows that strong and effective senior leadership is in place with an unrelenting focus on improving outcomes for Looked After Children and Care Leavers. Most of our Looked After Children are placed within family settings and placement stability is good. Our adoption scorecard performance is improving year on year and this has been recognised by the DfE. We are no longer on the adoption task force improvement radar but improving adoption timelessness continues to be a priority area. The Virtual School is strong and demonstrating good outcomes in attainment, attendance, compliance, and quality of PEPs. The majority of Looked After Children are in good or outstanding schools. Our Virtual School supports Care Leavers and in this academic year, we have 20 Care Leavers who are at University and four Care Leavers who have graduated.

3.5 The Council's commitment to Care Leavers has been significantly strengthened and currently, 92% of our Care Leavers are living in suitable accommodation – above all comparators. 65% of Care Leavers are in education, employment, and training, up by 3% on the end of year figure and above national, London and statistical neighbours.

3.6 Our Children in Care Council is pivotal to the work of the MCPG and we have strengthened their voice and participation in 2019/20. We formally consult with Looked After Children and Care Leavers through an annual survey, and response rates continue to rise. However, we recognise the volume of those participating needs to increase and are exploring young-people friendly digital options. We celebrate our children's achievements at an annual awards ceremony. Due to COVID-19 this year, workers are visiting young people to deliver their trophies and certificates and taking pictures which will be collated to mark the occasion.

3.7 Improving health arrangements and outcomes for Looked After Children and Care Leavers have been top priorities throughout 2019/20, an Ofsted recommendation. Since Ofsted, we co-located the NELFT LAC Team with our Social Care team and a new IHA dashboard tracks timeliness and performance. We also set up a multi-agency LAC Health Sub-Group chaired by the CCG tasked to improve health

arrangements for LAC and Care Leavers. This Sub-Group reports to the Corporate Parenting Group.

3.8 Looked After Children's and Care Leavers' mental health is a priority particularly during COVID-19 where isolation is increased. A good proportion return a Strengths and Difficulties Questionnaire (SDQ), and these are now tracked via improved reporting functions so we can ensure a holistic approach to our Care Leavers' health needs. A CAMHS Hot clinic has supported an improved mental health offer. In addition, the CAMHS Transitions Group has been set up to look at pathways for young people transitioning from children to adults' mental health provisions.

3.9 We recognise that health arrangements for Care Leavers still require improvement and are working on addressing health passports. The multi-agency Looked After Children and Care Leavers Health Sub-Group reporting into the Corporate Parenting Group has been tasked to drive forward improvements in this area. All Care Leavers are now encouraged to download the NHS App, by the provider specialist nurses, which has many functions and is regularly updated. The hard-copy version of the health passport is no longer used. Work is ongoing at the LAC Health Subgroup with an audit proposed for January 2021 to assess variation and compliance, led by the provider and Local Authority.

3.10 Whilst we have much to be proud of with the improvements we have made and the level of commitment and passion that has been shown to improving the lived experience of Looked After Children and Care Leavers, we still have a way to go. As with all parents, we should be relentless in our efforts to make sure we are doing everything within our gift to help them become resilient, be happy and achieve their full potential.

3.11 The Corporate Parenting Annual Report is attached as Appendix 1.

4. Two-day formal visit by National Implementation Adviser for Care Leavers

4.1 Mark Riddell, the National Implementation Adviser for Care Leavers carried out our Improvement Visit (virtual) on 11 and 12 November 2020. As part of this visit, he held various meetings and focused groups with the Leader, the Acting Chief Executive, Lead Member, Elected Members, Director of Children's Services, Operations Director, Strategic Leads, Operational Managers, Front Line Managers, Young Person's Advisors and Care Leavers.

4.2 In summary, the visit was very positive and feedback from Mark Riddell states that he was "very impressed by the leadership and management approach that was ambitious, aspirational and I got a real sense of passion and commitment to have a better offer for care leavers across the whole service area". The visit and feedback confirmed the strengthened leadership in this area and the significant progress we have made in our approach to Corporate Parenting, our local offer and the extended duties that apply to Care Leavers up to 25 years. Our Corporate Parenting Board has been strengthened and a recommendation is to extend the membership of this Board to DWP and Probation.

4.3 The visit confirmed that our Leaving Care model is operationally good but that the model could be stronger with specialist workers based in the Leaving Care team i.e. a dedicated Housing Officer resource in the team, an Emotional Wellbeing/Mental

Health Practitioner and an EET officer. Caseloads were at an acceptable level, although our Leaving Care Personal Advisors covered many areas, tasks and complex processes that sometimes made them feel out of their depth.

4.4 Our Housing Offer was considered as very positive especially given the challenges with supply and demand in the borough. Our leisure offer and Council Tax Exemption for care leavers were also viewed as very good. We have Care Leaver apprenticeships already in our Local Offer, but a recommendation was made for us to set a ringfenced amount as a target (possibly 10).

4.5 A key recommendation was to review and strengthen our 'Whole Council' offer by organising an event with each partner agency so that they can set out their Local Offer and "for the test to be applied 'is this good enough for my child' and with a particular focus on: A health offer to Care Leavers from 18yrs to 25yrs; and a Probation offer to Care Leavers entering and leaving custody up to 25yrs". Several other recommendations have been made and these will be incorporated into our improvement plan enabling us to reach our ambition of being 'the best corporate parents' we can be.

5. Consultation

5.1 One key element of our work in corporate parenting and in planning for permanence is ensuring that children and young people are involved, both in their own plans and by feeding into broader service development through groups such as Skittlz and the Members Corporate Parenting Group. The Corporate Parenting Annual report outlines activity in this area over the last year and the new strategy will seek to further improve opportunities for children and young people to meaningfully contribute to planning.

6. Financial Implications

Implications completed by: Katherine Heffernan, Head of Service Finance

6.1 There are no financial implications directly arising because of this report which is largely for noting. However, it may be helpful for the Committee to understand the financial issues of the services.

6.2 The cost of the Corporate Parenting and Permanence Service is £27.5m in 2020/21 (P7 forecast). This includes the cost of social work and staffing (£4m including the fostering service) and placements, care, and accommodation for Looked After Children (£19.9m) and Care Leavers (£3.5m). Around £8.1m of the LAC placement cost is spent on foster placements, £4.3m on support for Adoption and £6.3m on Residential care. The balance is for specialist provision (secure, family and baby, UASC).

6.3 There is a variance against budget of £5.415m and this is the main overspend in Children's Care and Support. Around £2.9m of the overspend is linked to Residential Care placements for a relatively small number of children with very high needs – including some (c15) with complex disabilities. This year, the number of children requiring residential care has increased (from 26 to 31 at November) and the costs of such placements has grown increasingly expensive. Some of this increase is linked at least in part to the impact of the Covid epidemic and lockdown.

There is also an overspend of £1.6m on support for Care Leavers. As noted above the number of young people supported has been growing.

7. Legal Implications

Implications completed by Lindsey Marks, Deputy Head of Law

7.1 All Members have individual and collective responsibility as the Corporate Parents for Barking and Dagenham's Looked After Children.

7.2 There are no direct legal implications arising from this report.

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

List of appendices:

Appendix 1: Corporate Parenting Annual Report 2019/20

London Borough of Barking and Dagenham

Corporate Parenting Annual Report 2019/20

Councillor Worby

Chair of CPG; Lead Member for Social Care and Health Integration

Elaine Allegretti

Director of People and Resilience (Director of Children's Services)

September 2020

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Foreword

As Lead Member for Social Care and Health Integration and Chair of the Corporate Parenting Group, I am delighted to introduce the 2019/20 Annual Report of Barking and Dagenham's Members Corporate Parenting Group (MCPG).

2019/20 has been another busy year with many key achievements and improved outcomes for our children in care and care leavers. The MCPG has focused its attention on the Ofsted Inspection carried out in February 2019 and kept a close eye on the subsequent LBBD Ofsted improvement plan to ensure changes have been made with performance and outcomes improving.

The work of the MCPG has also concentrated on delivering the promises we have made to our children in care and care leavers. We are ambitious for children and young people and want them to lead happy, safe and successful lives.

Our children in care council is pivotal to the work of the MCPG and we have strengthened their voice and participation in 2019/20. We highly value listening to our children and young people and want them to be at the heart of service improvement.

This Annual Report provides an overview of what we are doing well, our key achievements in the last year, what are our key challenges and our plans to address those challenges in 2020/21 and beyond. The report presents activity and performance data from 2019/20 and identifies the Board's plans and priorities for the year ahead.

We know we still have a lot to do to improve the lives of our children and young people in care and care leavers, but with our stronger invigorated MCPG and as committed Corporate Parents, we are relentless in our ambition to achieve this.

Councillor Maureen Worby
Chair of the Corporate Parenting Group

Introduction and background

The concept of Corporate Parenting was first introduced in the Children Act 1989 and describes the responsibilities of the Council to provide the best possible care for our children in care and care leavers, as any good parent would do for their children.

Elected Members have a lead role in ensuring that the Council acts as an effective Corporate Parent and have high aspirations for our children and young people to improve their life chances.

Corporate Parenting has been reinvigorated with strengthened arrangements in the last 18 months and are working well with our Lead Member as Chair.

Group membership for our Corporate Parenting Board has been reviewed and all new members have been fully inducted, each committing to uphold and deliver the key promises made to our children and young people in care and Care Leavers. The Board is now well attended, offers challenge and holds all members to account in their role in delivering a quality service. The Board has played a key role in delivering the Enhanced Local Offer.

Our MCPG meets on a bi-monthly basis and in addition to Members, includes representatives from Children's Social Care, Health, Virtual School, representatives from the Children in Care Council (Skittlz), Director of Community Solutions and a Foster Carer representative. The Forward Plan and agendas are set by the MCPG led by young people ensuring our young people in care and Care Leavers are instrumental in the priorities going forward. Young people are represented on the Board and all Board members are expected to attend the training session led by Care Leavers.

The Promises made to our children in care and Care Leavers were refreshed two years ago and remain the focus of the MCPG to shape the Council being the best parent we can be to those we are responsible for. Progress on the Promises is outlined later in this report.

About the Borough

Barking and Dagenham is a young and increasingly diverse borough. The population was estimated to be 212,906 in 2019: an increase of 28% over the last 15 years and 9% over the last five years. National statistics project the population to increase to 237,000 by 2025 and 250,000 by 2030 (ONS subnational population projections migration assumptions 2018).

Alongside population increases, Barking and Dagenham has become a more diverse borough with 66% of the resident population now estimated to be from Black and minority ethnic (BME) ethnic minorities compared with 19% in 2001.

The borough has a higher health and social care need compared to other boroughs, with higher rates of referrals and a higher social care utilisation than London and England averages. Life expectancy is lower than the London average for both males and females in the borough.

We are among the most deprived local authorities in England: 17th highest in England and the highest in London (IMD 2019). Unemployment remains high at 6.1% - highest in London and the borough has 8.3% of residents with no qualifications - higher than London average (6.7%).

30% of households are rented from the local authority or a housing association, and 27% of dependent children in the borough live in a lone-parent household.

Our child population. We are a young borough, with around 63,400 children and young people under the age of 18 - 30% of the total population, the highest proportion in the UK. The borough also has the largest proportion of children aged under 16 in London (27%).

74% of the 0–17 population are from ethnic minorities compared and the proportion of children and young people who speak English as an additional language is more than 2.5 times than the national average.

26% of children under 16 in the borough are living in low income families, an increasing proportion, and way above England average of 18%. The proportion of children entitled to free school meals in nursery and primary schools is on par with the national average, but the proportion in secondary schools is higher at 17% compared to 14% across England.

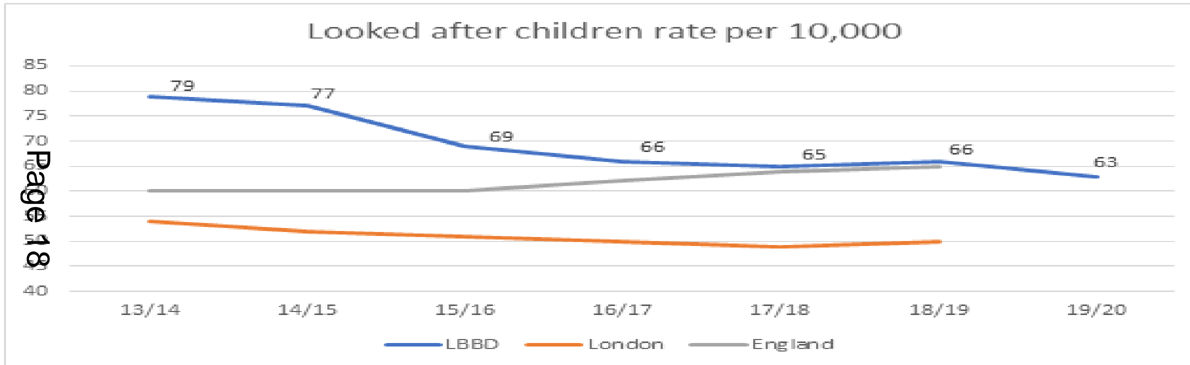
Domestic abuse is a significant issue in Barking and Dagenham and impacts on all service areas - 14.8 domestic abuse offences per 1,000 people - highest in London. It accounts for 37% of violence with injury offences in the borough and is a presenting factor for around 22% of children's social care contacts annually and rising.

This sits in a context of a stretched and challenged health and social care economy, which has struggled to keep pace with changing community needs including the fast-growing child population with increasing diversity, complexity and needs.

Since March 2020, COVID-19 has, and will continue to pose significant challenges for our community, children, young people and families and partner agencies across the board. Continuing to manage the impact of the pandemic will be a top priority for the Council and partner agencies throughout 2020/21.

Our Children in Care and Care Leavers

At the end of 2019/20, the number of children in care decreased to 402 compared to 417 in the previous year. This end-of-year position corresponds to a rate of 63 per 10,000 children, which, has been declining in recent years, but remains higher than the London rates but lower than national and statistical rates. During 2019/20, the number of new children coming into care decreased by 17 from 208 to 191, a decrease of 8% and 204 children left care.



Overall, this is positive when set against the growth in population and demand. The age profile of looked-after children is older than the national average with over two thirds of our children in care aged 10-17 and we have a higher proportion of 16-17-year olds in care compared to the national average.

White children are over-represented in Barking and Dagenham's children in care, comprising 51% of looked-after children at the end of 2019/20, (36% in the local under 18 population). Conversely, Black African and Asian children are under-represented, making up 21% and 11% of children in care, but 25% and 22% of the under 18 population (2018). Male children are also over-represented, with 232 (58%) males and 170 (42%) females at the end of 2019/20. Of the 402 children in care at the end of 2019/20:

- 275 (68%) lived with foster and kinship carers
- 34 (9%) were in residential care
- 17 (4%) were placed with their parents
- 62 (15%) were in semi-independent placements
- 14 (3%) were placed for adoption

Of these 402 children, 38% were placed in the borough and 62% outside the borough comparable with the previous year.

During 2019/20, 15 children were adopted, the same as 2018/19 , representing 7.4% of all children leaving care - above London, but below the national and similar areas averages. 33 children (16%) had become subject to special guardianship orders (SGOs) same as 2018/19, and higher than all comparators.

At the end of 2019/20, 245 young people 18 plus were care leavers, of which 82 were former UASC. This is an increase on the previous year from 207 care leavers (63 former UASC). The number of UASC aged under 18 decreased to 39 (0.06) at the end of 2019/20 compared to 44 (0.07) in 2018/19 and numbers remained below threshold set at 0.08.

Key achievements in 2019-20

Our key achievements led by the MCPG throughout 2019/20 are set out in this section followed by an evaluation of progress and impact against the children in care and care leavers promises.

Strong and effective senior leadership with an unrelenting focus on improving outcomes for vulnerable children, young people and their families. In the past two years, the DCS and the senior leadership team has led a reinvigoration of children's services across social care and beyond to drive a strong and strategic approach with an unrelenting focus on improving outcomes for children, and especially our most vulnerable. Much work has been completed to refocus strategic and operational governance and practice around the outcomes and experiences of children and families. Raising the bar on putting children and families first has resulted in getting greater corporate visibility and commitment to children's services, especially children's social care. This sits within the context of the DCS and our Lead Member and Chair of the MCPG taking a system leadership role to vigorously champion children both at the corporate and partnership boards, including Corporate Parenting.

The Council has also demonstrated commitment and ambition by significantly financially investing in Children's Care and Support by funding our 'Children's Improvement Programme'. This includes the Target Operating Model (TOM) for Children's Social Care including a Cabinet and Lead Member championed endorsement of a commitment to caseloads of 1:15. Good progress has been made in delivering the first phase of the Children's Improvement Programme in the last year, with all service restructures completed including a new Corporate Parenting and Permanence Service and Specialist Intervention Service. Our MCPG is fully supportive of the Improvement Programme and sighted on progress throughout the year.

Strengthened Council-commitment to Care Leavers being in suitable accommodation, improved housing offer and an increasing proportion are in education, training or employment. In July 2019, Cabinet agreed the enhanced Local Offer and Assembly agreed that Care Leavers resident in the borough will be exempted from Council Tax up to the age of 25, effective from April 2020. Our enhanced Local Offer and the exemption scheme were launched by the Chief Executive at the Care Leavers' annual awards ceremony held in October 2019. The enhanced offers, alongside the Vulnerable Housing Panel (VHP) set up in 2019 and the multi agency NEET Panel are impacting on improving care leavers outcomes to above national, London and statistical neighbours.

Strong Virtual School achieving good outcomes. Our Virtual School is strong and demonstrating good outcomes in attainment, attendance, compliance and quality of PEPs. Children in care attainment at KS1, KS2 and GCSE is above the children in care national average, and overall absence from school and fixed-term exclusions for children in care remains below the national children in care averages. The majority of our children in care are in good or outstanding schools.

Strengthened strategic oversight and leadership to improve health outcomes for children in care and care leavers. There have been improvements both strategically and operationally in this priority area but with much still to do. Whilst a high proportion of children have up to date health assessments, initial health assessments has been a cause for concern. In 2019, we co-located the NELFT LAC Team with our social care team and a new IHA dashboard tracks timeliness and performance. We also set up a multi agency LAC Health sub-group chaired by the CCG tasked to improve health arrangements for LAC and Care Leavers. This sub-group reports to the Corporate Parenting Group. The CCG has also established a monthly LAC Quality Improvement Group.
Performance on health assessments is improving

We recognise that health arrangements for care leavers still require improvement and are working on addressing health passports. The Health sub-group has been tasked to drive forward improvements in this area.

Most children are placed within family settings and placement stability is good and an improving picture. Placement stability - both short term and long term - has improved further in 2019/20 . Short term placement stability improved with only 7% experiencing three plus placements during the year, compared to 10% in 2018/19. We are particularly pleased with the improved performance on long term placement stability improving from 66% to 73% over the last year, above target and higher than national, London and similar areas. This improvement is testament to the well regarded in-house fostering service utilising the successful Mockingbird Programme to help keep children in their placement.

Key achievements in 2019-20

The Fostering Service has increased the number of constellations from one to five during 2019/20, including one specialist Parent and Child constellation, which supports young parents who may or may not be children in care themselves, but their children are. The feedback from the Fostering Network is extremely positive and Barking and Dagenham's model is considered a national leader. There are no plans to increase the number of constellations in 2020/21 due to the impact on COVID-19, but in the latter part of 2021 a further two constellations are planned.

Larger, active and visible Children in Care Council. 'Skittlz' - our Children in Care Council - continues to help shape practice and influence decision-making, through our Member Corporate Parenting Group (MCPG) guided by the Council's 'Children in Care and Care Leaver Promises'.

A new Corporate Parenting and Permanence Service. The Fostering, Adoption and Permanence, Children in Care and Learn2Live Teams were formally restructured in 2019 into this new service which went live in April 2020. There are now four Corporate Parenting Teams responsible for children up until the age of 18 and two Leaving Care Teams responsible for Care Leavers aged 18 through to 25. This new service structure enables flexibility to transfer young people to a Leaving Care Advisor when the time is right for that young person, rather than being dictated by their age, will reduce transition points for children in care and deliver a more seamless and improved service to all of our children in care and care leavers. The service will have a clear focus on early permanence for children and improving outcomes for children in care and care leavers.

Adoption – successful and timely transfer to RAA. The assessment of adopters, family finding and post adoption support roles transferred to the Regional Adoption Agency (Adopt London East) in October 2019, but the Council still has responsibilities for approving adoption care plans and are responsible for the children up until their adoption orders are granted. These children are held within the Adoption and Permanence Team to ensure expertise is maintained for progressing adoption plans alongside ALE. (See separate ALE Annual Report).

Improved planning for children placed with parents. We have improved planning for children placed with parents, an Ofsted recommendation, through the oversight of the Permanence Taskforce set up in the summer of 2019. All children placed with parents were reviewed in 2019 and the placement with parent's assessment form has been redesigned and improved. Children placed with their parents are also reviewed at the monthly LAC Permanence Panel and we are reporting an increase in revocations. An audit of the quality of our arrangements reported that overall children were monitored well and planning had improved.

Priority focus on UASC. LBBD have not yet reached the amended target set by the Government for the amount of UASC that we should be responsible for which is now 0.08% of the population (increased from 0.07%). It is recognised that many of these young people live in 16+ semi-independent accommodation, whereas a fostering arrangement might be more suitable for some. Due to the pressure on availability of foster placements for this age group, a focus next year will be a specific recruitment campaign to recruit carers who may be specifically interested in supporting young people who are UASC. This initiative has gained further impetus after a presentation at MGPG from a foster carer and 2 care leavers who were USAC and remain in Staying Put arrangements with the carer.

Promises to Children in Care and Care Leavers – evaluation of progress and outcomes in 2019/20

Promise 1: To make sure you get the best care

Good progress is being made and the MCPG is committed to making sure children in care and care leavers get the best care. We have improved representation at MCPG from Members and wider Council Departments to ensure a whole council approach to meeting our children and young people's needs, for example, Housing and Community Solutions.

In 2019/20, we have successfully relaunched and expanded our Children in Care Council - Skittlz - into two groups to comprise a wider age range - a 6 -13 and 14 - 21-year-old group. The Leaving Care team also have a cohort of young people with whom they regularly consult. The younger group has 16 members, and the older group 14, the largest representation we have had in over five years.

As a result of increased participation, children and young people have achieved a number of positive outcomes - examples include; communication skills, participating in consultations, planning activities (including the Takeover Day) and building their confidence. Key achievements over the past year included contributing to the development of the Council's neglect strategy, working with Public Health to address poor health outcomes, MCPG takeover day, and involvement in the London Children in Care Council for the first time. The Virtual School has secured participation in the Jack Petchey Awards Scheme, with Skittlz leading on allocating the awards.

We held a successful 'takeover' of MCPG in July 2019 by Skittlz members and Care Leavers. The 'Takeover' involved 13 children and young people and 10 professionals. Successful discussions in smaller groups enabled participants to work collaboratively to decide the focus of MCPG meetings for the following year. Topics such as support for care leavers, social workers, contact and health were chosen. Issues raised during this event are now agreed priorities. Young people feed into MCPG and attend every meeting to provide specific input around the themes identified in the takeover day.

We also hold annual Children in Care and Care Leavers Awards Ceremonies to celebrate the achievements and successes of our children. An annual Skittlz Summer and Christmas party also serves to celebrate success and in 2019 both events were attended by over 40 children in care and over 20 foster carers and professionals. In October 2019, the 6th Leaving Care Awards ceremony was also held. The event was very well attended and awards covered achievements in formal qualifications, apprenticeships, employment, volunteering, participation in groups and giving back to the community.

We formally consult with our children in care and care leavers through an Annual Survey, and although response rates continue to rise , our priority is to engage and consult with a larger number of children in care and care leavers in 2020/21. Survey findings in 2020 were overall positive with 90% of children in care aged 8-17 feeling listened to (comparable with 2019 and up from 85% in 2018); 92% telling us that they are able to contact their social worker (up from 65% in 2019); and 89% said they know how to make a complaint (up from 85% in 2018 but down on 2019 at 100%). One of the most significant improvements is a reduction in the number of social workers children (aged 8-17) had – only 8% had four or more social workers compared to 26% last year.

Frequent changes of social worker is one of the most significant issues that children in care regularly raise so this improvement is positive.

A MCPG meeting in November focused on hearing from our children and young people on what they want from their social worker. The output was a post-it list which included: kind, smart, helpful, friendly, be very calm and supportive. This feedback is incorporated into senior leadership priorities and work on our practice standards.

In 2019/20, a face to face consultation was undertaken with UASC focusing on education, health and housing. Results have been presented to MCPG and shared with the Technical Skills Academy to improve the ESOL offer and support.

In 2019/20, the IRO service has continued to strive to deliver a high quality service to our children in care despite having caseloads of around 73 children, above the recommendation of 50-70 children. The IRO service has been stable in 2019/20 enabling consistency for children and young people. A high percentage of children participate before and during their care planning review meetings and IROs are using a strength based conversational approach with children to build confidence in attending and chairing their reviews. Children in Care reviews are also timely and in 2019/20 performance improved for another year running increasing to 96% being held in statutory timescales.

In 2019/20, IROs have successfully continued to drive a child friendly review process working with our partners to ensure that the review meetings are focused on and celebrate the progress and success of our children. IRO's encourage the participation of children in their Reviews and in some cases, children are supported to chair their Reviews. IRO's continue to increase the monitoring and tracking activities between Reviews and ensure that the recording of their monitoring is visible on children's files.

IRO contribution to permanence planning for children has improved. The IRO Manager is part of the strategic Permanence Taskforce, enabling their views to be incorporated in the progress of permanence plans for our children directly with service leads who chair tracking meetings for children in need and child protection. In addition to dispute resolutions, this is an early opportunity to highlight where any drift or delay has been identified.

During 2019/20, there was a significant fall in the number of practice alerts being raised by IROs, demonstrating improved practice - 29 informal practice alerts and 43 formal alerts were raised compared to 102 informal disputes and 207 formal disputes in the previous year. Our senior IRO presented those findings and the IRO annual report to MCPG.

The Principal Social Worker after re-establishing the voice of the child practitioner group into a 'Lived experience of the Child' consultation forum is currently leading, together with the digital team, a project to increase child participation across the child's journey into service design, using a potential web-based platform. The initial budget for a discovery phase has recently been agreed, with the team due to report soon post consultation.

The PSW also facilitates a child practitioner forum, CSW forum and other settings where the reframing of corporate parenting, use of language and experiences of children in our care and leaving our care are discussed and built upon. One such innovation was to bring Lifelong Links into the borough for young people leaving our care to reconnect with their primary attachments. This service now sits within the Specialist Intervention Service in Care and Support.

Promise 2: To look after you and treat you well

Good progress is being made against this promise. The numbers of children coming into care via police protection reduced further in 2019/20 to 9% from 20%, but this is in the context of falling numbers nationally (London has fallen from 16% to 12%, National from 11% to 10% and similar areas from 21% to 16%).

Around 70% of children in care are placed within family settings and we are increasingly creative in our approach to maintain stability and on the cusp of care. The number of children placed in residential care has decreased slightly to 9% (36 children) at end of year 2019/20 compared to 9.4% (39 children) at the end of 2018/19. We have a lower proportion of children placed in residential care than national, London and similar areas. The number and proportion of children placed more than 20 miles from home increased slightly to 22% compared to 20% in the previous year. However, 78% of children live in the borough or in surrounding boroughs enabling them to maintain connections with school, family, and friends – a positive outcome.

During 2019/20, the local authority has prioritised permanence and has introduced a monthly Permanence Strategic Taskforce that oversees the 'journey' of the child through Child in Need and Child Protection, Family Proceedings and Adoption. The majority of children in care have achieved permanence through 'matching' and long-term foster care, family finding and adoption, a return home to live with parents or relatives, and through court orders such as Special Guardianship Orders and Child Arrangement Orders being granted.

In 2019/20, 15 children achieved permanence through adoption (the same as 2018/19) , representing 7% of all children leaving care - above London, but below the national and similar areas averages. 33 children (16%) had become subject to special guardianship orders (SGOs) same as 2018/19, and higher than all comparators. These are permanent care arrangements with reduced likelihood of breakdown compared to children who remain in long term care of the local authority.

The 2019/20 Adoption annual report sets out our adoption scorecard performance, which is now improving year on year, although we know children are still waiting too long to be placed for adoption and experience delay against national targets. Our adoption improvement has been recognised by the DfE and we are no longer on the adoption task force improvement radar. This is very positive. The Permanence Taskforce continues to keep oversight of adoption and the adoption scorecard indicators. Improving adoption timelessness remains a priority area.

Placement stability has continued to improve in the last year. Short term placement stability has improved with only 7% (29 children) experiencing three plus placements during the year, compared to 40 (10%) in 2018/19. Performance is good and better than all comparators.

We are pleased with the improved performance on long term placement stability improving from 66% to 73% over the last year, above target and higher than national, London and similar areas. This improvement is testament to the Mockingbird programme playing a significant role in maintaining placement stability, which has been presented at MCPG.

The feedback from carers and children and the Fostering Network are extremely positive and our model is considered a national leader. We continue to be creative and robust in our approach to ensuring placement stability, engaging with internal and external partners to support fragile placements early to prevent placement breakdown.

In 2019/20, we have also moved the sourcing of placements into a brokerage function to ensure we have the right placements for children and young people – with a focus on maximising and improving commissioning to be more strategic.

Our new Specialist Intervention Service is also designed to support placement stability through the offer of restorative and therapeutic interventions and lasting links work.

Good improvement is also evident in social workers staying in touch and visiting children in care regularly – 97% of children in care were visited every six weeks – up by 14% on last year and 99% were seen every three months (plus 1% on last year).

Compliance with Pathway Plans remains an area for improvement falling to 87% at the end 2019/20 compared to 94% in the previous year. Learning audits in 2019/20 demonstrates improvement in the quality of pathway plans, and evidence of care leaver's contribution and voice are stronger in Pathway Planning. Improving compliance ,consistency and the quality of pathway plans remain priority areas for the new Corporate Parenting Service.

Promise 3: To keep you healthy

Improving health outcomes has been a top priority throughout 2019/20, an Ofsted recommendation. 87% of children in care had up to date health assessments at end of year compared to 92% in 2018/19. Performance was impacted upon due to COVID-19 with a high proportion of RHAs due in March 2020 not being completed by end of the reporting year. However, 87% remains in line with all other comparators.

The timeliness of initial health assessments (IHA) remains high priority for the DCS and senior leaders in the Council, CCG and NELFT. A range of actions have taken place in 2019/20 to address performance including the strategic decision to co-locate the NELFT children in care team with our social care team. To support this collaborative working, a new IHA performance dashboard has been produced on the Council's Liquid Logic system and data and activity is now live to ensure compliance and timescales being met.

The multi-agency LAC health sub-group chaired by the CCG has been tasked to drive improvement in health assessments and health arrangements for LAC and Care Leavers and the Zoning Meeting which tracks performance on IHAs and RHAs. This sub-group reports quarterly to the Corporate Parenting Group.

The CCG has also established a monthly LAC Quality Improvement Group covering all aspects of health assessments, including commissioned capacity and resolution of workforce risks.

The timeliness of initial health assessments improved to 26% at the end of 2019/20, and whilst an improvement is not good enough for our children and young people. We are pleased to report that the impact of actions taken are bearing fruit in 2020/21 with IHA timeliness significantly improving to 72% (end of August 2020).

As part of the health assessments, emotional issues are identified, and emotional wellbeing is monitored as part of the annual health check process. A good proportion of children in care return a Strengths and Difficulties Questionnaire (SDQ), and the results of those SDQ scores show good performance. SDQ scores reduced from 12.8 to 12.5 and remain slightly below comparators. Work is underway to set up SDQ scoring on Liquid Logic and that all children who require SDQs have them completed in advance of IHAs and RHAs so that emotional wellbeing will be considered holistically alongside physical health. This means that changes in emotional health over time will also be more clearly tracked and appropriate provisions to support emotional wellbeing will be identified as part of the health assessment process.

We have significantly strengthened the relationship between the CAMHS Service and Children's Care and Support in 2019/20 through our monthly IJOC practice sessions led by the Operations Director and PSW.

Teaching sessions have been delivered and a CAMHS Hot Clinic is in place fortnightly where social workers can drop in and access CAMHS advice and support. This has resulted in an increase of referrals to CAMHS being progressed and dealt with in a timely way.

In addition, the CAMHS Transitions Group has been set up to look at pathways for young people transitioning from children to adults' mental health provisions. This group looks at the strategic changes that are required to ensure seamless transition, but also has individual cases discussions to tackle blockages and unpick 'what went wrong' in some situations.

A dedicated CAMHS worker has been appointed to work directly with a small number of children to ensure their needs are addressed within local CAMHS services liaising with services out of borough when necessary. This worker also offers support to foster carers and is developing alternative ways to engage children and young people with support for their emotional wellbeing.

The DCS is Chair of the 3-borough child health transformation meeting providing greater opportunity for local oversight of CAMHS transformation work.

We recognise that health arrangements for care leavers requires improvement and the MCPG are working on addressing health passports. The multi-agency Children in Care and Care Leavers Health sub-group reporting into the Corporate Parenting Group has been tasked to drive forward improvements in this area. LAC nurses are providing virtual meetings with Care Leavers to provide them with their health passports. Work is being undertaken to ensure that all future passports can be provided in an electronic version and that meetings are offered to go through the information if the young people want this to take place.

Promise 4: To get the best education

Our Virtual School is strong and demonstrating good outcomes in attainment, attendance, compliance, and quality of PEPs. Over 80% of school aged children in care have an up to date Personal Education Plan (PEP) and the quality of PEPs is improving.

The majority of our children in care are in good or outstanding schools. Absence from school remains below the borough average and fixed-term exclusions are below the national average.

At KS1, our students performed better than their national LAC peers in three out of the four subjects and by a huge 10%+ in maths and science. KS2 results are strong with our children in care outperforming their national looked after peers. 60% of our students achieved the expected standard in Reading and Maths compared to 37% nationally - placing us second in the country. Performance remains above the national average at Key Stage 4, which is a pleasing result considering that 22.5% of students have an Education, Health & Care Plan compared to 2.5% of all pupils in the borough.

Following the Ofsted inspection in February 2019, an external Peer Review of our Virtual School with a focus on young care leavers with more complex needs accessing EET was undertaken. The Peer Review reported that the quality of the virtual school tracking data at all key stages is good and that the virtual school has developed some effective partnerships. This has broadened the offer and motivated and inspired young people aged 16-18 years and care leavers. This supports services such as the apprenticeship network, university taster days, residential learning experiences and UCAS support meetings. The review reported that the virtual school team place significant focus on the social and emotional well-being of children. This promotes attachment aware practice for designated teachers and interventions with schools. Pupil premium plus (PP+) is used flexibly to allow focus on children experiencing difficulties or to fund whole school training. Schools understand the impact of trauma and how to strengthen children's resilience and feelings of safety in school.

The following areas were raised as growth opportunities – improve the governance arrangements for the virtual school. The Virtual School in response to this has set out the terms of reference for a Management Committee. This has been presented to the Corporate Parenting Board and was approved this term. In the coming term, members of this Management Committee would be recruited in line with the recommendations.

The relationship between social workers and schools needs to be improved and joint training for social workers and designated teachers organised by the virtual school would be useful, This has now been actioned and every month a joint training is organised for Social Workers and Designated Teachers which is focused on supporting children in education using the ePEP.

There is no regular risk register meeting in the virtual school by which the team comes together to review high risk cases or alert each other to escalating concerns: This recommendation has been adopted by the Virtual School and a termly risk register meeting is now part of the Virtual Schools calendar and it is a forum to discuss high risk cases.

How we act to celebrate young people at the virtual school? The Virtual School has opted to use the current Children in Care Annual Awards ceremony to sponsor education awards and jointly celebrate children alongside the Social Work team to ensure that progress in education has a more prominent focus in the annual celebration event.

Promise 5: To be successful in life

In July 2019, Cabinet agreed the enhanced Local Offer and our Assembly agreed that Care Leavers resident in the borough will be exempted from Council Tax up to the age of 25, effective from April 2020. Our enhanced Local Offer and the exemption scheme were launched by the Chief Executive at the Care Leavers' annual awards ceremony held in October 2019.

The offer is on the LBBD website, which has been revamped to ensure easy navigation of information.

The proportion of care leavers living in suitable accommodation has continued to improve to 87% in 2019/20 compared to 81% in 2018/19 and is above all comparators. We have established a Vulnerable Housing Panel (VHP) to improve housing options for our care leavers. Care Leavers ready for independent move-on accommodation are presented to the VHP to consider appropriate housing options that will meet their needs. Children's Care and Support work in conjunction with the Housing Department to identify and facilitate planned moves, including the care leavers in discussions about the options available to them.

Care leavers are supported in a range of external semi-independent provision which is subject to a Commissioned Framework, and includes shared houses rented from the private sector with bespoke support packages if required. This framework ensures an appropriate, best-value service that delivers excellent outcomes for young people and ensures consistency in the quality of accommodation provided to young people. In 2019/20, a restructure of Adults and Children's Commissioning has resulted in additional resources to quality assure both providers in both Adult's and Children's Care and Support. Young people will also be visiting provisions with commissioning colleagues as part of the drive to improving the quality assurance process. This will be rolled out in 2020/21.

We are very proud of our care leavers in further and higher education and outcomes improved during 2019/20 and our keep in touch figures are over 90%. The multi-agency EET panel, comprising of representatives from the Virtual School, Job Shop, Apprenticeships and Careers Advisors, is having a positive impact - 63% of care leavers were in education, employment or training at the end of 2019/20 compared to 54% in 2018/19 and our best performance ever - above all comparators.

Our Virtual School supports care leavers in preparation for University through group activities, mentoring opportunities, and adventure weeks in different countries. This academic year, we have 20 care leavers who are at University and 4 care leavers graduated.

We have high aspirations for our care leavers and are committed to celebrating their achievements and ambitions. In October 2019, the 6th Leaving Care Awards ceremony was held. The event was very well attended and awards covered achievements in formal qualifications, apprenticeships, employment, volunteering, participation in groups and giving back to the community.

New Town Culture is an ongoing collaboration between arts and social care agencies, funded between 2018 and 2020 by a London Borough of Culture award from the Mayor of London. A variety of activities were run during the year for 22 foster families and 48 foster children, 18 UASC and 33 Care Leavers which centred around feelings of identity and included making a film. The activities have been well received and further events were planned for 2020-21, but COVID-19 has had a significant impact on delivery and a delay in planning events that are COVID-19 safe.

A further four young people attended the trip to Ghana in summer 2019 and a further six attended a multi-national trip in Austria, offering them a unique experience of another country.

Our plans for the next 12 months – 2020/21

- **Leading and managing the recovery and legacy and new ways of working as a result of COVID-19.** Since March 2020, virtual visiting has effectively enabled social workers and Leaving Care Advisors to regularly contact children and young people. But feedback has been that face to face visits are still the preference of many children and young people. It is essential that all statutory visits revert back to face to face, but virtual means of communication can be used in addition to increase the frequency of contact with our young people in a more relaxed and informal way. This will hopefully improve the quality of relationships as set out in the relationship based-practice approach within the Local Authority. New ways of working will also be considered for other meetings such as health assessments where it is difficult to engage young people, as a way of improving representation at LAC reviews, PEP meetings for example.
- **All Elected Members to continue to be ambitious and passionate corporate parents.**
- **Embed the new Corporate Parenting and Permanence Service**, further strengthening Corporate Parenting, permanence and outcomes for LAC and Care Leavers.
- **Refresh the Corporate Parenting Strategy** by the end of the year.
- **Consult with a larger cohort of children in care and care leavers, including those placed further away.** Virtual ways of working during COVID-19 has enabled creative options for engagement and consultation with a larger number of children and young people, including those placed a considerable distance away from the borough. This is a top priority for 2020-21.
- **Strengthening participation in Reviews**. IRO's will engage children and young people more creatively to participate and/or chair their own reviews. This includes ensuring children and young people feel they are being listened to and feeding back children's views, wishes and feelings.
- **Implement Virtual School Peer Review opportunities** and continue to ensure education outcomes improve for children in care .
- **Maintain or further improve performance on placement stability.**
- **Ongoing focus on edge of care work and rehabilitation home** in order to ensure the right children are in care. This will be strengthened through the Specialist Intervention Service.

- **A focus on unregulated 16+ placements; maintain fostering post 16 when placements can become fragile and increase foster care options for UASC.** A new fostering recruitment campaign is planned to recruit more foster carers who are willing to consider adolescents and UASC placements, so the reliance on 16+ provisions can reduce
- **Continue improvements in Care Leavers in Employment, Education and Training,** with a focus on older care leavers using cross-Council support and opportunities in
- challenging COVID-19 times.
- **Sign up to the Care Leavers Covenant -** engaging local businesses and ensuring a 'universal family 'approach for our care leavers.
- **Continue to improve the housing offer to care leavers and ensure good performance in suitable accommodation.**
- **Improve and sustain performance on health assessments**. The foundations of improvement have already been laid for sustained improvement in performance, which has been due to a high level of collaboration between Health and the Local Authority. There are already significant signs of improvement in 2020-21.
- **Continue to improve the offer to support children and young people's emotional wellbeing**. Integrate the use of SDQs more holistically into the health assessments so emotional wellbeing is considered alongside physical health.
- **Continue to strive to improve health arrangements for care leavers**.
- **Deliver Lasting Links** with a Lifelong Links project worker working with care leavers supporting them in securing lifelong positive links to support their transitions beyond 25.
- **Listen to our Black and Asian children to understand their experiences of care** in the context of our ambition to drive forward the Black Lives Matter agenda.
- **Undertake inequalities data analysis** to help identify any inequalities including access to services and gaps in service provision; including LAC and Care Leavers.
- **Participate in the DfE Care Leavers Improvement two day visit** scheduled for November 2020.

HEALTH AND WELLBEING BOARD

13 January 2021

Title:	Barking and Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership (ICP) Governance
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision:** No
Report Author: Alison Blair, Director of Transition	**Contact Details:** Alison.blair3@nhs.net
Lead Officer: Alison Blair	

Summary

This report provides an update on the development of the governance arrangements of the Barking and Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership (ICP) in the context of the wider north east London (NEL) Integrated Care System development.

The BHR CCGs' governing bodies in common held on 24 September received an update on the proposal to merge the seven north east London CCGs into one CCG from April 2021 and approved the submission of a single CCG application to NHSEI on 30 September 2020; and taking the proposal to merge to a vote of GP members in October 2020.

The outcome of the vote was declared on 20 October 2020 with members of the seven north east London CCGs supporting the merger to form a new, single North East London CCG. The applications to NHSEI was conditionally approved in November 2020. This outcome allowed the three systems across north east London to further develop local integrated care partnerships.

NHSE/I have also confirmed that North East London has been designated as an Integrated Care System (ICS). This follows an application process in November and a follow-up discussion with the regional team before a plan was submitted to the national team for a decision. North East London had originally been aiming for April 2021 in line with the Long Term Plan, but due to the progress made over recent months and the strong history of collaborative working in NEL, we were in a position to apply earlier and gives us the momentum to move forward to the next stage of our ICS development. The ICS designation will really strengthen our ability to collectively address health inequalities and ultimately improve the health and wellbeing of our local population.

There is a commitment from North East London CCG colleagues that the 80/20 principle of subsidiarity will apply in the future whereby the majority of functions and resources will be delegated to the ICP. From 1 April 2020 the BHR integrated care partnership board will have delegated responsibility for functions as set out in the attached terms of reference. There will be occasions where decisions will be reserved for only members of the CCG, the terms of reference set out how these decisions will be taken which will ensure that other members of the ICPB will continue to be present subject to the management of any conflicts of interest.

Further development of the structures to support the ICP at a borough partnership continue and partners will want to explore further delegation at this level. Borough Partnerships will be a key element of the BHR Integrated Care Partnership bringing together delivery of health and care services around the needs of local people. This will include input around the wider determinants of health, at a community/place-based level. Borough Partnership Boards will be led by the respective Local Authority Chief Executives in each area, who will also link them into the work of the Health and Wellbeing Boards to deliver the aspirations of more integrated care, closer to

home, supporting local people to remain well for as long as possible, and drawing in support for the wider determinants of health (e.g. housing, debt management, employment) as required.

The BHR ICP has significant and strong clinical and professional leadership with the views of clinicians and professionals represented at every level. Clinical and professional leaders work across the system focussing on what is best for residents, improving outcomes, assimilating evidence and solutions workable for practitioners. Borough members forums supports the work of the BHR ICP and will be led by each of the borough clinical directors (current BHR CCG Chairs) of the north east London CCG governing body.

The three main bodies of the BHR ICP will be:

- The Integrated Care Partnership Board (ICPB) – the ICPB will deliver on the expectations of population and patients for their health and care services and provide strategic leadership for, and delivery of, the overarching strategy and outcomes framework for the ICP; it will also provide oversight and facilitation of the transformation and design of the health and care in BHR, in particular facilitating the establishment Borough Partnerships and the Primary Care Networks (PCNs).
- The Integrated Care Executive Group (ICEG) – the ICEG will support the ICPB in its decision making by providing a forum for emerging ideas and proposals to be tested, ensure early engagement and involvement of key senior leaders from across the health and care system in the development of the BHR ICP and build collective understanding of important strategic issues so as to take such knowledge and insight into statutory organisations at the highest level.
- The Health & Care Cabinet (H&CC) – the H&CC will provide health and care clinical and professional leadership to the BHR ICP, ensuring that transformation boards develop robust proposals that are safe and effective and that the reasons underpinning financial assumptions are appropriate in terms of health and care. The H&CC will make decisions and at times, recommendations to the ICPB.

All partners have contributed to the development of the proposed governance arrangements of the BHR Integrated Care Partnership, including the Integrated Care Partnership Board, the BHR system leaders, BHR system governance leads and legal advisors Browne Jacobson. The ICPB terms of reference will be reviewed in the autumn 2021 to ensure they are fit for purpose for April 2022, when the national model for integrated care is expected to commence.

The attached slides set out:

- Governance structure
- Terms of reference for the Integrated Care Partnership Board

An OD programme is being planned for the ICPB to be delivered by legal advisors, Browne Jacobson during February and March, which will cover

- Scene setting: ICS and ICP
- The ICPB – its function and role
- Statutory vs policy decision-making
- Decision-making scenarios.

Recommendations

The Health and Wellbeing Board is asked:

- to note and comment on the update
- approve the Integrated Care Partnership Board Terms of Reference

Appendices:

- **BHR ICP governance structure**
- **BHR Integrated Care Partnership Board Terms of Reference**

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BHR Integrated Care Partnership
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Barking & Dagenham, Havering and Redbridge Integrated Care Partnership Board Terms of Reference

North East London Clinical Commissioning Group Governing Body BHR ICP Area Committee

Introduction	1. The Health and Care Partner Organisations listed below as Members of the Barking & Dagenham, Havering and Redbridge Integrated Care Partnership Board ("ICPB") have come together to enable the delivery of integrated population health and care services, as set out in more detail below. 2. The ICPB will be responsible for making decisions on policy matters relevant to the Barking & Dagenham, Havering and Redbridge Integrated Care Partnership ("ICP") and, where applicable, on matters that it has been asked to manage on behalf of the CCG and/or other constituent partner members of the ICP. 3. As far as possible, Members will exercise their statutory functions within the ICP governance structure, including within the ICPB. This will be enabled through delegations to specific individuals or through specific committees or other structures established by Members meeting in parallel with the ICPB. However, where a Reserved CCG statutory decision needs to be taken by one or more statutory organisation only, the structures used in Part 2 of these Terms of Reference will apply. 4. Part 1 of these Terms of Reference applies to the ICPB generally, whilst Part 2 contains those arrangements that will apply where a decision needs to be taken by one of the Partner Organisations, acting in their statutory capacity. Initially, Part 2 will be focussed on the CCG arrangements but over time it will be added to. Where a CCG decision is required on a matter (a CCG Reserved Function, the arrangements in Part 2 will apply. This means that on these occasions' decisions will be reserved to either the CCG Governing Body BHR ICP Area Committee or to individual members of that Committee, acting within the scope of any delegated authority given to them by the CCG Governing Body. Members of the ICPB will be present at such times subject to the management of any conflicts of interest. 5. Whether decisions are taken under Part 1 or Part 2 of these Terms of Reference, decisions taken by the ICPB and Partner Organisations will reflect national and local priority objectives and strategies.

	6. The ICPB is established and constituted in accordance with the Codes of Conduct: code of accountability in the NHS (July 2004) and the UK Corporate Governance Code (June 2010). 7. The BHR ICP will operate within the NEL ICS/CCG reporting to the NEL ICS/CCG in relation to the exercise of its functions. These terms of reference will be reviewed in 2021/22 in line with developing national guidance and legislative framework.
Part 1: Terms of Reference for the ICPB	
Status	8. The ICPB is a non-statutory partnership body, that brings together representatives from across the ICP area to make decisions on policy matters relating to the ICP and on matters that the Member organisations have asked it to manage on its behalf. 9. It also incorporates Partner Organisation-specific structures that have been established in order to enable statutory decisions to be taken within the ICPB structure, to the extent permitted by law. These are set out in Part 2. 10. The ICPB is founded on the basis of a strong partnership with representation from across the BHR health and care system, including from the CCG, local provider trusts, local authorities and primary care providers. 11. The ICPB will be supported by the ICP Executive Group, which will lead on the delivery of the ICP strategy and vision agreed by the ICPB, and by the Health and Care Cabinet, which will have responsibility for the development and review of pathways, as well as being the primary forum for the provision of health and care expertise and advice to the other parts of the ICP governance. Both the ICP Executive Group and the Health and Care Cabinet are non-statutory partnership bodies, like the ICPB. 12. The ICPB will formally commence its operation on 1 April 2021.
Principles	13. The ICPB and its Members agree to abide by the following principles: 13.1. Encourage cooperative behaviour between ourselves and engender a culture of "Best for Service" including no fault, no blame and no disputes where practically possible. 13.2. Ensure that sufficient resources are available, including appropriately qualified staff who are authorised to fulfil the responsibilities as allocated. 13.3. Assume joint responsibility for the achievement of outcomes. 13.4. Commit to the principle of collective responsibility and to share the risks and rewards (in the manner to be determined as part of the agreed transition arrangements) associated with the performance of the ICP Objectives.

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	13.5. Adhere to statutory requirements and best practice by complying with applicable laws and standards including EU procurement rules, EU and UK competition rules, data protection and freedom of information legislation. 13.6. Agree to work together on a transparent basis (for example, open book accounting where possible) subject to compliance with all applicable laws, particularly competition law, and agreed information sharing protocols and ethical walls.
Role	14. The ICPB will seek to act in the best interest of residents in the BHR health and care system as a whole, rather than representing the individual interests of any of its members. 15. The role of the ICPB is as follows: 15.1. to oversee delivery on the expectations of population and patients for their health and care services; 15.2. to provide strategic leadership for, and delivery of, the overarching strategy and outcomes framework for the ICP; 15.3. to provide oversight and facilitation of the transformation and design of the health and care in Barking & Dagenham, Havering and Redbridge, in particular facilitating the establishment Borough Partnerships and the Primary Care Networks (PCNs); 15.4. to provide collective accountability for delivery to the partner organisations, through its membership and reporting arrangements; 15.5. take collective decisions on matters that it has been asked to manage on behalf of one or more partner organisation; 15.6. along with the ICP Executive Group, to be the forum within which, to the extent permitted by law, Members take reserved statutory decisions; 15.7. take collective decisions on the use of any ICS funding allocated to the ICP; 15.8. promote and model partnership working within the ICP; 15.9. negotiate and robustly manage any actual or potential conflicts of interest, in accordance with applicable guidance and legal requirements. 16. Where a Member organisation has asked the ICPB to manage functions on its behalf, these are set out in Part 2 to these ToR. The ICPB may in turn ask that these management functions are devolved to another part of the ICP governance structure, provided that it ensures appropriate oversight and reporting arrangements are in

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	place so as to meet its own obligations, as set out in Part 2 to these ToR.
Duties	17. The ICPB's duties shall include: 17.1. producing and championing a coherent vision and strategy for health and care for the ICP; 17.2. developing and describing the high-level strategic objectives for the system that are related to health and wellbeing; 17.3. producing an outcomes framework for the whole of the ICP to deliver increasing healthy life expectancy, address local variation and seeking to reduce health inequalities; 17.4. undertaking stakeholder engagement which will include engaging with staff, patients and the population; 17.5. developing a coherent approach to measuring outcomes and strategic objectives within the framework; 17.6. ensuring the delivery of high-quality outcomes, putting patient safety and quality first; 17.7. having oversight and management of the ICP financial resources, reporting to the ICS and to Member organisations as appropriate; 17.8. having responsibility for the collective delivery of those responsibilities that the ICPB is asked to manage on behalf of one of its Members.
Geographical Coverage	18. The ICPB shall cover the Barking & Dagenham, Havering and Redbridge area.
Membership	19. ICPB members are selected so as to be representative of the constituent organisations, but attend to promote the greater collective endeavour. 20. ICPB members are expected to make good two-way connections between the ICPB and their constituent organisations, modelling a partnership approach to working as well as listening to the voices of patients and the general public. 21. The membership of the ICPB shall include those individuals listed below:— **North East London CCG** Accountable Officer Chief Finance Officer Lay member

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	Barking & Dagenham, Havering and Redbridge Integrated Care Partnership BHR Managing Director **Barking, Havering & Redbridge University Trust/North East London Foundation Trust** Chair/s CE, North East London Foundation Trust CE, Barking, Havering & Redbridge University Trust **Local Authorities** 3 x Elected members CEO/representative – London Borough of Barking & Dagenham CEO/representative – London Borough of Havering CEO/representative – London Borough of Redbridge **Primary Care providers** 3 representatives (one from each borough) **Clinical Leadership** Chair - Health & Care Cabinet 3 x Clinical Directors (NEL CCG governing body members, one from each borough) **Attendees :** Healthwatch representative 22. The ICP Board may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. 23. The arrangements regarding decision making; administrative support for the ICPB and management of conflicts of interest are set out below.
Chairing Arrangements	24. The Chair of the Board will be selected from among the members of the Board 25. The Chair of the Board will have the following specific roles and responsibilities: 25.1. be a visible, engaged and active leader; 25.2. have sufficient time, experience and the right skills to carry the full responsibilities of the role; 25.3. ensure that the Board supports the operation of the CCG; 25.4. promote the governance design principles in the Board's operation, as follows: 25.4.1. 80:20 local:NEL; 25.4.2. clinically led; 25.4.3. resident driven;

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	25.4.4. size balanced with appropriate representation; 25.4.5. sensitive to democratic accountability; 25.4.6. recognises sovereignty; 25.5. create an open, honest and positive culture, encouraging partnership working and consensus decision-making; 25.6. comply with the CCG's governance requirements in terms of procedures for decision-making, including in relation to managing actual and potential conflicts of interest; 25.7. ensure reporting requirements are complied with. 26. At its first meeting, the Board will appoint a Deputy Chair drawn from its membership.
Meetings and Decision Making	27. The Board will operate in accordance with the ICS governance framework, as set out in the ICS Governance Handbook , except as otherwise provided below. 28. The quoracy for the Board will be nine, including a representative from each of the partner organisations. Each representative must have appropriate delegated responsibility from the partner organisation they represent to make decisions on matters within the ICPB's remit. 29. The Chair will consider requests for substitute arrangements from members on an individual basis. 30. There will no less than six meetings per year. 31. Meetings shall be held in public and members of the public will have an opportunity to ask questions. The ICPB may resolve into private session as provided in the ICS's Standing Orders. 32. Other senior representatives of the Members may be invited for specific items where necessary. 33. Meeting dates are set by the governance team for each financial year in advance. Changes to meeting dates or calling of additional meetings should be provided to members and attendees within five days of the meeting. 34. A minimum of five working days' notice and dispatch of meeting papers is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed and supporting papers. 35. The Chair may agree that members of the ICPB may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting.

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	36. The Chair may determine that the ICPB needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. Urgent meetings may be held virtually. 37. The aim will be for decisions of the ICPB to be achieved by consensus decision making. Voting will not be used, except as a tool to measure support or otherwise for a proposal. In such a case, a vote in favour would be non-binding. The Chair will work to establish unanimity as the basis for all decisions. 38. In situations where any decision(s) require the exercise of Member organisation reserved statutory functions, then these should be made solely by the organisation in question, pursuant to the Member-specific arrangements set out in Part 2 of these Terms of Reference. To the extent permitted by law, discussion and decision-making in relation to reserved statutory functions will take place within the ICPB structure. 39. Conflicts of interest will be managed in accordance with the policies and procedures of the ICS and shall be consistent with the statutory duties contained in the 2006 Act and the statutory guidance issued by NHS England to the NHS ((Managing conflicts of interest: revised statutory guidance for CCGs 2017 https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/) 40. A member of the CCG Governance team shall be secretary to the committee and shall attend to take minutes of the meeting and provide appropriate support to the chair and committee members.
Accountability and Reporting	41. The ICPB will report to the NEL ICS in relation to the exercise of its functions. 42. The ICPB ensure that it complies with any Member-specific reporting requirements that apply in relation to statutory functions that it is asked to exercise on behalf of a Member. 43. The Integrated Care Executive Group and Health and Care Cabinet will report directly to the ICPB. 44. The ICPB will receive reports from the Health and Wellbeing Boards/borough partnerships and make recommendations to them on matters concerning delivery of the ICP priorities and delivery of the ICP outcomes framework. Health and Wellbeing Boards will continue to have statutory responsibility for the Joint Strategic Needs Assessments.

Working Groups	45. In order to assist it with performing its role and responsibilities, the ICPB is authorised to establish working groups and to determine the membership, role and remit for each working group. Any working group established by the ICPB will report directly to it. 46. The terms of reference for any working group established by the ICPB will be incorporated within the ICS Governance Handbook. Where any working group is established to support ICPB in performing functions the Committee has asked it to manage, the terms of reference for such group will also be incorporated within the CCG Governance Handbook.
Monitoring Effectiveness and Compliance with Terms of Reference	47. The Board will carry out an annual review of its functioning and provide an annual report to the NEL ICS and to constituent Member organisations, where it has been asked to manage functions on their behalf. This report will set out the ICPB's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.
Review of Terms of Reference	48. The ICPB shall, at least annually, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to Member organisations for approval.

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Part 2

This Part sets out the Member-specific arrangements that have been established, both in terms of setting out any statutory functions that the ICPB has been asked to exercise on behalf of a Member organisation and the associated Member-specific governance arrangements that have been established in order to enable decision-making on reserved statutory functions.

BHR ICP Area Committee of the NEL CCG North East London CCG Governing Body	
Status of the Committee	49. The Committee is a committee of the North East London CCG Governing Body, established in accordance with Schedule 1A of the 2006 Act and with the specific provisions contained within the CCG's Constitution and in the NHS Act 2006. 50. The Committee will commence its operation on 1 April 2021.
Role of the Committee	51. The Committee has been established in order to enable the CCG to take decisions on the Delegated Functions within the ICPB structure, as permitted by law, and to enable, where necessary, commissioner only decision-making on the Reserved Functions in a simple and efficient way. The Delegated and Reserved Functions are summarised below and are also set out in the CCG's SoRDM and in the SoRDM for the ICPB. 52. In each case, where the Committee has been asked to oversee the development of a policy, framework or other equivalent, this includes the function of providing assurance to the North East London CCG Governing Body on the appropriateness of the policy, framework or other equivalent in question.
Authority	53. The Committee is authorised by the North East London CCG Governing Body to investigate any activity within these Terms of Reference. It is authorised to seek any information it requires in this regard from any employee within the CCG and all employees are directed to cooperate with any request made by the Committee. 54. The Committee is also authorised by the North East London CCG Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. 55. The Committee will be responsible for determining any additional or reconfigured sub-structural arrangements to support fulfilment of the Committee's remit.
Delegated Functions	56. The Delegated Functions that the Committee will exercise include the following. In general, and subject to the Reserved Functions, the intention is that the Delegated Functions will be exercised within the ICPB structure.

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	Commissioning Strategy: the Committee will have lead responsibility for the CCG's commissioning strategy in the ICP area. This includes exercising the following specific functions in this context: 56.1. overseeing the health and care needs assessment process within the ICP area and supporting the CCG in the overall health and care needs assessment process in the ICP; 56.2. overseeing the development of the commissioning vision and outcomes setting, and supporting the CCG in the development of the overall commissioning vision and outcomes setting, within the ICP area; 56.3. overseeing the development and implementation of service specification and standards within the ICP area, ensuring that these are consistent with the overarching principles agreed by the CCG; 56.4. overseeing the development and implementation of a decommissioning policy within the ICP area, ensuring consistency with the overall policy agreed by the CCG. *Population health management: the Committee will have lead responsibility for population modelling and analysis within the ICP area, supporting the CCG to discharge its statutory duties, including those relating to equality and inequality. This includes exercising the following specific functions in this context:* 56.5. ensuring appropriate arrangements are in place to support the ICP to carry-out predicative modelling and trend analysis; 56.6. overseeing and implementing information governance arrangements within the ICP area; 56.7. overseeing the development and implementation of system incentives and re-alignment in order to deliver a response population health driven system. *Market management: the Committee will work the ICPB, asking it to manage aspects of market management as appropriate, as part of its overall role in relation to this function, as follows:* 56.8. working with the ICPB to evaluate health and care services in the ICP area; 56.9. working with the ICPB to design and develop health and care services; 56.10. agreeing the strategic market shape for the ICP area, ensuring consistency with the overall objectives and principles agreed by the CCG for the ICP; 56.11. leading on horizon scanning within the ICP area.

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	Financial and contract management: the Committee will support the CCG in discharging its statutory financial duties, including through managing the budget delegated to it by the North East London CCG Governing Body and exercising the following functions: 56.12. managing the budget for the ICP area, ensuring that it operates within the agreed CCG financial accountability and reporting framework; 56.13. managing the allocation of budgets to any Borough sub-committee established by the Committee and ensure that accountability and reporting arrangements are in-place, consistent with the overall financial accountability and reporting framework agreed by the CCG; 56.14. overseeing the development of a financial plan for the ICP area and, once approved by the North East London CCG Governing Body, manage the plan, ensuring that all North East London CCG Governing Body reporting requirements are met; 56.15. leading on tendering and procurement within the ICP area; 56.16. leading on contract design for health services commissioned within the ICP area; 56.17. working with the ICP Board to manage supply chain for health and care services within the ICP area; *Monitoring performance: the Committee will support the CCG in discharging its statutory reporting requirements and in discharging its duties in relation to quality and the improvement of services, as follows:* 56.18. working with the ICPB to manage and monitor contracts for health and care services in the ICP area; 56.19. working with the ICPB to ensure continuous quality improvement in health and care services within the ICP area; 56.20. complying with statutory reporting requirements in relation to services being commissioned in the ICP area; 56.21. working with the ICPB in relation to safeguarding, ensuring that all CCG policies and procedures are appropriately implemented within the ICP area; 56.22. overseeing safeguarding interventions, working with the ICPB; 56.23. leading on performance review and management for the ICP area; *Stakeholder engagement and management: the Committee's overall role is to support the CCG in discharging its statutory duty under*

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	section 14Z2 in relation to public involvement and consultation. This includes, but is not limited to the following responsibilities: 56.24. overseeing the development of the ICP engagement strategy and implementation plan; 56.25. overseeing the development and delivery of patient and public involvement activities, as part of any service change process in the ICP area; 56.26. facilitating and promote clinical and professional engagement within the ICP area. 57. In exercising the Delegated Functions, the Committee's role is to support the CCG in discharging its statutory duties. 58. When exercising any Delegated Functions, the Committee will ensure that it has regard to the statutory obligations that the CCG is subject to including, but not limited to, the following statutory duties set out in the 2006 Act: • Section 14P – Duty to promote the NHS Constitution • Section 14Q – Duty to exercise functions effectively, efficiently and economically • Section 14R – Duty as to improvement in quality of services • Section 14T – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty) • Section 14U – Duty to promote involvement of each patient • Section 14V – Duty as to patient choice • Section 14W – Duty to obtain appropriate advice • Section 14X – Duty to promote innovation • Section 14Z – Duty as to promoting education and training • Section 14Z1 – Duty as to promoting integration • Section 14Z2 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities) • Section 14O – Registers of interests and management of conflicts of interest • Section 14S – Duty in relation to quality of primary medical services

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	• Section 223G – Means of meeting expenditure of CCGs out of public funds • Section 223H – Financial duties of CCGs: expenditure • Section 223I: Financial duties of CCGs: use of resources • Section 223J: Financial duties of CCGs: additional controls on resource use 59. Annex 2 sets out which of the above Delegated Functions are Reserved Functions, to be exercised by the Committee only. 60. In performing its role, the Committee will exercise its functions in accordance with its Terms of Reference; the terms of the delegations made to it by the North East London CCG Governing Body and the financial limit on its delegated authority, which shall be the total budgeted resource allocated to the Committee. 61. Where there is any uncertainty about whether a matter relates to the Committee in its capacity as a decision-making body within the CCG governance structure or whether it relates to its wider local system role as part of the ICPB, the flowchart included in Annex [3 to these Terms of Reference will be followed to guide the Chair's consideration of the issue.
Geographical Coverage	62. The geographical area covered will be the same as the ICPB.
Membership	63. There will be a total of seven members, as follows: **NEL CCG** • Accountable Officer or nominated deputy • Chief Finance Officer or nominated deputy • Governing Body Lay Member (Chair) • 3 x Clinical Directors (CCG Borough GPs) • BHR ICP Managing Director 64. Any member of the ICPB will have a standing invite to attend all meetings of the Committee. 65. Although attendees will not have a formal decision-making role in relation to the Delegated Functions and will not be entitled to vote on such matters, they will be encouraged to participate in discussions and to contribute to the decision-making process, subject always to the Committee operating within the CCG's governance framework, including in relation to managing actual and potential conflicts of interest.
Chairing Arrangements	66. The role of Chair of the Committee will be performed by the Governing Body Lay Member who is also a member of the Committee.

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	67. At its first meeting, the Committee will appoint a Deputy Chair drawn from its membership.
Secretariat	68. Secretariat support will be provided to the Committee by the governance team.
Meetings and Decision Making	69. The Committee will operate in accordance with the CCG's governance framework, as set out in its Constitution and CCG Governance Handbook, except as otherwise provided below. 70. The quoracy for the Committee will be three and must include one executive director, one lay member and one clinical director. 71. The Chair may agree that members of the Committee may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. 72. The Chair may determine that the Committee needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. Urgent meetings may be held virtually. 73. Each member of the Committee shall have one vote. Attendees do not have voting rights. 74. The aim will be for decisions of the Committee to be achieved by consensus decision-making, with voting reserved as a decision-making step of last resort and/or where it is helpful to measure the level of support for a proposal. 75. Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the Chair will have the casting vote. 76. Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership. 77. Conflicts of interest will be managed in accordance with the policies and procedures of the CCG and shall be consistent with the statutory duties contained in the 2006 Act and the statutory guidance issued by NHS England to CCGs ((Managing conflicts of interest: revised statutory guidance for CCGs 2017 https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/) 78. Members of the Committee have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

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	79. Where confidential information is presented to the Committee, all members will ensure that they comply with any confidentiality requirements. 80. The Committee will meet [bi-monthly]. The frequency of meetings may be varied to meet operational need, with the Chair determining this as necessary and in accordance with the provisions for meetings set out above.
Accountability and Reporting	81. The Committee shall be directly accountable to the North East London CCG Governing Body. 82. The Committee will ensure that it reports to the North East London CCG Governing Body on a bi-monthly basis and that a copy of its minutes is presented to the North East London CCG Governing Body, for information. 83. In the event that the North East London CCG Governing Body requests information from the Committee, the Committee will ensure that it responds promptly to such a request.
Sub-committees	84. In order to assist it with performing its role and responsibilities, the Committee is authorised to establish sub-committees and to determine the membership, role and remit for each sub-committee. Any sub-committee established by the Committee will report directly to it. 85. The terms of reference for any sub-committee established by the Committee will be incorporated within the CCG Governance Handbook. 86. The Committee may decide to delegate decision-making to any of its sub-committees duly established but, unless this is explicitly stated within the terms of reference for the relevant sub-committee, the default will be that no decision-making has been delegated. Where decision-making responsibilities are delegated to a sub-committee, these will be clearly recorded in the Committee's SoRDM, which shall be maintained by the Secretariat to the Committee and incorporated within the CCG Governance Handbook. 87. The Committee may delegate funds from its overall budget to a sub-committee, provided that appropriate accountability and reporting arrangements are agreed and that these reflect the Committee's own financial reporting requirements.
Monitoring Effectiveness and Compliance with Terms of Reference	88. The Committee will carry out an annual review of its functioning and provide an annual report to the North East London CCG Governing Body on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.

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Review of Terms of Reference	89. The terms of reference of the Committee shall be reviewed by the North East London CCG Governing Body at least annually.

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Annex [1]: Functions that the ICP Board will manage on behalf of the Committee

The Committee, operating in accordance with its terms of reference, hereby asks the ICPB to manage the following functions on its behalf:

1. Developing, agreeing and implementing the ICP vision and outcomes, ensuring that this reflects the agreed CCG-specific vision and outcomes;

2. Supporting the CCG Committee in relation to market management, including through managing the following:

   (a) service evaluation; and

   (b) service design and development.

3. Supporting the CCG Committee in relation to financial and contract management, specifically through supply chain management.

4. Leading on planning and delivery within the ICP, ensuring that in doing so the outcomes are consistent with the ICP commissioning strategy agreed by the Committee, as follows:

   (a) community-based assets identification and integration;

   (b) integrated pathway-design;

   (c) service and care coordination;

   (d) place-based planning;

   (e) evidence-based protocols and pathways;

   (f) cost-reduction and demand management;

   (g) workforce strategy.

5. Support the CCG Committee in relation to monitoring performance, including through managing the following:

   (a) contract management and monitoring;

   (b) promoting continuous quality improvement;

   (c) safeguarding interventions and learnings;

   (d) regulatory liaison and relationship;

   (e) regular public outcome reporting.

6. Support the CCG Committee in relation to stakeholder engagement and management, including through the following:

   (a) political engagement;

   (b) clinical and professional engagement;

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(c) public and community engagement;

(d) provider relationship management;

(e) strategic partnership management.

7. When managing functions on behalf of the Committee, the ICPB will ensure that it has regard to the statutory duties that the Committee is subject to, including but not limited to the following:

- Section 14P – Duty to promote the NHS Constitution
- Section 14Q – Duty to exercise functions effectively, efficiently and economically
- Section 14R – Duty as to improvement in quality of services
- Section 14T – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty)
- Section 14U – Duty to promote involvement of each patient
- Section 14V – Duty as to patient choice
- Section 14W – Duty to obtain appropriate advice
- Section 14X – Duty to promote innovation
- Section 14Z – Duty as to promoting education and training
- Section 14Z1 – Duty as to promoting integration
- Section 14Z2 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities)
- Section 14O – Registers of interests and management of conflicts of interest
- Section 14S – Duty in relation to quality of primary medical services
- Section 223G – Means of meeting expenditure of CCGs out of public funds
- Section 223H – Financial duties of CCGs: expenditure
- Section 223I: Financial duties of CCGs: use of resources
- Section 223J: Financial duties of CCGs: additional controls on resource use

8. The ICPB will report to the Committee on a [monthly] basis.

9. The Committee may revise the scope of the functions that it has asked the ICPB to manage on its behalf.

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Annex 2: Reserved Functions to be exercised by the Committee only

CCG Reserved Functions

This list sets out the key CCG functions that will be the exercised at the ICP level and where a formal, legal decision may be required by the CCG. The list is not an exhaustive list of the CCG's functions and should be read alongside the CCG Constitution and the CCG Handbook.

The functions set out below may be exercised in the following ways:

- *(a) by each of the CCG Governing Body ICP Area Committees established by the NEL CCG Governing Body; and/or*
- *(b) by individuals with delegated authority to act on behalf of the CCG and within the scope of such delegated authority.*

Subject to ensuring that conflicts of interest are appropriately managed, the CCG Reserved Functions may be exercised by (a) or (b) at a meeting of the ICP Board.

- Approving commissioning plans (and subsequent revisions to such plans) developed in order to meet the agreed ICP population health needs assessment and strategy;
- Approving demographic, service use and workforce modelling and planning, where these relate to the CCG's commissioning functions;
- Approving proposed health needs prioritisation policies and ensuring that this enables the CCG to meet its statutory duties in relation to outcomes, equality and inequalities;
- Approving the CCG's financial plan for the ICP area;
- Approving financial commitments where these relate to delegated CCG budgets;
- [To agree specific financial reporting mechanisms and associated approvals];
- [To agree risk management arrangements within each ICP];
- Approving procurement decisions, where these relate to health services commissioned by the CCG;
- Approving contract design, where these are developed specifically to reflect health needs and priorities within the ICP area;
- Approving health service change decisions (whether these involve commissioning or de-commissioning);
- Overseeing and approving any stakeholder involvement exercises proposed, consistent with the CCG's statutory duties in this context;
- Approving ICP-specific policies and procedures relating to the above, where these are different to any NEL CCG policies and procedures;
- Approving a proposal to enter into formal partnership arrangements with one or more local authority, including arrangements under section 75 of the NHS Act 2006;
- Other matters at the discretion of the CCG Governing Body BHR ICP Area Committee or individuals with delegated authority acting on behalf of the CCG, where it is considered that the matter is one that should be considered and determined by the CCG alone (including where this is necessary in order to ensure appropriate management of conflicts of interest).

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Annex 3: Decision-Making Flow Chart

1. Does any legislation expressly place a function or duty on a statutory body or bodies which means that it and only it should determine the issue in question?

   [If it does that statutory body or group of bodies should make the decision.]

2. Should no statutory body or bodies hold such a function or duty then is the issue an ICS matter?

   [If it is then the matter should go to the proper part of the ICS governance for determination.]

3. If the issue is an ICS matter, is it one that is within the ICPB's scope of responsibility?

   [If it is, then the matter should go to the ICPB for determination]

4. Does the issue in question cover decisions that may fall for determination in both statutory forums and the ICPB? If the split in decision making is apparent then that should be followed, otherwise the matter should be referred to [the ICP Executive Group for agreement on the approach to be followed].

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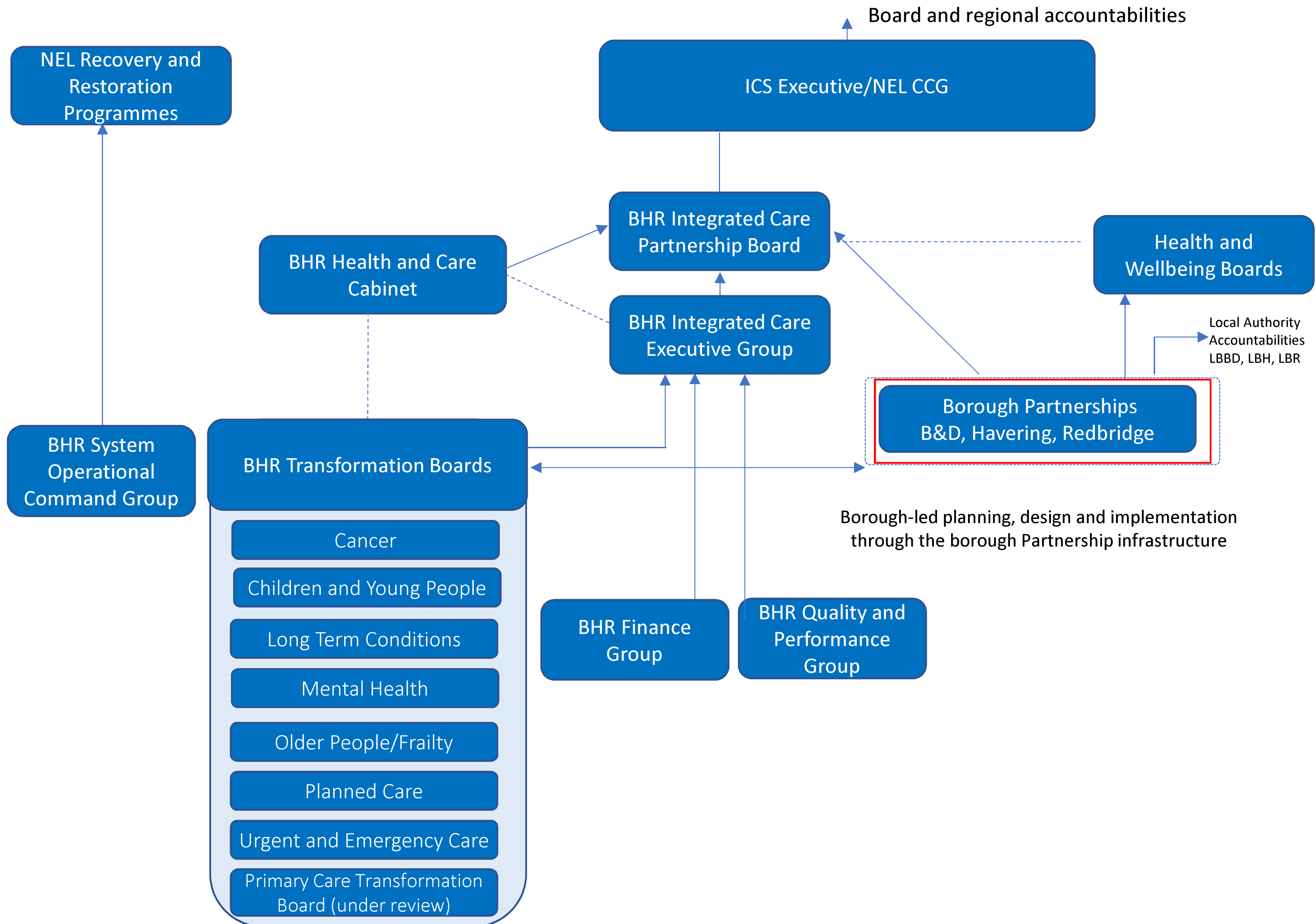
Governance arrangements – April 2021



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HEALTH AND WELLBEING BOARD

13th January 2021

Title: Progress update: reMove Abuse Pilot	
Report of the Director of People and Resilience	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Author: Hazel North Stephens, Lead Commissioner Community Safeguarding	**Contact Details:** E-mail: Hazel.NorthStephens@lbbd.gov.uk
Sponsor: Chris Bush, Commissioning Director	

Summary:

To keep survivors, children, and families safe, the Council has been developing a whole system response to domestic abuse that supplements the existing offer to survivors with work focused on changing the behaviour of perpetrators.

During the COVID 19 response it has become apparent that in order to give survivors and their families greater choice and control this system must include the option for them to remain safe in their own homes should they choose to do so. In practice, this ambition can only be achieved if we are able to provide short-term accommodation to the perpetrator that would sit alongside an evidence-informed programme of behaviour change work as well as a robust disruption strategy.

This option will not be right for everyone, but it does form an important part of a whole system approach that can respond to the specific needs and circumstances of survivors and their families whilst placing responsibility for abusive behaviour at the feet of perpetrators. This paper sets out our journey to co-design this approach alongside survivors, potential service users and professionals across Barking & Dagenham.

The work has attracted significant interest and we have successfully been awarded £209,052 to deliver the work for six months with match funding sourced locally for the additional 6 months. This allows us to deliver a year's pilot which will be evaluated and will inform future decision making.

This report provides an update on the journey of the work so far.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1. to note contents of the progress update and offer guidance to ensure that the pilot implementation and learning is a success

1. Introduction and Background

1.1. The Council has committed to the vision of 'One borough; one community; No one Left Behind', and domestic and sexual violence directly threatens this vision. The Borough Manifesto sets domestic violence as a clear priority and the Health and Wellbeing Strategy puts forwards the need to work closely with and for our residents to tackle violence and abuse. Domestic violence is also identified in the Corporate Plan as one of the root causes of poverty, deprivation, and health inequality in the Borough, as demonstrated by its disproportionately high prevalence - 25.9 incidents reported per 1000 of our population.

2.2. The Ending Violence Against Women and Girls Strategy 2018-2022 set out the plans to re-shape services to better fit the needs of our residents, and to integrate better with Community Solutions and Children's Care and Support. It also supports the move to a trauma-informed and gender-informed approach that holds perpetrators to account.

3.3. Domestic abuse is a significant driver of demand that impacts all areas of the business, from housing, to social care and health services. In the twelve months to October 2020 in which there were 5,501 incidents reported to police, it has created a fiscal cost of £16.3 million for the borough. If we include the socioeconomic costs this increases to somewhere in the region of £70million each year (Sylvia Walby - The Cost of Domestic violence, update (2009))

4.4. We have high acceptance levels of abusive behaviour amongst our young residents. In 2017 and 2019 school health surveys showed that 26% of young people thought there were times it is ok to hit your partner, and 32% of students thought it's sometimes acceptable to demand undressed/sexual photos from a partner. This was from Barking and Dagenham's year 8, 10 and 12 students (sample size over 2300 each time the survey was completed).

5.5. We do not accept this situation. Since the beginning of 2019, we have been working hard to develop our whole system response so that it is up to the challenge of addressing this problem. This response has several components:

- In March 2019, Cabinet agreed the re-procurement of the local domestic and sexual violence service. Refuge successfully tendered and the new service was implemented in October 2019. The implementation was smooth and based on a range of service elements, including a limited and targeted perpetrator offer. This offer allows for 30 perpetrators to receive direct one to one work per year. To maximise the impact of this work, it was situated within Family Support and Safeguarding. Refuge have completed their first year in the borough from October 1st, 2019 through to September 30th, 2020. In the first year they received 1242 referrals, with 596 residents receiving a service. When we remove inappropriate referrals (non LBBD residents, no contact details available, working with another service etc.) the service has an engagement rate of 60.9% across the service currently.

- In May 2019, the council implemented DV FLAG East: A collaborative effort between the LBBD Legal Team and Barking and Dagenham Citizen's Advice to improve access to quality legal advice for families experiencing domestic abuse. This also includes development of a pro bono offer. The project was shortlisted for a Family Law Awards 2020 – for the Community Interaction Award. Barking and Dagenham legal team was also shortlisted for two LawWorks Pro Bono Awards, winning the Pro Bono Awards Best Contribution by an In-House Team, and receiving a commendation for Most Effective Pro Bono Partnership. This is very much seen as a partnership success across the internal legal team as well as all the family law firms involved and the citizen's advice team.

- In January 2021, the Council was one of the first five organisations in the country to be awarded an Everyone's Business Award recognizing our work to address domestic abuse in the workplace. In September 2020 the Council went on to win the Best Organisational Development Initiative Award at the PPMA Excellence in People Management Awards 2020, and this contributed to an overall Silver Award, marking the borough out for its success in this space. Since then, the borough has been asked to share our learning through various forums and webinars.

- In February 2020, the LBBD Domestic Abuse Commission launched, bringing 12 national experts around a table to explore the normalisation of domestic abuse in the borough, with a clear focus to examine and respond to the attitudes and behaviors in the borough that allow domestic abuse to exist. The paper is due to be published in February 2021.

- In September 2020, the Childrens Care and Support adopted the Safe & Together™ Model: an internationally recognised suite of tools and interventions designed to help child welfare professionals become domestic violence informed. It is based on the principles of partnering with the non-abusive parent, whilst working with the perpetrator to understand their patterns and hold them accountable through processes. Currently a cohort of 80 social workers are undergoing intensive core training on the model. We have also offered overview days as introductions to the model for partners which was heavily attended by health colleagues.

- IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for General Practices that has been positively evaluated in a randomised controlled trial. Funded by the Violence Reduction Unit, it implemented in Spring 2020 in the borough. So far, 17 practices have signed up and started training and one practice (the Oval Practice) is now fully trained. The training is made up of three modules over which 127 clinicians have been trained.

- We are preparing for Domestic Abuse Housing Alliance (DAHA) accreditation in February 2021. DAHA Accreditation is the UK benchmark for how housing

providers should respond to domestic abuse in the UK. A MHCLG funded housing coordinator has been instrumental in driving the agenda forwards and has coordinated a full training programme, pushed for systems changes and assisted Inclusive Growth colleagues as they develop their first Domestic Abuse Housing Policy.

6.6. In March 2020, the COVID 19 pandemic led Government to restrict citizen's movements, creating concern in the sector that domestic abuse would increase as had been the case in both China and Italy.

7.7. National charities launched a massive campaign to raise awareness, which led newsreaders like Victoria Derbyshire to write the National Domestic Abuse Helpline on their hands in a bid to reach victims. This led to a massive increase in calls. The UK's largest domestic abuse charity, Refuge, reported a 700% increase in calls to its helpline in a single day and several reports suggest a 25% increase in contacts through the helpline and online requests for help since lockdown began.

8.8. Calls to the national Respect Phoneline for perpetrators increased by 67%, emails by 185%, webchats by 2,200% and website visitors by 581% since lockdown began. This also reflects increased requests for support to Respect from children's social care as to how to deal with adolescent to parent violence

9.9. Analysis of the national domestic abuse helpline showed that in April 2020 there were 2581 calls from across London, with Barking and Dagenham making up 3% of these calls (n=74).

10.10. Locally we were able to respond quickly, supporting Refuge to be able to adapt working practices to deliver the service remotely. We were also able to bring in additional universal perpetrator work in recognition of the number of perpetrators seeking support to change. In the first 6 weeks of the universal perpetrator work being offered 24 men engaged with a view to undertaking behaviour change work.

11.11. We want to build on these developments to ensure that, moving forward, our whole system response to Domestic Abuse includes a much stronger focus on perpetrators. We are well placed to do so, not just due to COVID-related developments mentioned above, but due to system wide conversations that have been ongoing for the last 18 months.

12.12. Like many places, we recognize that our whole system response must give survivors much greater choice and control over their living arrangements whilst shifting the responsibility for change from survivors to perpetrators. Survivors are often forced to move many miles from their homes, away from their support networks, friends, and families, pulling their children out of schools and away from their support. The impact is harrowing as they must start life completely from scratch – new bank accounts, new jobs, new GPs, schools, support services, friends, families – and with no link to the new area's culture or heritage.

13.13. Choice and control are actively taken away from survivors, who are forced to juggle managing the abuse from their perpetrators with the expectations of professionals that they must make decisions that uproot their whole families.

14.14. Often the decision to leave is based on what they are made to do, rather than what feels safest, or what would cause the least disruption to the children involved.

15.15. We want to give this power back to survivors. We want to give them choice and control over how they move on with their lives. In practice, this means turning the way we think about domestic abuse on its head. We must focus on changing perpetrator behaviour as well as supporting survivors. And we must work with the latter to create space for safety and recovery, which means being able to stay in their own homes should they wish to do so and assuming it can be made safe.

16.16. Pre-COVID 19, the Domestic Abuse Commission discussed this possibility, as part of a wider meeting which explored housing opportunities for survivors. There was general support for an approach which considered shifting accountability for moving on to the shoulders of perpetrators.

17.17. As part of the initial response to COVID 19, there were discussions at both a local and regional level exploring the option of re-housing perpetrators. These conversations were prompted by the significant increase in risk and demand created by COVID-19, but they also reflected a wider recognition that the absence of choice for survivors in the current system reinforces the loss of control and agency they experience at the hands of perpetrators. Developing a system that could allow survivors and their families to remain safely in the home would move accountability square on to the shoulders of the perpetrator. It would also give survivors space to breathe and to both access and make the most of supportive services.

18.18. With strong appetite across partners, we explored the potential to do this quickly as part of the response to COVID-19. But the risks involved, both to families and to the Council (financial and reputational relating to potential obstacles in legislation) meant that the decision was made to take a more considered approach. Equally, it was recognised that very few places have to date managed to sustainably design or implement models that would provide survivors with greater choice and control over their living arrangements. Doing so would be ground-breaking.

19.19. In recognition of the innovative and potentially ground breaking nature of this work, and in order to build on the momentum created by COVID-19, we have designed an innovation programme, supported by a cross-council working group, that will spend the next year exploring and testing potential models, working closely with professionals and partners across the system as well as both survivors and potential service users. This working group is made up of representatives from Care and Support Commissioning, Transformation, Inclusive Growth and Policy & Participation.

20.20. The innovation programme was built around three phases of activity, which are set out below:

- *Phase 1: May-July 2020*
    - Horizon Scanning
    - Evidence Review
    - Perpetrator Interviews
    - Survivor Interviews
    - Staff Interviews
    - Codesign Session

  Governance: During this phase, a paper was included on the forward plan for relevant member portfolios, LAG, and internal officer meetings, PRMG, Procurement Board and CSG.

- *Phase 2: August to September 2020*

  Real World Testing: To put learning into practice we started to work with Community Solutions colleagues to identify 3 dispersed units for use in a test and learn prototype. We planned to run this through the autumn. As part of the COVID 19 response we have undertaken a direct award to Cranstoun to support us through Phase 2, working intensively with the perpetrators to develop a best practice model. We currently have one person housed through the prototype testing model.

  Developmental Evaluation: We are working closely with the families involved, commissioned services and enforcement agencies to monitor and evaluate any change. We are leaning on Policy and Participation to support this work which includes subject interviews and weekly steering meetings.

  Governance: This paper formed part of an appendix at Cabinet in December 2020 to complete the governance pathway. The paper was originally intended to be presented in September 2020 but due to the timelines set out by the Home Office in regard to their Perpetrator Fund, was delayed.

- *Phase 3: October 2020 – Spring 2021*

  Procurement/Mobilisation: Assuming approval at Cabinet to procure the necessary interventions, we plan to mobilise quickly. The Home Office Fund set out delivery to start by 01st October 2020. We were informed by MOPAC the application was a success informally on the 28th October 2020 and we are awaiting official confirmation which includes is signing of a formal grant agreement.

  Governance: Regular updates have come through the People Resilience Group Meeting and the Corporate Strategy Group.

  Messaging: Following mobilisation the work will be socialised online and offline, with stakeholders being made aware and materials to be developed to

raise awareness of the ability for perpetrators to choose safe, healthy, alternative behaviours to abuse.

2. Case Study and Co-design

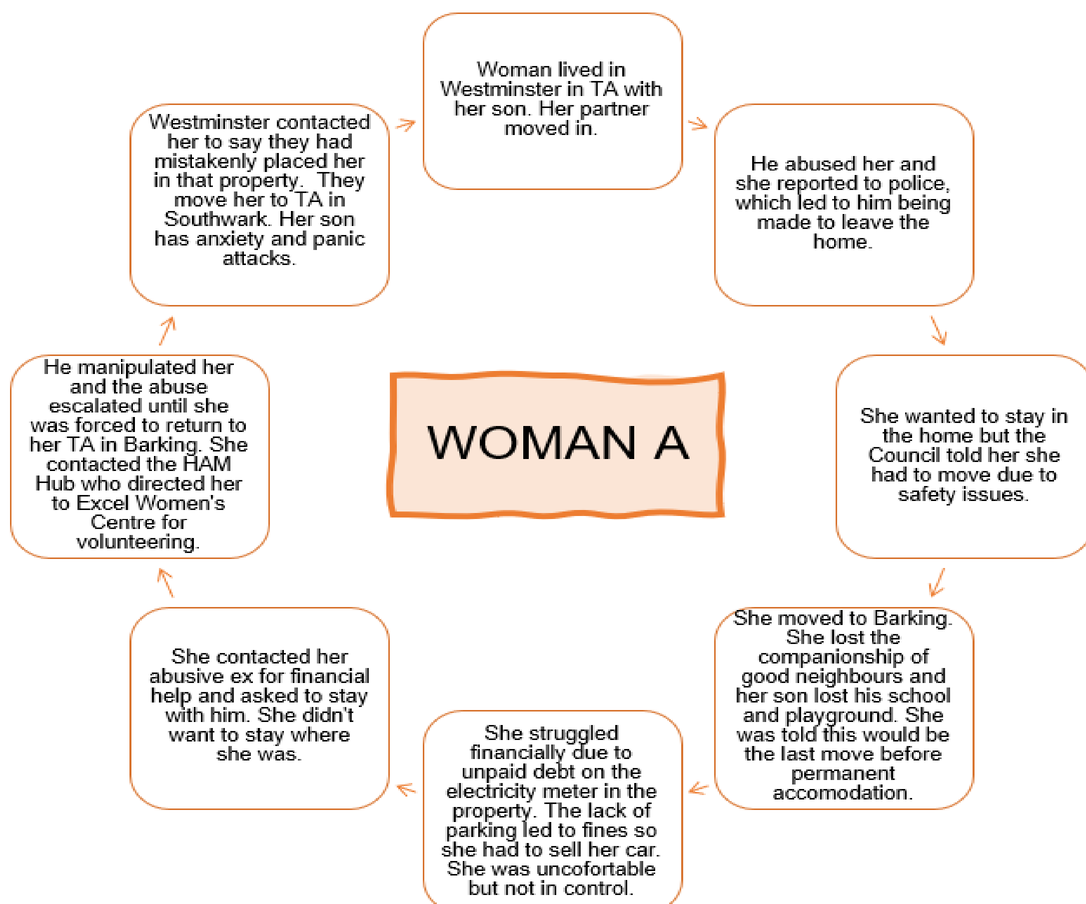
1.1. The following case study was captured in Phase Two of the model design work and provides insight into the impact being moved has on victims of domestic abuse and helps in understanding the moral argument that we need to find new ways to support victims to be safe.

2.2. In the graphic below, we can see the experience of a woman fleeing domestic abuse and the pressures on her to choose a path that is punitive and impacts her child.

3.3. We have chosen to use this case study as it captures so clearly the barriers put up at every point of her journey – factors present in the many interviews we have undertaken with survivors.

4.4. Although woman A started in Westminster, her experience is one faced by women across the nation. Being placed in Barking and Dagenham briefly meant we were able to engage her. Typically, women from Barking and Dagenham are moved significantly further away, often into refuge accommodation or temporary accommodation in the midlands or north of the country.

5.5. Women in these situations regularly return to the person abusing them because the impact of living away from familiar surroundings, support, and being able to provide financially for children can be overwhelming.



6.6. During Phase 1 of the Innovation Programme several pieces of consultation and co-design were undertaken. We wanted to get this right, safely for survivors (including child survivors) and therefore we needed to recognise the sheer amount of skills, knowledge and experience across the borough that could help us shape the model. We also wanted this work to be rooted in what our residents tell us and so consultation included both local survivors and perpetrators:

Consultation	Feedback / Input:
People and Resilience Management Meeting	• Direction to ensure briefings go to Community Safety Partnership and Safeguarding Partnerships, as well as Health and Wellbeing Board • We need to respond directly to what our residents are telling us and create a space for survivors and children to be safe. • We need to create a true cultural shift where the perpetrator is held to account for their actions and the family have active choice in the interventions that best suit them.
Survivor Interviews	Policy and Participation DA Commission Programme leads undertook the interviews throughout June/July 2020: • All the survivors spoken to so far thought that the onus fell on the survivors and that more needed to be done for perpetrators, and to ensure that they were held to account for their actions. • One of the survivors described the wide-ranging impacts of her having to move home on both her and her son. She described how her having to move home meant she lost her community and friends, her son suffered mental health consequences and had to start a new school. She also explained how when she moved into her new temporary accommodation, there were issues with the property, and she was struggling financially which led her getting back in touch with her abusive ex and moving back in with him. • Other survivors explained how they feel trauma from staying in their homes, and how there are still some defects in the property from physical abuse, which have not been fixed. Some of the survivors also wanted to ensure that this would be matched with options for them to move. • Some survivors were also concerned about post-separation abuse and were concerned that abuse could continue even if the perpetrator was in touch with interventions. • Some quotes from the survivor's interviews are given below: *"When the police got involved, I got worried for my safety obviously, I contacted the council, or the police had done. They said they were going to move me out of London, I said no"* *"Why do people invest the money on moving the victim whilst he works on the next victim"* "*Keep me in the home, for my mental health and my sons mental health" When the police got involved, They didn't let me know what they done with him, I was just moved even though I didn't want to"* *"Nothing is being done" "The abuse happens, and the victim is worried about her life, she just wants to be safe. She just wants to move but the consequences of that move are really big"*

	"Perpetrators do not have any empathy. They don't have any empathy, they don't care. You can be crying in front of them and they don't care. But there will be men that are willing to change and there should be groups that they can go to for help"
Perpetrator Interviews	• Shame and a fear of perceived fear of judgement were strong commonalities of experience between the men interviewed who were involved with the existing perpetrator work. • There was a focus on the wide range of issues affecting families, including substance misuse, poor mental health, homelessness and unemployment. • One man was asked to leave by his partner who owned the home. He slept in his cars for a few nights but had no money for food and had alcohol addiction. He searched for support on his phone and called the council, explained his situation. The council referred him to a hostel for the night and to a foodbank. The council then assisted him with finding a private rented flat share and suggested Cranstoun to him and he voluntarily went on the Men and Masculinity course. He said: *"I'm so grateful for what the council have done for me, they have been so supportive and quick in helping me find a place. They told me about the men and masculinities program with Cranstoun and I voluntarily joined it."* *We asked whether he would have benefited from a programme that offer alternative accommodation. He said:* "*Oh yeah, definitely. I've done this voluntarily. I never had to do the programme, but I wanted to. If I were offered that, I would definitely take up the offer. The accommodation is critical, Things were hard with everything is going on and if I had known about this, I would have done."* Perpetrator Interviews quotes shown below: *"She said I had to go, whilst she was at work I was packing myself and when she got back, and I left. I knew she meant it that time and I wasn't going to change her mind. It was when I was packing my things I realised, I can't change her mind, but I can change myself."* *"Me and my partner are getting on better because I am changing, it's her birthday coming up, but I can't see her since I'm quarantining, so I took her some presents round a few weeks back"* *"Seeing things more from my partners perspectives. I don't snap so much like having a short fuse. I don't snap so much."* *"From what I have heard, there is not enough support for men"* *"Whether you are the abuser and abusee, the embarrassment of coming out about it, stops you from getting support"*
Staff Interviews: Early Help Co Design Session – 3rd June 2020	• Positive feedback because it puts emphasis on perpetrator to change • Need to consider emotional impact for the survivor if they choose to stay in the home – case examples given of a survivor being re-traumatised. • Attention drawn to the impact on children/issues of child control • Need to consider survivor empowered through choice • Need to consider post separation abuse in relation to suitability for accommodation offers

	• Engaging perpetrators can be difficult as often they normalize or minimize behaviour. • Needs to go alongside staff training as staff often feel not equipped to engage with perpetrators • Ultimately, wide support for the programme but with clear focus on the safety of the survivor and children at all times, and an understanding that there is no 'one-fits-all' approach.
Codesign Multi Agency Co-design Session 1 – 8th June 2020 (Attendees: Police/Refuge/Community Solutions Support/Community Solutions Intervention/ Children's Care and Support SIS/Commissioning/Community Solutions Triage)	Strong support for the programme and the pilot phase but several views raised for consideration: • Challenge related to sheer numbers of people on housing register who fall through gaps but being perceived as prioritizing perpetrators. There is not enough social housing or private sector housing available in general, so we need to be clear in our messaging that this is not a reward for abusive behaviour. • Need to ensure programme is survivor-centered – what if the survivor does not want to be involved? What support is there for the survivor? How is it measured from survivor perspective? • Timing is poor in relation to housing demand – that after evictions ban and restrictions are lifted there will be extra demand for housing as people are evicted due to rent arrears Etc. and a potential for increased numbers of people fleeing domestic abuse once lockdown ends. • The specialist intervention service will not have domestic abuse workers ready to support this straight away and domestic abuse commission due to publish in January 2021. Concerns raised around timelines. • Challenge on capacity and resources. The work would be resource intensive and new processes for frontline staff to learn for a potentially small cohort. Consideration for linking into existing processes. • Children – perpetrator could see the assessment if he has caring responses for the child, and there have been instances where perpetrators manipulate this and can control professionals • People might dip in and out of it – the reality of services is people drop in and out rather than not complying at all so the specification will need to be prepared for this • A need to consider the incentive for being involved. Need to look at reward and consequence for perpetrators and victims, and the framing of the offer. • Affordability – We need to ensure that this is affordable for the family during and after the programme.
Domestic Abuse Commission Session	• Needs to be part of an overall approach which is survivor led – need to ensure survivor has options • Suitability assessment as well as risk assessment – mental health and survivor safety needs to be at the heart of this. Mental health services need to be strongly linked to understand the potential impact • Operation Encompass may have a role in terms of reaching out to perpetrator for this/other interventions. This would mean schools well placed to refer into the programme too. • "Turning the space for action on its head – the survivor's space for action and the perpetrators' space for action are all linked/relative, so need to

	reduce the perpetrators' space for action in order to increase survivors' space for actions so need to ensure this project would do this." • Respect standards should be used. • Starting from a space of perpetrator information sharing, starting with housing and building up would be a truly radical approach – no other Las could do that and it counters the manipulation of perpetrators because they can't lie about it. Need to think of GDPR and confidentiality but often the focus is survivor led data sharing which adds another layer of emphasis on survivor. • The Drive model has multi agency information sharing, so even if not taking that approach could learn from that – this would help as the survivors aren't the ones we need to know the history for, but the perpetrators are so we can understand their risk • Importance of messaging – need to be clear how it is framed in relation to survivors • Impact of Domestic Abuse Protection Orders in new DA bill will bring in more power for community orders • One area had a men's worker in the courts, who spoke to every perpetrator and picked up the response from there.
Community Safety Partnership	• Discussed on 24th June 2020 • Wide support for the programme, keen to tie into DVPO work with police. • We need to ensure all relevant portfolio holders are engaged with the work.
Council Consultation	• Led by the Cabinet Member for Social Care and Health Integration, a paper was shared across elected members inviting feedback and space to raise concerns.

3. The Model: reMOVE abuse

1.1. The learning led to a model being codesigned, developed by and for our residents, with learning from across the local system and based on key principles – the safety of survivors and children is absolutely paramount, and that the work would need to embed with wide service support networks to have a good chance of success.

2.2. It would also ensure that in order to be authentically innovative it would need to be able to adapt to the needs of the family. For example, the accommodation element may not be best place to be housing that the Council have nomination rights to, instead the perpetrator may be better placed in private accommodation, and may be able to afford this and contributing to any children too. In other cases, the level of control may mean that we target any financial support towards the existing home.

3.3. The model, named '**reMOVE abuse**', covers the following strands:

Assessment: Referral will come from professionals and self-referrals, and we have a pathway set up with our East Area DVPN/O lead to ensure perpetrators who have a DVPO in place are assessed quickly at the point where there is space for engagement. The criteria are not based on risk alone – although this is part of assessment – all levels of risk will be able to access the intervention. We anticipate that we will see higher levels of risk initially as partnership approaches such as the MARAC are primed to respond quickly.

Following referral, Cranstoun will initiate contact within 5 days, provide a comprehensive assessment and offer start date of intervention work if safe to do so. Assessment will be face-to-face wherever possible, as well as via telephone or online platforms such as Teams/Zoom/WhatsApp dependent on the COVID restrictions in place. The assessment will identify and prioritise risk and identify suitability of intervention. It will cover: Demographics / Children / Relationship History / Violence and abuse – Recency, frequency, gravity / Violence and abuse in previous relationships / Psychosocial history / Complex Needs (Drug and alcohol, Mental health) / Motivation / Immediate concerns and Safeguarding.

Intervention: The intervention will be based on 1:1 case management and will be delivered by a team of three case managers, service manager and a partner support service. Where clear cohorts form that are group ready Cranstoun will deliver group work with men through their men and masculinities programme approach. Intervention will be delivered in community-based settings at a variation of times, including evenings. Intervention will include regular safety planning, as well as ongoing dialogue and feedback to referrers at referral, assessment and treatment intervention, highlighting any increased risk or concern as well as providing progress and engagement reporting, identifying Static Risk and Dynamic Risk factors. Cranstoun's case management system will track and log interventions and flag risk. Risk assessment tools will include: Perpetrator Risk Identification Checklist / Inventory of coercive and controlling behaviours / Evaluation at initial, interim and end to identify shift in thinking / Safety planning / Disrupt intervention – focusing on Recency, frequency, gravity.

The key work takes learning from a range of integrative theoretical tools and interventions such as: Psycho-educational / Psychodrama / Cognitive behavioural therapy / Trauma informed approach. Cranstoun will use 'disrupt interventions' in order to reduce risk and increase safety for victims/survivors and children, including working in partnership with police in order to support Non-Molestation orders, Custody, Occupation and Domestic Violence Protection Orders (DVPO). Cranstoun have evolved their current programme, ensuring responsivity to local and national trends. Cranstoun ensure the relevance of their material by engaging with a range of governing and research bodies, including RESPECT and Kings College London.

Partner Support Service: - Cranstoun will provide an attached support offer to partners/ex-partners of all perpetrators engaged. This will include a pro-active telephone call offering partners/ ex-partners support, consisting of weekly safety planning, one to one emotional support, advocacy and onward referral into Barking and Dagenham's established survivor offer delivered by Refuge. Cranstoun will use its Domestic Abuse case management system IZZUKA to track and log interventions and flag any risk. Risk assessment tools used will include: DASH RIC (risk identification check list); Evaluation (perpetrator programme completion and 3 months post completion); Safety planning.

Accommodation: We will use accommodation that is either in the Council's ownership or to which the Council has nomination rights. This includes leased accommodation, temporary accommodation and stock held in the Housing

Revenue Account (HRA). The aim is to charge rent for individuals placed under this programme, which mean that there will be no net cost in providing accommodation. However, given the nature of the programme it is recognised that in some cases we will need to cover the cost of the rent to meet the wider aims of the programme. This is being fully funded through external Home Office monies.

The accommodation will be offered as a short-term lease and the perpetrator will have a full affordability assessment. It is important to note that should a household not be able to afford two rents due to benefits not covering it (as would potentially be the case when a woman flees to refuge accommodation for example) then we would be assessing the family to better understand where we would be better to cover the rent – with the remaining family, for example, to ensure no ongoing financial abuse is taking place. Accommodation will include basic hard furnishings.

Aftercare: The pilot is only for a limited time of one year. As a partnership we are aware that to create change both the perpetrator and the survivor, as well as any surviving children will need access to ongoing support – and for survivor's, therapeutic recovery offers. This is not always specialist in nature but may be through tackling isolation for example. Cranstoun will offer onward referral into local offers and aftercare will be discussed at steering groups. For those who access the accommodation strand this will be reviewed by the steering group for every case.

Evaluation: There is limited evidence in terms of independent evaluation focused on impact rather than engagement of perpetrator responses across the country and this is a crucial element to the budget as it will help the decision making at the end of the project as to whether it has successfully impacted the lives of residents and whether it has created a change in demand in relation to care and support, adult mental health, children's mental health etc. LBBD cutting-edge data systems and support from the Insights team will allow us to track the impact of this work in a comprehensive way. This will be commissioned externally as the initial bid specified independent evaluation.

The evaluation will consider how successfully the programme has delivered impact alongside savings. At the end of the project, should we have identified savings based on the evaluation we will seek to continue the project based on those local savings rather than seeking additional funding. If we require more time, then we will seek to extend the length of the evaluation to try to create a longer term understanding of impact on families.

4. External Funding

1.1. Throughout the learning we engaged funders, sector specialists and stakeholders across the system. This generated a significant amount of interest, particularly from funders who recognised the potential benefits of such an innovative approach to tackling domestic abuse. Not only is it new in its approach but it is untested and unevaluated. Therefore, it is set up as a pilot project – we need to develop the evidence base for future developments.

2.2. In particular, we were encouraged to bid into the Home Office Perpetrator Fund released in August/ September 2020. The fund was targeted at police and crime commissioners and therefore local authorities could not bid directly. The Mayor's Office Police and Crime (MOPAC) submitted a bid on our behalf.

3.3. The Fund required 6-month match funding as it was only available for delivery between October 2020 and March 2021, and the expectation was that local authorities would fund the second 6 months delivery to make up a full years project. Funding has been sourced locally as set out in the procurement strategy.

4.4. Despite significant delays we found out informally that we had been successful in the bid at the end of October 2020. We are awaiting formal notice and grant agreements to be signed to be able to mobilise the work.

5.5. A conversation has been had with MOPAC to manage expectations on a mobilisation date – we cannot mobilise until all governance is complete, particularly as we are using local match funding. We initially would have brought the governance papers to September or October Cabinet which would have allowed for speedy implementation. The delays meant that we missed the deadline for November cabinet and therefore mobilisation date is set for 16th December 2020, the day after this paper is discussed, and on the condition that the grant agreement has been signed.

5. Learning

1.1. The work set out above could only be done through cross-Council work alongside our partnerships. Collaborative co-design of the model required the skills and knowledge of all stakeholders, statutory partners, elected members, voluntary and community sector partners alike. The development leant on the passion and willingness of our partnerships to find new ways of working with each other and being open to change.

2.2. We are keen to build this learning into future developments around domestic abuse, keeping residents at the heart of service design, and recognising the strengths across all parts of our system.

3.3. *Domestic abuse is everyone's business,* and as such future commissioning will ensure the continued collaboration with all stakeholders, including those with most at stake: our residents.

6. Financial Implications

6.1 This report is mainly for information and sets out to provide the Health and Wellbeing Board progress update regarding reMove Abuse Pilot Programme. As such, there are no financial implications arising directly from the report.

7. Legal Implications

7.1 Implications completed by Tessa Odiah – Interim senior Contract Solicitor)

7.2 This Project highlights a new innovative approach to tackling domestic abuse.

7.3 As a result of the potential benefits to the proposed approach, it generated significant amount of positive interest, including part funding Grant from the Home Office Perpetrator Fund and other potential local Funders.

7.4 There is therefore no adverse Legal implication to the Council in its support to this Project.

8. Risk Management

1.1. A risk register is included in Section 9 of Appendix A: Cabinet Paper December 2020

9. Crime and Disorder

1.1. We anticipate the reMove Abuse pilot will have a positive impact on domestic abuse offending. In the 12 months to October 2020 there were 5501 reported incidents to police – over 15 every day. This should be reflected in the number of crimes recorded as well as a decrease in repeat victimisation.

10. Safeguarding

1.1. We anticipate positive impacts on safeguarding as the offer will allow for 100 perpetrators to be managed on a 1:1 case management basis. This work complements the recent adoption of Safe and Together in children's care and the working hypothesis is that the work will contribute to a decrease in the number of children taken into care as a result oof unresolved domestic abuse. This hypothesis will be tested through the commissioned evaluation and inform future commissioning approaches.

11. Property/Assets

1.1. The Council has identified units and there is some focus on units that the Council has nomination rights to. However, this will not fit every case and there will be multi-agency decision making panel that will decide whether the use of accommodation within the control of the Council is most appropriate. For example, in a case where it is clear there will be no reconnection between parents, we would look to assist finding accommodation through the private sector to avoid creating a homeless duty later on, or potentially having to consider eviction. It is important to consider a level of flexibility if we are truly centring efforts on what is best for the children and survivors.

Public Background Papers Used in the Preparation of the Report:

- Violence Against Women and Girls Services Supporting Local Commissioning December 2016: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576238/VAWG_Commissioning_Toolkit.pdf
- Government's Strategy to end violence against women and girls: 2016 to 2020: https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020
- MOPAC Violence Against Women and Girls Strategy 2018-2021: https://www.london.gov.uk/mopac-publications/mayors-violence-against-women-and-girls-strategy-2018-2021
- MOPAC Survivors Consultation: Listening to women and girls affected by gender-based violence https://www.london.gov.uk/sites/default/files/mopac_survivors_consultation.pdf

- The Cost of Domestic Violence: Up-date 2009, Sylvia Walby http://www.lancaster.ac.uk/fass/doc_library/sociology/Cost_of_domestic_violence_update.doc
- Criminal Prosecution Service VAWG Report https://www.cps.gov.uk/sites/default/files/documents/publications/cps-vawg-report-2018.pdf
- Ending Violence Against Women and Girls Strategy 2018-2022

List of Appendices:

Appendix A - Cabinet Paper December 2020 https://modgov.lbbd.gov.uk/internet/documents/s142555/ReMOVE%20Abuse%20Report.pdf

Barking & Dagenham

HEALTH and WELLBEING BOARD FORWARD PLAN

Draft January 2021 edition

Publication Date: 15 December 2020

THE FORWARD PLAN

Explanatory note:

Key decisions in respect of health-related matters are made by the Health and Wellbeing Board. Key decisions in respect of other Council activities are made by the Council's Cabinet (the main executive decision-making body) or the Assembly (full Council) and can be viewed on the Council's website at http://moderngov.barking-dagenham.gov.uk/mgListPlans.aspx?RPId=180&RD=0. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the full membership of the Health and Wellbeing Board is listed in Appendix 1.

Key Decisions

By law, councils have to publish a document detailing "Key Decisions" that are to be taken by the Cabinet or other committees / persons / bodies that have executive functions. The document, known as the Forward Plan, is required to be published 28 days before the date that the decisions are to be made. Key decisions are defined as:

(i) Those that form the Council's budgetary and policy framework (this is explained in more detail in the Council's Constitution)
(ii) Those that involve 'significant' spending or savings
(iii) Those that have a significant effect on the community

In relation to (ii) above, Barking and Dagenham's definition of 'significant' is spending or savings of £200,000 or more that is not already provided for in the Council's Budget (the setting of the Budget is itself a Key Decision).

In relation to (iii) above, Barking and Dagenham has also extended this definition so that it relates to any decision that is likely to have a significant impact on one or more ward (the legislation refers to this aspect only being relevant where the impact is likely to be on two or more wards).

As part of the Council's commitment to open government it has extended the scope of this document so that it includes all known issues, not just "Key Decisions", that are due to be considered by the decision-making body as far ahead as possible.

Information included in the Forward Plan

In relation to each decision, the Forward Plan includes as much information as is available when it is published, including:

- the matter in respect of which the decision is to be made;
- the decision-making body (Barking and Dagenham does not delegate the taking of key decisions to individual Members or officers)
- the date when the decision is due to be made;

Publicity in connection with Key decisions

Subject to any prohibition or restriction on their disclosure, the documents referred to in relation to each Key Decision are available to the public. Each entry in the Plan gives details of the main officer to contact if you would like some further information on the item. If you would like to view any of the documents listed you should contact John Dawe, Senior Governance Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (email: yusuf.olow@lbbd.gov.uk)

The agendas and reports for the decision-making bodies and other Council meetings open to the public will normally be published at least five clear working days before the meeting. For details about Council meetings and to view the agenda papers go to https://modgov.lbbd.gov.uk/Internet/ieDocHome.aspx?Categories=-14062 and select the committee and meeting that you are interested in.

The Health and Wellbeing Board's Forward Plan will be published on or before the following dates during 2020/21:

Edition	**Publication date**
November 2020 Edition	12 October 2020
January 2021 Edition	15 December 2020
March 2021 Edition	08 February 2021
June 2021 Edition	17 May 2021

Confidential or Exempt Information

Whilst the majority of the Health and Wellbeing Board's business will be open to the public and media organisations to attend, there will inevitably be some business to be considered that contains, for example, confidential, commercially sensitive or personal information.

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the meetings listed in this Forward Plan may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. Representations may be made to the Council about why a particular decision should be open to the public. Any such representations should be made to Yusuf Olow, Senior Governance Officer (email: yusuf.olow@lbbd.gov.uk)

Key to the table

Column 1 shows the projected date when the decision will be taken and who will be taking it. However, an item shown on the Forward Plan may, for a variety of reasons, be deferred or delayed. It is suggested, therefore, that anyone with an interest in a particular item, especially if he/she wishes to attend the meeting at which the item is scheduled to be considered, should check within 7 days of the meeting that the item is included on the agenda for that meeting, either by going to https://modgov.lbbd.gov.uk/Internet/ieListMeetings.aspx?CId=669&Year=0 or by contacting John Dawe on the details above.

Column 2 sets out the title of the report or subject matter and the nature of the decision being sought. For 'key decision' items the title is shown in **bold type** - for all other items the title is shown in normal type. Column 2 also lists the ward(s) in the Borough that the issue relates to.

Column 3 shows whether the issue is expected to be considered in the open part of the meeting or whether it may, in whole or in part, be considered in private and, if so, the reason(s) why.

Column 4 gives the details of the lead officer and / or Board Member who is the sponsor for that item.

Decision taker/ Projected Date	Subject Matter Nature of Decision	Open / Private (and reason if all / part is private)	Sponsor and Lead officer / report author
Health and Wellbeing Board: 13.1.21	Integrated Care Partnership - Governance arrangements Seek agreement to governance arrangements for ICP • Wards Directly Affected: Not Applicable		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk) Alison Blair, Director of Transition, BHR CCG
Health and Wellbeing Board: 13.1.21	COVID-19 update in the Borough (including vaccinations) • Wards Directly Affected: Not Applicable		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 13.1.21	ReMove Abuse • Progress update on ReMove Abuse, the domestic abuse perpetrators programme		Hazel North-Stephens, Chris Bush
Health and Wellbeing Board: 13.1.21	Corporate Parenting Annual report • To note and comment on the Corporate Parenting annual report 2019-20		Vikki Rix, Chris Bush
Health and Wellbeing Board: 9.3.21	Community hubs: concepts and offer		Rhodri Rowlands, Mark Fowler
Health and Wellbeing Board: 9.3.21	Health Inequalities		Pye Nyunt, Mark Tyson

Health and Wellbeing Board: 9.3.21	IAPT and Community Solutions		Rhodri Rowlands, Mark Fowler
Health and Wellbeing Board: 9.3.21	Mental Health bids • Progress update on the Mental health bids		Clare Brutton, Chris Bush
Health and Wellbeing Board: 9.3.21	Care Homes Update		Louise Hider-Davies, Chris Bush
Health and Wellbeing Board: 9.3.21	Safeguarding Children Partnership Annual Report • To note and receive the annual report of the Safeguarding Children Partnership 2019-20		Justine Henderson, Chris Bush

HWBB timetable with deadlines set by Democratic Services

Date of HWBB Meeting	Forward Plan deadline to include agenda items by (midday)	Final Report to Dem Services (midday)	Statutory Agenda Publication Date (midday)
Wednesday 13 January 2021	Fri 11/12/20	Fri 31/12	Tue 05/01
Tuesday 9 March 2021	Fri 5/2/21	Thurs 25/02	Mon 01/03
Tuesday 15 June 2021	Fri 14/5/21	Thurs 28/05	Mon 07/06

APPENDIX 1

Membership of Health and Wellbeing Board:

Cllr Maureen Worby (Chair), LBBD Cabinet Member for Social Care and Health Integration
Dr Jagan John (Deputy Chair), Barking and Dagenham Clinical Commissioning Group
Elaine Allegretti, LBBD Director of People and Resilience
Cllr Saima Ashraf, LBBD Deputy Leader and Cabinet Member for Community Leadership and Engagement
Cllr Sade Bright, LBBD Cabinet Member for Employment, Skills and Aspiration
Cllr Evelyn Carpenter, LBBD Cabinet Member for Educational Attainment and School Improvement
Melody Williams, North East London NHS Foundation Trust
Matthew Cole, LBBD Director of Public Health
John Carroll, Metropolitan Police
Fiona Peskett, Barking Havering and Redbridge University Hospitals NHS Trust
Sharon Morrow, Barking & Dagenham Clinical Commissioning Group
Nathan Singleton, Healthwatch Barking and Dagenham (CEO Lifeline Projects)