Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 15 March 2022 - 6:00 pm
Council Chamber, Town Hall, Barking

Date of publication: 4 March 2022

Claire Symonds
Chief Executive

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Membership

Cllr Maureen Worby (Chair)	LBBD (Cabinet Member for Social Care and Health Integration)
Dr Jagan John	NHS North East London Clinical Commissioning Group
Elaine Allegretti	LBBD (Strategic Director, Children and Adults)
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)
Matthew Cole	LBBD (Director of Public Health)
PS Kimberly Cope	Metropolitan Police
Kathryn Halford	Barking Havering & Redbridge University NHS Hospitals Trust
Sharon Morrow	NHS North East London Clinical Commissioning Group
Elspeth Paisley	BD Collective (Lifeline Community Resources)
Nathan Singleton	Healthwatch - Lifeline Projects Ltd.
Melody Williams	North East London NHS Foundation Trust

Standing Invited Guests

Cllr Paul Robinson	LBBD (Chair, Health Scrutiny Committee)
Narinder Dail	London Fire Brigade
Brian Parrott	Independent Chair of the B&D Local Safeguarding Adults Board
Vacant	London Ambulance Service
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 9 November 2021 (Pages 3 - 8)

4. Minutes - To confirm as correct the minutes of the meeting on 12 January 2022 (Pages 9 - 16)

5. Covid-19 Update in the Borough (Page 17)

6. Barking and Dagenham, Redbridge and Havering Older People and Frailty Transformation programme update (Pages 19 - 28)

7. The Integrated Care System/Local Borough Partnership Proposals And Governance- Position Update (Pages 29 - 42)

8. BHR Joint Strategic Needs Assessment 2021-22 Update (Pages 43 - 54)

9. Forward Plan (Pages 55 - 57)

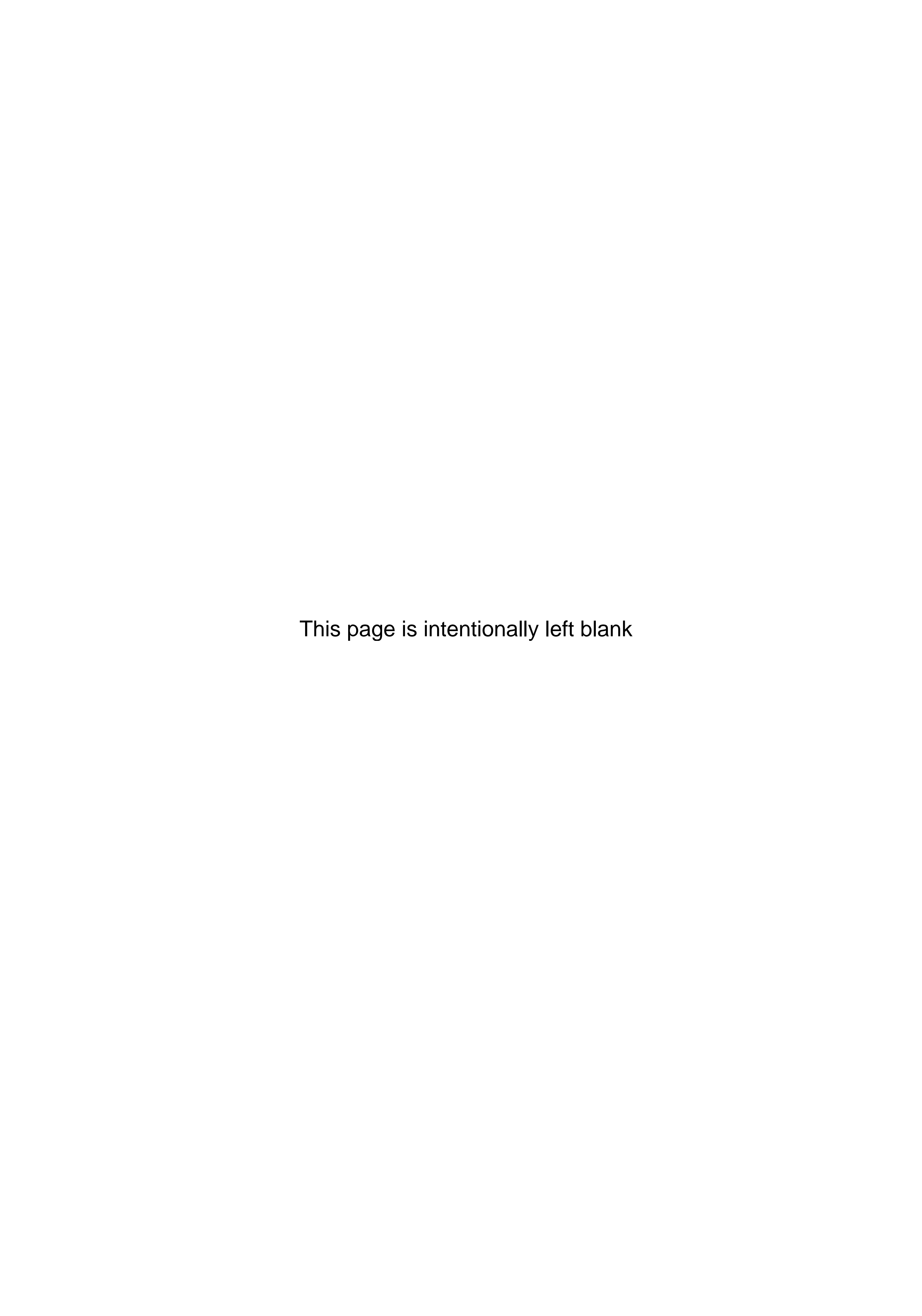
10. Any other public items which the Chair decides are urgent

11. 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.***

12. Any other confidential or exempt items which the Chair decides are urgent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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, 9 November 2021
(6:00 - 8:00 pm)

Present: Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Sade Bright, Cllr Evelyn Carpenter, Sharon Morrow and Melody Williams

Also Present: Brian Parrott

Apologies: Cllr Saima Ashraf, Matthew Cole, Nathan Singleton and Cllr Paul Robinson

22. Declaration of Members' Interests

There were no declarations of interest.

23. Minutes (9 March, 15 June and 14 September 2021)

The minutes of the formal meeting held on 9 March 2021and informal meetings held on 15 June and 14 September 2021 were confirmed as correct.

24. Covid-19 Update in the Borough

The Senior Intelligence and Analytics Officer (SIAO) disclosed that the Delta variant remains the most prevalent in the borough. There was a new variant, designated as Delta Plus, discovered in October that was presently under investigation but only fourteen cases had been detected in the borough so far.

The SIAO also stated that since the last Board meeting

- Average daily hospital admissions had increased from five to seven
- As of 2nd November, there were 64 Covid-19 patients from the borough in Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)which represented an increase from 51 patients
- The number of patients requiring mechanical ventilation was reduced from 15 to eight.

In addition to this, the SIAO explained that 33.4% of residents aged 18+ were still unvaccinated and persons aged 40 and under had the lowest vaccination rate. Barking and Dagenham had the 16th highest case rate in London which was an improvement on September where it was 9th. Longbridge ward continued to have the highest cumulative case rate. Since the pandemic began, there has been 583 Covid-19 related deaths.

In response to questioning, the SIAO clarified that the low rate of testing, relative to other parts of London and England, did impose limitations on the data but until people agree to be tested there was no way to discern infection rates and variants among such persons.

The Chair expressed concern at the levels of people unvaccinated, noting that vaccinations among persons aged 12 and above was only 54%. The Chair also requested that, going forward, the Board be provided with data on booster injections in the borough. Additionally, the Chair also requested how many staff at care homes were relieved of their position due to their refusal to be vaccinated.

In response, the Strategic Director-Children and Adults (SDCA) disclosed that work was ongoing to ensure that care home staff were fully vaccinated by the 16th December deadline set by the Government. Only two care homes were run by the Council with the remainder being privately run. Work was focused on four care homes were more than five staff members had still not received their first dose. There had been issued with data accuracy on vaccines however, take up was 90% and the SDCA was confident that there would be no impact on service delivery.

The Deputy Chair explained that 100% of all patients in intensive care had not been vaccinated whilst 7% of those aged 16 or under had been vaccinated which was skewing the figures. Concern was also expressed that few members of the public were wearing masks.

The Integrated Care Director (ICO) at North East London Foundation Trust (NELFT) said that communications were ongoing to encourage unvaccinated groups to book an appointment and these communications would utilise social media. However, given the differences in group profiles, there could not be a one size fits all strategy therefore communications would need to be tailored.

The Board noted the update.

25. Healthwatch Tender

The Lead Commissioner for Health (LCH) presented a report to the Board on the tender of the Healthwatch contract which expired on 31st March 2022. An engagement event would be taking place and would include two service users who would be involved in the design of the new service as well as being part of the tender panel. The Council wanted Healthwatch to be more visible in the community and to give voice to residents.

In response to questioning, the LCH clarified that Healthwatch would be expected to undertake more collaborative work across Barking and Dagenham, Havering and Redbridge with more tri-borough investigations, research and programmes.

The Board agreed to delegate the contract tendering process to the Chair and the Director of Public Health. The Board also agreed that the tender proposal would be brought back to the Board for the final decision.

26. Barking and Dagenham (B&D) Update Report on 2021/22 Adult Mental Health Investment and Long Term Plan Progress

The Mental Health Transformation Programme Director (MHTPD) at the North East London Foundation Trust (NELFT) presented to the Board on NHS England's long term plan in relation to mental health.

The aim was to develop an evidence-based skills development programme in

order to facilitate long term resilience to the challenges that would be faced in the coming years. This would be done by:

- Increasing access to psychological therapy;
- Promote continuity of care and avoid patients being dealt with by several teams;
- Develop a primary care model based around the primary care networks;
- Greater use of apprentices, recruitment of persons with lived experience to develop the future workforce and implement new ways of working as well as training existing staff: and
- Work with the third sector to develop community mental health resilience and support.

The MHTPD set out what had already been achieved including:

- Model of care and interfaces;
- Barking and Dagenham locality steering group;
- Open dialogue training commencement;
- Training matrix developed to facilitate staff development; and
- Contracts were developed with the third sector for the peer support worker service;

The MHTPD then clarified that the immediate priority for NELFT was to;

- Address service pressures;
- Produce new systems and processes in cooperation with key stakeholders using feedback from service users; and
- Complete recruitment and staff training.

The MHTPD disclosed that, whilst the aim was to begin implementation in December 2021 in at least two boroughs there had been technical issues. It was now expected that the plan relating to Barking and Dagenham would go live in March 2022.

The Integrated Care Director (ICD) updated the Board on actions taken to resolve issues with the crisis pathway including;

- Hospital beds closer to the patient’s home with an improved support network;
- Reduction in hospital stays required for patients;
- No use of private sector beds since November 2020 when the Clinical Decision Unit was established;
- The Integrated Crisis Assessment Hub, introduced in November 2020, had achieved a patient satisfaction rating of 80%; and
- Improved joint working with the police and ambulance services enabling a quicker response and handover.

In relation to those aged between 18 and 25, the ICD stated that further research was required on this age group. An external organisation, called ‘At Scale’ had been commissioned to carry out research in order to assist NELFT in meeting the needs of 18 to 25 years olds. The ICD identified sub-groups at risk:

- Care leavers/children in care;
- Those on edge of youth justice services;
- Those with special educational needs; and
- Young carers and children separated from their families.

In relation to perinatal services, staff recruitment was ongoing and staffing resources were providing to be the biggest challenge in meeting the targets set out in the long-term plan. 80% of additional required staff had been recruited for the eating disorder service.

The ‘Improving Access to Psychological Therapies’ (IAPT) had been ranked among the two highest performing within seven IAPT services across North East London Integrated Care Services. The ICD also confirmed that the ‘Keeping Well NEL’ had been launched to support employees.

The Director of Integrated Care (DIC) at North East London Clinical Commissioning Group (NELCCG) responding to questioning, outlined how the three year mental health investment plan was being drawn up by NELFT and NELCCG. A Finance and Performance Group was established consisting of staff from both organizations. This was to ensure that investment was more closely aligned to service development, delivery and anticipating potential shortfalls, such as staff shortages, so that investment can be swiftly aligned to address any issue that arose. DIC acknowledged the complexities and the challenges that come from sudden increases in demand.

The Chair requested that a further update be given in six months as this would enable the Board to hear the feedback from service users and to further discuss the plan’s development and challenges.

The Board noted the update

27. Safeguarding Adults Board Annual Report 2020-21

The Independent Chair of the Safeguarding Adults Board (ICSAB) presented to the Board.

There were issues of mental health and emotional wellbeing that were challenging to quantify as was domestic violence. Covid-19 had placed pressure on care homes and the ‘care at home’ scheme however ICSAB praised the Council for its response.

ISCAB highlighted his concern that a disproportionate number of adults with learning disabilities had died of Covid-19 in the borough. It was therefore important to acknowledge that gaps existed in knowledge. ICSAB cited, as an example, the gap in experience of people who have had safeguarding undertaken on their behalf and highlighted this as an area requiring improvement.

ICSAB discussed the new North East London partnership arrangements that come into force on 1st April 2022 disclosing that he had met with the Chief Nurse and that the meeting was productive. A proposed adult safeguard partnership assurance tool was discussed with ICSAB. Further discussions would take place.

The Strategic Director, Children and Adults (SDCA) clarified the definition of ‘known persons’ that was alluded to in the report. SDCA explained that data improvement exercises had been undertaken and that this likely resulted in changes to the number of known cases owing to such improvements. SDCA also stressed that the Council was largely responsible for producing such data despite other agencies also being responsible for dealing with adults at risk. The SDCA indicated that this would need to change.

The Board noted the update.

28. BHR Health and Care Academy Launch

The Chief Nurse (CH) at Barking, Havering and Redbridge University Hospitals (BHRUT) updated the Board on the BHR Academy. The Academy was launched in response to challenges with the workforce in terms of required numbers and qualifications.

Programmes have been implemented to address this including working with Barts Health and NELFT to increase the size of the workforce and upgrade skills. The BHR Academy aims to broaden this work and to involve more stakeholders. The CH stressed that, in addition to recruitment, moving existing employees to new positions, following training, is also part of the process and to create a pool of skilled staff in sufficient numbers.

The CH highlighted problems with health visitors, mental health nurses and allied health professionals. In terms of employment, a pilot was undertaken in the Summer of 2020 where care leavers were offered apprenticeships and whilst the numbers of care leavers were relatively low, this was a programme that could be expanded.

The Consultant in Public Health (CPH) raised the importance of reflecting the public health role of all health and care staff when workforce needs are looked at

The CH concluded by stating that the improvement plan was ongoing and further updates would be given.

The Board noted the update

29. Forward Plan

The Board noted the forward plan.

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

NHS England (NHSE) intended to implement changes to the rules regarding the administration of the Better Care Fund. The Board is required to sign off on the changes, however NHSE had indicated that the changes would need to be signed off before the next meeting of the Board which was in January 2022.

Therefore, the Chair of the Board or the Chief Executive would be required to sign off the changes on the Board’s behalf. The nature of the changes would be presented to the Board at the next meeting.

The Board noted the update.

MINUTES OF INFORMAL HEALTH AND WELLBEING BOARD

Wednesday, 12 January 2022
(6:00 - 8:00 pm)

Present: Cllr Maureen Worby (Chair), Elaine Allegretti, Cllr Evelyn Carpenter, Matthew Cole, Sharon Morrow, Nathan Singleton and Melody Williams

Also Present: Cllr Paul Robinson

31. Apologies for Absence

Apologies were received from Cllr Saima Ashraf, Cllr Sade Bright and Kathryn Halford, representative of Barking, Havering and Redbridge University NHS Trust (BHRUT).

32. Declaration of Members' Interests

There were no declarations of interest.

33. Minutes - To note the minutes of the meeting on 9 November 2021

The Board observed that in the minutes of the last meeting, Item 27 Safeguarding Adults Board Annual Report, it should refer to gaps in knowledge and not experiences. Subject to this edit, the minutes of the meeting held on 9 November were noted.

34. Proposed Appointment to the Health and Wellbeing Board

The Board considered the application by BD Collective to join as a member organization. Elspeth Paisley, Health Lead (HL) at Community Resources, which is part of the Reimagining Adult Social Care Network that is also part of the B&D Collective, was nominated as their proposed representative.

The Chair indicated her support for the application as it would increase the role of the social care sector in the review and decision-making process.

The HL introduced herself and explained her role highlighting that BD Collective supports vulnerable adults, had been involved with projects that are within the Board's remit and therefore would add to the Board's knowledge base.

Although the Board did usually have the authority to amend its own membership, as the meeting was held informally and not in public, the Assembly would be required to approve the appointment.

The Board agreed that the Chair could request that the Assembly approve the appointment of a representative of BD Collective to the Board.

35. Covid-19 Update in the Borough

The Senior Intelligence and Analysis Office (SIAO) updated the Board. There was

an increase in cases in Barking and Dagenham prior to Christmas followed by a decline over the festive period. There was also a corresponding increase in hospital admissions though the rate of increase was less than previous years.

The SIAO also added that;

- 35.4% of the borough's population, aged 12 and above, are still unvaccinated.
- 606 borough residents have died since the pandemic began;
- Barking has the third highest case rate in London with neighbouring Havering having the highest rate;
- The average mortality rate in Barking, week ending 5th January 2022, was 3.3 per 100,000 persons;
- All cases in the borough, except one, since 1st January 2022, have been the Omicron variant.
- Care homes represented a very small proportion of cases overall

The Director of Public Health (DPH) noted that, whilst Covid-19 had caused pressures over the festive period, it was not as serious as the same point the previous year.

The DPH also disclosed that 80.6% of Covid-19 positive patients in intensive care beds in Northeast London were unvaccinated. The DPH also warned that, going forward, Covid-19 would add additional pressures to services adding that health partners would need to draw up a plan of action to deal with the challenges.

The Head of Commissioning, Adults' Care & Support (HCACS) informed the Board that there were ten older adult care homes in the borough and during the festive period, all 10 homes were required to close at some point. Under the Council's risk-based approach, homes are required to close for 14 days where there is a positive test. However, units and particular floors could be kept open if they were sufficiently separate from the rest of the building. Daily discharge calls with hospitals are held to co-ordinate and resolve discharge issues.

The Board noted the update.

36. Urgent Action: Better Care Fund

The HCACS updated the Board. The Better Care Fund (BCF) was approved as an urgent action owing to the short-notice deadline set by NHS England. The Council was given only six weeks to prepare their report and the Board's meeting calendar could not accommodate discussion of the report. However, at the previous meeting, assurance was given to the Board that an opportunity to discuss the report would be given.

The Board commented that, whilst the report contained many commendable proposals, expressed concern in regard to rising cases of Post Covid Syndrome. The Chair concurred and noted that it would be a challenge going forward in terms of resources.

The Director of Integrated Care (DIC) at Northeast London Clinical Commissioning Group (NELCCG), added that cross borough partnerships and working would be utilised going forward in order to deal with Post Covid Syndrome to widen

knowledge of the condition, the effects of which are still not fully understood.

The Board noted the update.

37. Maternity Services Report

The Director of Midwifery and Divisional Director of Nursing for Women's Health (DMD) at BHRUT updated the Board on the Care Quality Commission's (CQC) inspection of maternity services at Queen's Hospital and King George Hospital.

The last inspection was in June 2018 and maternity services were rated as 'good' in all inspection categories. The CQC undertook an unannounced inspection of maternity services in June 2021 in response to concerns made by whistle-blowers. The recent inspection focused on the 'safe' and 'well lead' categories. The DMD assured the Board that BHRUT were already aware of the concerns and had already developed an action plan to address them.

The CQC were concerned that there was a disjoint between senior staff and the divisional management team and were also troubled that key members of the midwifery team were leaving the service. The CQC also questioned whether recent improvements in the service could be sustained as a result.

The CQC published its report on 1st October 2021 and, whilst the rating for the 'safe' category was rated 'good,' the CQC downgraded BHRUT's maternity services in the 'well lead' category from 'good' to 'needs improvement.' The DMD added that the CQC did not review BHRUT's maternity services in the remaining categories of 'effective,' 'caring,' and 'responsive' and therefore they retained the 'good' rating from the June 2018 inspection.

Maternity staff told CQC inspectors that there weas bullying in the department and an unpleasant culture. Staff also did not feel respected, supported, or valued.

The CQC also concluded in their report that the systems in place to manage performance were not always effective nor did they sufficiently identify risks and issues. Additionally, the CQC cited incidences that were not in compliance with the Health and Social Care Act 2008. The CQC ordered BHRUT to take action on six requirements and also identified additional requirements that it recommended BHRUT should undertake.

The DMD updated the Board on the action BHRUT would be taking to address the CQC concerns and highlighted the following;

- Safety was discussed at every meeting and staff were encouraged to speak up about any risks they see, either to management or an independent guardian service;
- Incidents were discussed on a weekly basis, to ensure that they were swiftly; addressed and lessons learned which were then disseminated;
- Monitoring guidelines were being reviewed and updated;
- BHRUT was a member of NHSE/I's Maternity Safety Support Programme (MSSP);
- An action plan was being drawn up with staff to improve the working culture and address the CQC's report;
- CQC Action Plan, and all other plans, would be fed into a master

improvement plan which will report, via the Maternity Governance Process, to the BHRUT Board;

- A Divisional Director for Women and Child Health was being recruited as was a second head of midwifery;
- Additional staff had been recruited to the clinical leadership team;
- Joint work was being undertaken with the Maternity Voices Partnership

The DPH noted that all the maternity units in Northeast London are facing pressures owing to a disproportionately high birth rate. The Board acknowledged this but conveyed their dismay that the CQC downgraded BHRUT's maternity services in two areas. The Board also highlighted that adverse reports made it difficult to attract staff which added to the pressures.

However, the Board did emphasise their understanding of the challenges and pledged to support BHRUT in improving its services.

The Board noted the report.

38. Maternity Services-Equity and Equality Needs Assessment

The DMD presented to the Board highlighting the following;

- The still born rate in Barking and Dagenham is 2.2 per 1,000;
- 50% of woman who give birth are from black and ethnic minorities

Barking and Dagenham had;

- the second highest admission rate for neonatal intensive care admissions in Northeast London;
- the second highest rate of caesarean sections in Northeast London
- the Highest prevalence of obesity and blood pressure among black and mixed race women;

The Maternity Senior Responsible Office (MSRO) cautioned the Board that not all maternity data recorded ethnic origin and that further research was ongoing.

An action plan was being drawn up on further data analysis and NHS England had provided recommendations on topics of analysis and methods. Deep dives of identified key issues would be undertaken as well as community asset mapping.

Owing to the Omicron variant, the plan had been delayed but it was hoped that the analysis of the first phase of data would be undertaken by the end of February 2022.

The Board was taken through data on ethnic minority staff showing that there had been an increase in ethnic minority staff in senior positions. The Board praised the report for its detail and showing the depth of the challenges that were faced. However, the Board also expressed concern that five woman died within 42 days of delivery and that no information on the ethnicity of the women was included.

The Board also expressed concern at the higher levels of obesity among women from black and minority ethnic communities (BAME) and that a lower number of Black and Asian woman were taking folic acid. The Board, noting that the report suggested this could be due to deprivation, questioned whether this required

further analysis as opposed to urgent action. The Director of Nursing and Caldicott Guardian (DNCG) at NELCCG clarified that an action plan was being drawn up but that further analysis would be undertaken and the results fed into the plan.

In relation to folic acid, the DNCG disclosed that it was provided free to pregnant woman, so it was not related to cost but understanding and knowledge. Improving information provided to BAME pregnant woman was a priority. The Board also noted that twice as many women from a BAME background were affected by Covid-19 as white woman and urged that action be taken to address this.

The Board heard that white staff were more likely to be appointed from a shortlist that included BAME and that inequality was an issue in BHRUT. The Board noted that whilst BAME staff were more likely to access training courses, this was not having any apparent effect on promotion.

The DNCG responded to the Board's concerns acknowledging that improvements in the reporting of ethnicity was required. Racism remained a problem in the NHS and may be impacting on recruitment and treatment of BAME woman. The DNCG assured the Board that racism would be challenged and addressed.

An equality and diversity director, from a BAME background, has been recruited to BHRUT's executive board to ensure that the recruitment process addressed the issues raised. BHRUT's representatives were confident that, by next year, the issues would be addressed.

The Chair requested, and the DNCG agreed, that going forward, Eastern Europeans be listed separately as Barking and Dagenham had a large population and listing them as 'white' would mean potential issues would be missed.

The Board noted the report.

39. BHR Joint Strategic Needs Assessment 2021-22 Update

The Consultant in Public Health (CPH) updated the Board. The 2021-2022 Joint Strategic Needs Assessment (JSNA) would focus on the following;

- Children and Young People
- Maternity
- Cancer
- Long Term Conditions
- Older People
- Mental Health

The effects of Covid-19 would also be included in the assessment. The CPH disclosed that Barking and Dagenham has focused on Maternity and Cancer and had completed the assessment in conjunction with Havering and Redbridge. Barking and Dagenham would lead on the online platform whilst Havering would lead on the needs assessment. The JSNA would contain more data and recommendations and would be accessible by an easy-to-use online tool which was demonstrated to the Board.

The CPH also added that further collaboration was planned, including a joint pharmaceutical needs assessment. The statutory deadline was set for October

2022, however the CPH was confident that it would be completed by June and would be presented to the Board for consideration.

Following questioning, the Principal Manager, Performance and Intelligence, (PMPI) explained that the Council did not have access to primary care data owing to changes at NELCCG, including to the team that deals with this data, but it was expected that it would be available once NELCCG had completed its restructure.

The Board noted the update.

40. Carers Charter and Action Plan

The Commissioning Manager, Adult Care and Support (CMACS) update the Board.

The Charter outlined the Council's strategy titled 'Lets care for carers' acknowledging the important role they played and the effects of Covid-19. The Charter also incorporates the Care Act 2014 and the Children and Families Act 2014.

The National Carers Survey 2018-2019, the most recent available, found that

- 56% of carers are woman;
- Average median age of carers was 61;
- 1 in 3 carers are not in paid work;
- 1 in 3 carers have longstanding illnesses;
- 1 in 4 carers have a physical impairment;
- 1 in 3 carers spend 14 hours per day caring;
- 3 in 5 carers had been carers for five years or more;
- 4 in 5 carers are providing more care since lockdown;
- 78% of carers reported that the needs of those they care for had increased;
- 64% of carers have not taken a break in the last six months;
- 58% of carers say their physical health has been negatively impacted;
- 64% of carers say their mental health has been negatively impacted;
- 11% of carers in had reduced their work hours;
- 6% of carers had given up work completely

The CMACS stated that the Charter was drawn up with input from various stakeholders including carers, voluntary sector, NELCCG and focus groups.

The Charter covered four categories;

- Working together for carers
- Carers wellbeing and employment
- Supporting young carers
- Carers in the wider community

The Board praised the Charter and the involvement of carers in drawing it up. The Board suggested that in relation to young carers, apprenticeships be offered as well as university places. The Board also asked that, as well as referring to schools, the Charter also includes colleges.

The Board agreed to endorse the Carers Charter 2022-2025.

41. Forward Plan

The Board noted the Forward Plan.

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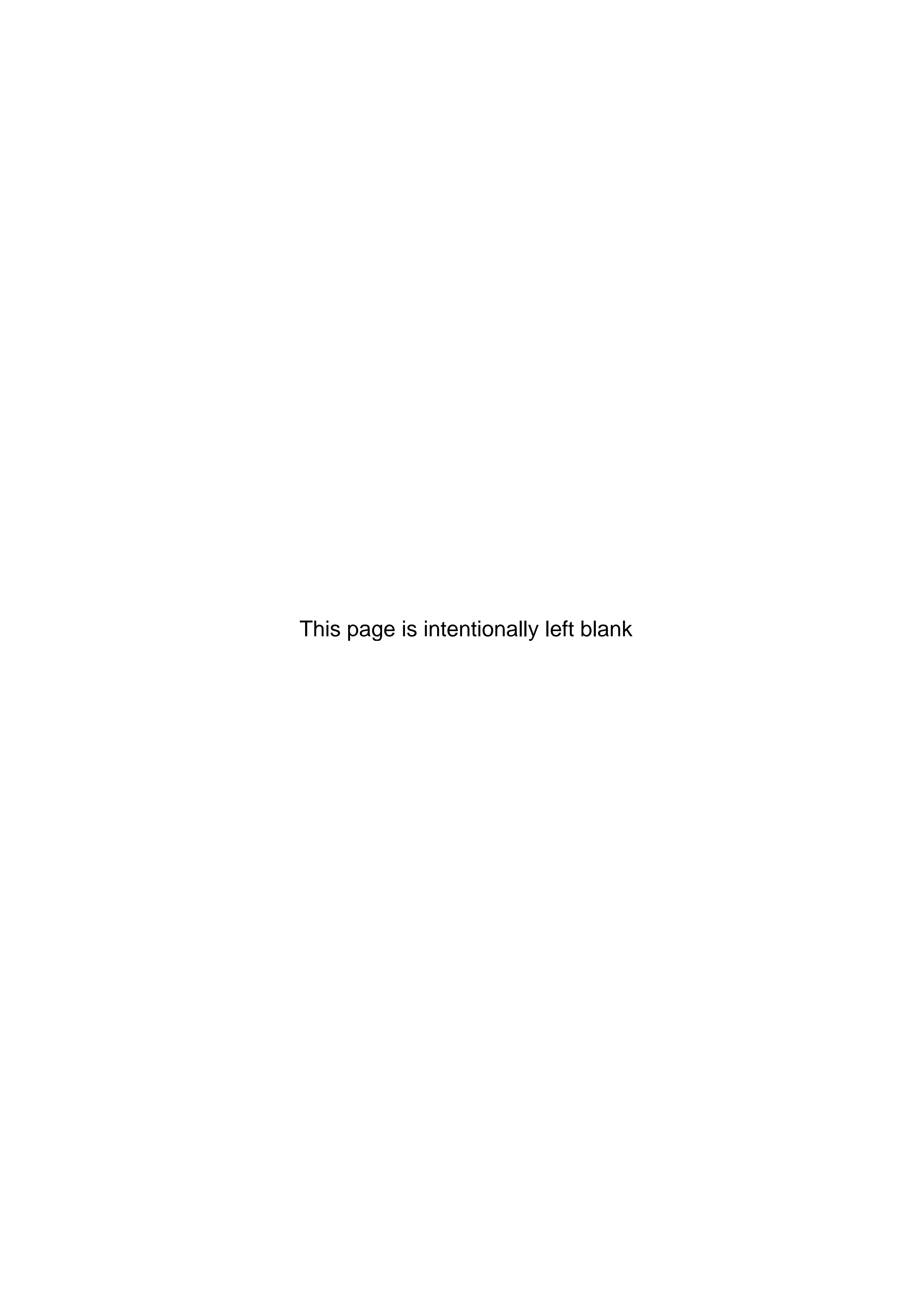
HEALTH AND WELLBEING BOARD

15 March 2022

Title:	Covid-19 update in the Borough
Report of the Director of Public Health	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Author: Christopher Wilding, Senior Intelligence and Performance Officer.	**Contact Details:** E-mail: christopher.wilding2@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham	
Summary: Since the beginning of the pandemic almost a third of the borough residents have tested positive for Covid-19 (64,323 as of 1st of March 2022) and there have been more than 635 Covid-19 related deaths. The board will be presented with the latest information regarding the Covid-19 situation in the borough, including the geographic and demographic spread of the virus, the latest mortality figures and progress made with the vaccination programme.	
Recommendation(s) The Health and Wellbeing Board is recommended to: 1. Review and provide feedback on the presentation.	
Reason(s) Keeping the Health and Wellbeing Board informed of the current Covid-19 situation in the borough.	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HEALTH AND WELLBEING BOARD

15 March 2022

Title:	Barking and Dagenham, Redbridge and Havering Older People and Frailty Transformation Programme Update

Open Report	**For Information**
Wards Affected: ALL	**Key Decision: No**
Report Author: Sharon Morrow, Director if Integrated Care, North East London Clinical Commissioning Group (NELCCG)	**Contact Details:** Email; sharon.morrow2@nhs.net Tel: 07920 831843
Lead Officer: Sharon Morrow, Director of Integrated Care, North East London Clinical Commissioning Group (NELCCG)	

Summary

In 2018, health and care partners in Barking and Dagenham, Havering and Redbridge (BHR) agreed to work together on a system wide transformation programme to co-ordinate transformational change across older people's services with the aim of improving quality, improving patient outcomes and ensuring services are as efficient as possible and integrated around the patient.

To deliver the programme of transformation, the Older People and Frailty Transformation Board established a number of operational working groups tasked with designing, developing and implementing improvements to older peoples care across BHR. The operational working groups focus on falls, frailty, end of life care, care homes, discharge, dementia and prevention.

The Barking and Dagenham, Havering and Redbridge Place Based Partnerships have agreed to continue to collaborate on a BHR wide transformation programme. The Older People and Frailty Transformation Board is in the process of refreshing the plan for the next two years, aligning in and out of hospital strategies to support the core aims of the Integrated Care System. As part of the refresh we will be reassessing the challenges that are faced by the older and frail population; reviewing what is working well and should be sustained and developing a plan for the roll out of the national Ageing Well programme.

Through the refresh of the strategy the Older People and Frailty Board will be engaging with the borough partnerships to develop the evidence base for change (through the planning and analysis work described above) and then the design and implementation of new models of care. The Barking and Dagenham Place Based Health Management pilot should provide some rich information that will inform plans for anticipatory care for frail and older people in the over 50 age group, helping people to stay independent for as long as possible at home focusing in what is important to the individual.

It is recognised that as Place Based Partnerships develop there will need to be further discussion and agreement on which transformation schemes are led at borough level and which are best delivered over a wider BHR or NEL footprint. The Barking and Dagenham

Delivery Group has committed to establishing an adults workstream which will provide the interface between the BHR and borough programme.
Recommendations The Health and Wellbeing Board is asked to note the report.
Reasons for report The purpose of the report is to update the Health and Wellbeing Board on the achievements of the BHR transformation programme for older and frail adults to date and on plans to refresh the plan for the next two years.

BHR Integrated Care Partnership
Better care, better lives, together for all

BHR Older People and Frailty Transformation Programme update March 2022

1.0 Introduction

1.1 In 2018, health and care partners in Barking and Dagenham, Havering and Redbridge (BHR) agreed to work together on a system wide transformation programme to co-ordinate transformational change across older people's services with the aim of improving quality, improving patient outcomes and ensuring services are as efficient as possible and integrated around the patient.

1.2 In 2019, the Integrated Care Partnership approved an overarching business case which set out a three year programme. This was underpinned by a number of business cases to enhance out of hospital services and support a shift in activity from acute services to primary and community care. It was intended that transformation would be delivered over 3 years – the first year focused on building the foundation, moving to full scale transformation in year 2 and delivery through an Integrated Care System (ICS) in year 3.

1.3 Some progress was made in year 1, including integrating frailty services at the front door of the hospital, enhanced health in care homes, falls prevention and end of life care. The delivery of the year 2 plan was impacted by the COVID-19 pandemic as resources were directed to responding to emergency COVID measures. A positive outcome of the pandemic, however, has been the strengthening of collaborative working across agencies.

1.4 Improving outcomes for frail and older people continues to be a priority for the BHR system and Place Based Partnerships have agreed to continue to collaborate on the BHR transformation programme for older people and frailty. The case for change has not diminished and there are new challenges for the older population post COVID that services will need to respond to. We know that:

- the population of older people is growing - nationally, older people are the fastest growing population in the community. It recognised that in Barking and Dagenham significant signs of frailty can be observed in those as young as 50 years of age
- COVID -19 has widened the inequalities gap in older people and there is evidence of an escalation of need and complexity of condition in the over 65 cohort. [1]

[1] Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults. PHE publications gateway number: GOV-9256

Demand for acute services is high and there is an increasing demand for social care packages, residential and nursing home placements

- Across BHR, the various models of care and systems are not working together as well as they could, seen by a lack of integration and repeated duplication of effort when a person moves between social care, health care and community partners; a lack of co-ordination and fragmented communications results in poor resident experience

1.5 As the health and care system transitions into an Integrated Care System (ICS), there is a need to review the older people and frailty transformation plan to ensure that it is focused on initiatives that deliver the greatest benefit to residents and to system partners and that it is able to contribute to the ICS purpose of:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes in experience and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

1.6 This paper provides an update on the current programme and sets out a proposal for refocusing the transformation strategy and delivery plan for the next 2 years.

2.0 Progress with current programme

2.1 To deliver the programme of transformation, the Older People and Frailty Transformation Board established a number of operational working groups tasked with designing, developing and implementing improvements to older peoples care across Barking & Dagenham, Havering and Redbridge. The operational working groups focus on falls, frailty, end of life care, care homes, discharge, dementia and prevention.

2.2 The Older People and Frailty Transformation Board and the operational working groups have worked with stakeholders from across Barking & Dagenham, Havering and Redbridge to successfully improve a number of services for older people. The initiatives achieved so far are as follows:

Acute Frailty Units and Acute Frailty Service

2.3 Building on the success of the King George Hospital Frailty Unit, we launched the Queens Hospital Frailty Unit in May 2021. The Frailty Units allow those who are aged over 75 and not in need of immediate emergency care to be taken directly to the frailty unit bypassing the traditional Accident & Emergency (A&E) route. This allows those individuals to be provided with the specialist care they need faster, improving their chances of not needing lengthier stays in hospital.

2.4 Between May 2021 and January 2022 a total of 5841 older people have been treated by the Frailty Units. Based on the latest full quarter of data available (October to December 2021) the discharge conversion for people who accessed the frailty unit pathway was 52.8% compared to those people who followed the A&E pathway which

had a discharge conversion rate of 36.5%, demonstrating the effectiveness of the unit in supporting people to return home.

Urgent Care Two Hour Response

2.5 In August 2021, we expanded the Community Treatment Team to support with a new nationally mandated two-hour community urgent care response standard. The community treatment team (CTT) works with adults in the community with an acute physical need who could potentially be treated at home, rather than attend accident and emergency (A&E). The aim of the service is to prevent unnecessary hospital admissions for those people who are experiencing an acute, physical health crisis, for example: a suspected infection or an exacerbation of a long-term condition such as COPD (Chronic Obstructive Pulmonary Disease).

2.6 Since the launch of the expanded service, emergency admissions for conditions which the Community Treatment Team can attend to have decreased by 18% (804, when comparing Aug-21 to Nov-21 with Aug-19 to Nov-19, latest data available). Equally, the percentage of people treated within two hours in the community has increased from 39% in October 2019 to 62% in October 2021 (*latest month available).

Bridging Service

2.7 We are commissioning a Bridging Service that is due to start in April 2022. The Bridging Service supports the CTT team with the 2 hour crisis response including improved care at home up to 72 hrs post discharge from the emergency department and Frailty units.

Falls Prevention

2.8 In April 2021 we commissioned an extension of the Strength & Balance Service to ensure patients from Barking & Dagenham, Havering and Redbridge all have access to the service. The Strength & Balance Service is run by Age UK and provides exercises classes to the elderly to improve mobility, strength, aerobic fitness & balance, the exercise classes support with an improved quality of life and help prevent the risk of falls.

2.9 Between April 2021 and January 2022, 1536 patients have participated in the classes, as a result, low acuity falls related emergency admissions for the cohort eligible for the classes have decreased by 21% (when comparing Apr-Nov 2021 with Apr-Nov 2019, latest available data). However, it must be noted that if we look at the B&D patients in isolation, low acuity falls have increased by 12% (using the same time frame comparison mentioned above). This is due to lower participation in the classes from B&D residents – of the 1536 patients that have participated in classes, only 41 are from B&D.

Community and Care Homes Falls Services

2.10 We have been seeing an increasing number of referrals to our community falls services. This is due to patients having become deconditioned as a result of the impact of Covid-19. As a result, the waiting lists for access to the Community Falls Service began to increase. As of January 2022 we have commissioned the expansion of the Community Falls Service, the falls practitioner proactively identifies people at risk of a fall, we also introduced a single point of access email for the Community Falls Service. Comparing the waiting list as at December 2021 with the waiting list as at January 2022, this has decreased by 40% from 1,315 to 794.

2.11 The Community Falls Service mentioned above aims to ensure the provision of a holistic falls prevention service for all Barking & Dagenham, Havering and Redbridge patients who have been assessed and identified as being at high risk of experiencing a first time and/or recurrent falls. We have invested in the Community Falls Service to ensure a dedicated part focusses on reducing falls in care homes, this will be available to all care homes from April 2022.

Dementia Pathway

2.12 Following extensive reviews and workshops with stakeholders from across the healthcare system, we have commissioned an improved dementia pathway in Havering, the new pathway and services launched in January 2022 and include the following improvements:

- Stronger support to GPs for patients who present with dementia and improved links from primary care into the community memory clinics
- Improved memory clinic capabilities through the use of memory clinic multiple disciplinary teams (MDT) being enhanced with therapists, dietetics, navigators and caseholders
- Putting post diagnosis support in place at the right time by bringing existing services together to work jointly for the benefit of patients
- The addition of an early onset element to the pathway
- Providing a more comprehensive dementia support offer to care homes to diagnose patients and support to assist them with challenging behaviour
- Strengthening links between acute and community dementia service, for example not duplicating scans which can cause unnecessary distress for patients
- The addition of a community MDT that will help coordinate the care for dementia patients using existing services and provide support to carers and direct care to patients.

2.13 With the revised pathway and services having launched in January 2022, dementia A&E and emergency admission activity is not yet available to determine if the changes are supporting a reduction in unnecessary hospital activity for dementia patients. Our modelling of the changes made to the services in Havering indicate that there will be 181 less A&E attendances and 176 emergency admissions for the dementia cohort over a 12-month time frame. Consideration is being given as to how the model can be rolled out in Barking and Dagenham and Redbridge.

Discharge

2.14 Three new discharge services were launched in October 2021 to support patients to return home when they are medically fit to be discharged, this prevents patients from staying in hospital unnecessarily long which can be detrimental, as well as ensuring our hospitals have capacity to treat new patients as the demand increases. The three services were:

- **Hospital Discharge Service (HDS) and Single Point of Access (SPA)**: This service has been put in place to provide a single point through which discharges should be co-ordinated, with a focus on rehabilitation and out of area placements. **SPA** developed out of the disaggregation of the JAD (Joint Assessment and Discharge Team) that included referral co-ordination and social workers. This SPA commenced in August 2021 and will integrate with HDS into one stop single point of access for discharge over 2022 and 2023.
- **Discharge to assess:** This is a national model, where the patient is discharged to continue their care (recovery and rehabilitation) and assessment out of hospital. Our local discharge to assess service has been improved by providing occupational therapy and physiotherapy assessment to patients discharged to block booked nursing home beds.
- **Home First:** This service supports patients who are assessed as being ready for discharge at 9am to be discharged by 5pm the same day. The additional therapy staffing in the home first team helps achieve the same day discharge target.

2.15 Comparing October 2021 to February 2021 with October 2022 to February 2022, the proportion of all patients that are staying in hospital for 21 or more days increased from 13% to 17%, the proportion of patients that are staying in hospital for 7 days or more increased from 43% to 48%. However, this scenario has played out across London, we are still in line with the 7 day London performance of 47% and better than the London 21 day performance of 19%.

End of Life

2.16 We are currently mobilising an Out of Hours End of Life Rapid Response Team and the first patients will be seen April 2022. This service will ensure palliative patients can receive the care they need in the community, overnight, rather than having to be transferred to hospital when other healthcare services are closed. The team will be working alongside community nursing services to maximise the offer to patients overnight.

2.17 The Older Peoples Transformation Board has a number of schemes in development which are working their way through various stages of governance. Upcoming transformation schemes include:

- Employment of Advanced Care Practitioners within Community Treatment Teams to support medication reviews – this will help reduce emergency admissions for patients in relation to medication compliance issues.

- The creation of catheter hot clinics – this will provide an alternative to the emergency department for patients who have issues with their catheters.

- Domiciliary care pilot – the pilot will help upskill domiciliary care workers to undertake a greater role in monitoring conditions of patients at home using technology to record key health information and inform health professionals of changes to a patients condition.

- Enhancing the Hospice End of Life Service offer – this will provide increase support to a 24-hour helpline for palliative care patients and their carers, additional nursing capacity to treat palliative patients in the community and training for care homes in relation to end of life care.

3.0 Older People and Frailty Strategy refresh

3.1 The Older People and Frailty Transformation Board is in the process of refreshing the plan for the next two years, aligning in and out of hospital strategies to support the core aims of the ICS. The core question underpinning the refresh is "***What needs to happen to support our frail and older residents to live healthier for longer, in their preferred place of residence - through our integrated services proactively supporting their health and care needs".***

3.2 As part of the refresh we will be reassessing the challenges that are faced by the older and frail population; reviewing what is working well and should be sustained and developing a plan for the roll out of the national Ageing Well programme. Investing in primary and community health services to support Ageing Well is a commitment in the Long Term Plan. Investment has been earmarked for:

- Improving the offer for urgent community response and recovery support
- Enhancing community multi-disciplinary teams aligned to PCNs to enable integrated community care
- Enhanced support for people living in care homes

3.3 To deliver improved outcomes for older people it is recognised that we need to ensure that we take an integrated approach, working with local communities, third sector, social care, primary care, community health services, mental health services and acute health services. Working in collaboration with Place Based Partnerships will be critical to engaging with local communities and understanding how the BHR programme can best support place-based delivery.

3.4 A proposal for the strategy refresh has been endorsed by the BHR Health and Care Cabinet and Integrated Care Executive Group. This recommends that the transformation plan focuses on a small number of high impact areas:

Population health management and anticipatory care
Much of the transformation work to date has focused on the hospital end of the pathway and it is recognised that more needs to be done to prevent escalation of need to cope with growing demand. There is a desire in the next phase to focus on place based and anticipatory care, harnessing population health management approaches and tackling the wider determinants of health to enable a person-centred approach to managing an individual's needs in the community.

Admission prevention
To prevent people being admitted to hospital when they could be cared for at home, we need to ensure that practitioners have access to alternatives to hospital admission in the community and are supported to enable consistent decision making. The development of the community frailty hubs in each borough to support Primary Care Networks (PCNs) proactive case management would be a key part of this workstream.

Intermediate care and discharge
To support the flow in and out of hospital and to help people to achieve as great a level of independence as possible, using resources as effectively as possible, we need to ensure we are commissioning the right mix of intermediate care.

3.5 A two-stage approach is proposed for the development and delivery of the plan for the next 2 years. The first stage is to undertake the planning and analysis to inform the development of the plan. Evidence derived from data and from talking to our residents and staff will help to identify opportunities for improvement and measure impact against agreed system heath and care outcomes. In addition to identifying pathway improvement opportunities we also want to understand what the impact of change may have on our staff and how they can be supported to work differently. This would then be followed by a design and implementation phase to enable bottom up delivery of the transformation plan.

4.0 Alignment with the Barking and Dagenham Place Based Partnership

4.1 The Barking and Dagenham, Havering and Redbridge Place Based Partnerships have agreed to continue to collaborate on a BHR wide transformation programme. Through the refresh of the strategy the Older People and Frailty Board will be engaging with the borough partnerships to develop the evidence base for change (through the planning and analysis work described above) and then the design and implementation of new models of care.

4.2 The Barking and Dagenham Place Based Health Management pilot should provide some rich information that will inform plans for anticipatory care for frail and older people in the over 50 age group, helping people to stay independent for as long as possible at home focusing in what is important to the individual. There is a national expectation that by 30 September 2022, Primary Care Networks will be required to agree a plan for the delivery of Anticipatory Care with their ICS and local partners with whom the service will be delivered jointly. National guidance is due to be published on this shortly.

4.3 It is recognised that as Place Based Partnerships develop there will need to be further discussion and agreement on which transformation schemes are led at borough level and which are best delivered over a wider BHR or NEL footprint. The Barking and Dagenham Delivery Group has committed to establishing an adults workstream which will provide the interface between the BHR and borough programme.

5.0 Recommendations

5.1 The Health and Wellbeing Board is asked to:

- note the contents of the report

Sharon Morrow, Director of Integrated Care, NEL CCG (BHR IP)
2nd March 2022

HEALTH AND WELLBEING BOARD

15 MARCH 2022

Title:	The Integrated Care System/Local Borough Partnership Proposals And Governance- Position Update
Report of the Director of Public Health	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Jane Leaman, Interim Consultant in Public Health	**Contact Details:** jane.leaman@lbbd.gov.uk jess.waithe@lbbd.gov.uk
Lead Officer; Matthew Cole, Director of Public Health	
Summary: This paper is intended to provide a high-level outline of the Integrated Care System (ICS) that is set to be established from July 2022, provide an overview of the current context, provide an update on the current proposal and of any next steps.	
Recommendation(s) The Health and Wellbeing Board is recommended to: 1. Consider the content of the report 2. Note the proposal to establish the B&D Delivery Board as the Place Based Partnership Board; an ICB place committee running alongside the Health & Wellbeing Board. This would be provided with delegated authority to make decisions about NHS service planning and delivery (a final agreement is still to be made with all relevant partners and a final full paper will be brought back to the Health and Wellbeing Board (HWBB) in June).	
Reason(s) A mutual agreement between partners needs to be established providing the final proposal for the governance structure of a place-based partnership for 22/23 onwards as part of the overall NEL ICS.	

1. Introduction and Background

1.1 Integrated Care Systems (ICSs) are partnerships that bring together providers, commissioners, local authorities and other local partners within a geographical area to collectively plan health and care services (H&CS) to meet local population need. Whilst they have been operating since 2021 (with some evolving from Sustainability and Transformation Partnerships), it is proposed that in July 2022 ICSs will be established as statutory bodies in all parts of England- subject to the successful passage of a Health and Care Bill through parliament.

1.2 Under the proposals, a statutory ICS will be led by two related entities operating at system level, together referred to as the ICS– an 'Integrated Care Board' (ICB) and an 'Integrated Care Partnership' (ICP). They will bring about changes and have responsibility for the planning, delivery of H&CS. Their core purpose[1] is to integrate care across different organisations and settings, joining up services and leading the following on behalf of their population footprint:

1.3 Improve outcomes in population health and healthcare
Tackle inequalities in outcomes, experience, and access
Enhance productivity and value for money
Help the NHS support broader social and economic development

1.4 Many of the statutory functions that the ICB has, could be delegated to a place. Discussions are still taking place, however the following are functions that might best be delegated for decision making at place level:

- Commissioning functions
- Health and care needs planning
- Market management, planning and delivery
- Financial control and contracting
- Monitoring performance (including quality improvement)
- Communications and engagement with stakeholders
- Population health management
- Emergency planning and resilience

1.5 As part of development, NHS England and NHS Improvement asked ICSs to confirm their initial proposals for place-based arrangements for 2022/23 onwards. These arrangements should be mutually agreed between system partners and refined as needed to reflect the development of working relationships. They should set out:

1.6 Configuration, size and boundaries of the ICS's places System responsibilities and functions to be carried out at place level Planned governance model, including membership, decision-making arrangements, leadership roles as well as agreed representation on, and reporting relationships with the ICP and ICB.

1.7 In addition to the two governing bodies, there will be three other core components of the ICS system: Provider Collaboratives, Place-based Partnerships and Primary Care networks.

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2. Proposal and Issues

2.1 The current B&D Delivery Group (DG) will transition towards becoming a place-based partnership board (PBPB) within the NEL ICS. An ICB place committee will be established with delegated authority to make decisions about resources, with terms of references and scope set by the statutory body agreed to by the committee members (and a delegated budget could be set to describe the level of resource available to cover its remit).

2.2 The ICB place committee might operate from 1st April 22 in shadow form until the ICS is formally established (currently proposed to be July 2022) and 2022-23 will be a period of testing whilst delegations and financial arrangements are agreed – nationally, regionally and locally.

2.3 The place committee would run alongside (as a 'committee in common') the London Borough Barking and Dagenham (LBBD) HWBB, whose current role (amongst other relevant strategic functions) is to encourage and support the making of arrangements under Section 75 of the National Health Service Act 2006 for the joint commissioning and provision of health and social care services between relevant bodies. Members at both the ICB place committee and the HWBB would be permitted. There may be decisions which only the committee can make, and in those circumstances, there will be a part A and Part B to the agenda.

3. Consultation

This paper has been taken to the following groups:

- People and Resilience Management Group- Business As Usual
- Corporate Strategy Group
- Leader/Deputy Leader Plus Meeting
- Prevention Independence and Resilience Member Group
- Barking and Dagenham Delivery Group
- Will also be taken to Health Scrutiny Committee

4. Financial Implications

Many unknowns remain about governance/accountabilities and finance in the NHS delivery plan and in due course, further clarity will be being provided for these areas.

5. Legal Implications

5.1 During drafting of the discussion paper on the borough partnership proposals and governance, the paper was shared with stakeholders including internal legal and governance officers for comment on implications etc. ahead of being taken through the Councils consultation process (outlined above).

5.2 At this stage, it remains difficult for full comment to be passed on any implications of this proposal. However, no immediate problems with the proposal were anticipated.

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

List of Appendices:

Appendix A: ICS BP Proposals and Governance- HWB Presentation- March 22

Barking & Dagenham

INTEGRATED CARE SYSTEM AND BOROUGH PARTNERSHIP PROPOSALS AND GOVERNANCE UPDATE

Health and Wellbeing Board

15th March 2022

one borough; one community; no one left behind

Background

Integrated Care Systems (ICSs) are partnerships bringing together providers, commissioners, local authorities and other local partners to plan services meeting local needs.

In July 2022, ICSs will become statutory (subject to the passing of the H&SC Bill) and led by two related entities at system level: an '**Integrated Care Board' (ICB)** and an **'Integrated Care Partnership' (ICP).** Together referred to as the ICS.

Their purpose is to **integrate care across different organisations and settings**, joining up services and to lead the following on behalf of their population footprint:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience, and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

In addition to the two governing bodies, there will be three other core components of the ICS system:

- Provider Collaboratives
- **Place-based Partnerships**
- Primary Care networks

Current Context

- Moving a three borough arrangement to 1 & 7 borough arrangements
- Many decisions being worked through
- Our basic premise - as much at LBBD level as possible (budgets, power, services)
- Huge financial and resource inequity, masked by BHR footprint arrangements

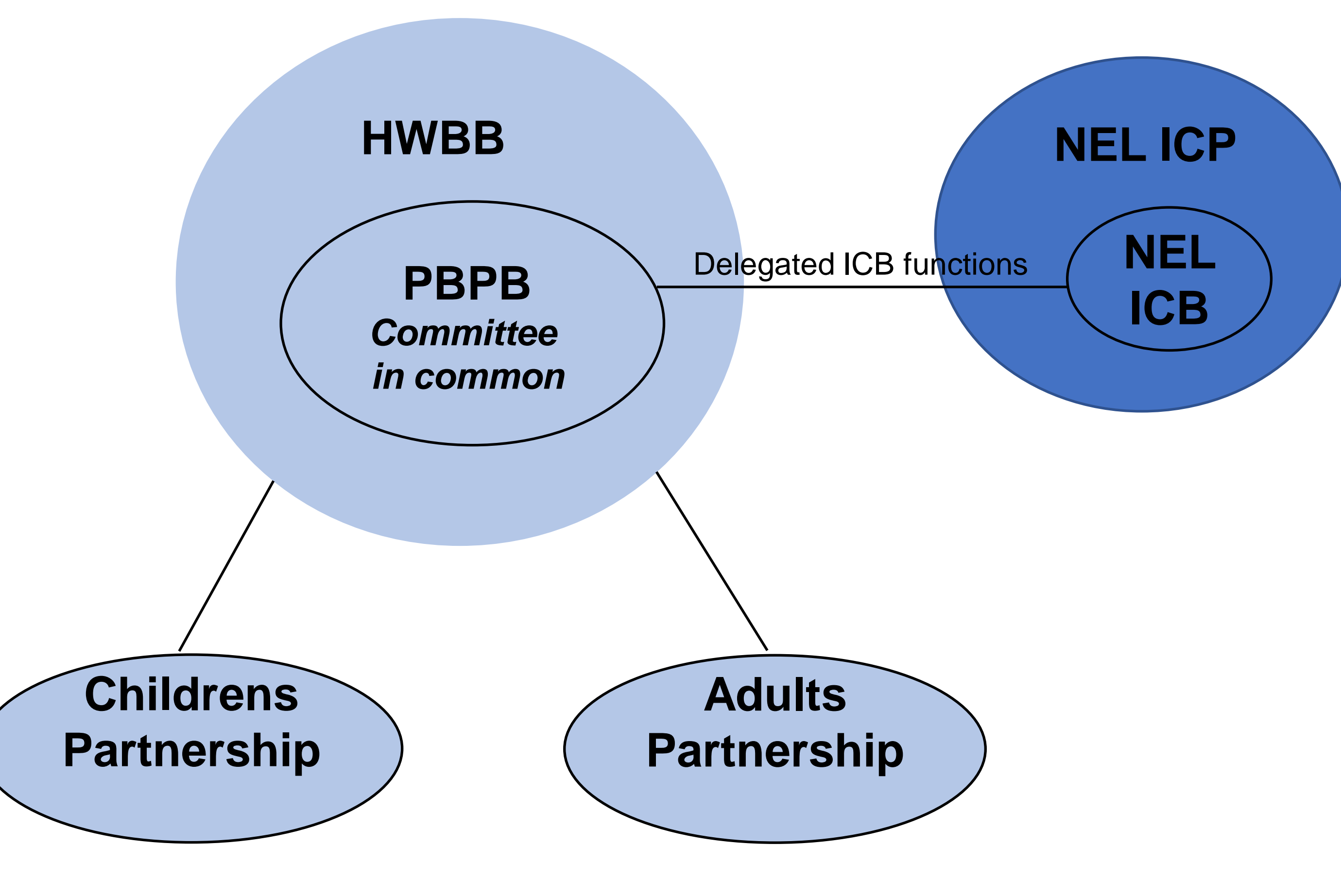
Health Vs. LA landscape

- Health dominated guidance and bias so far
- LA statutory duties continue and increasing
- No clarity from national guidance re role of LA in all terms
- No clarity, in addition to health and social care – how we want local arrangements to build on ComSol approach, VCS and other partners who are not in health guidance statue so far, e.g. schools

Place Based Partnership (proposal)

Addressing needs through more locally determined and integrated health services, alongside action to address the wider community and social factors which impact the health of our community, will be done through:

- More democratic involvement
- Delegated NHS budgets
- Locally agreed priorities and service delivery plans
- Joint commissioning e.g. to improve mental health support
- Shared use of local estate
- Increased involvement of local people, local service providers and the voluntary sector in service planning and delivery



ICP = Integrated Care Partnership
ICB = Integrated Care Board
PBPB = Placed Based Partnership Board

Areas Of Development

- Joint commissioning, pooling money and delivering more locally (like with schools and VCS)

- Delivery at locality/ward/community hub level - joined up around residents, ease of access and them "telling their story once"

- Developed two distinct workstreams (children and adults), actively working to embed manifesto in developments (best chance for children, living well and Barking hospital)

- Significant disentanglement needed at all levels, this will not be the case in other LAs of NEL, London or country - although many of the challenges of governance role LA are the same

Next Steps

Agree the planned governance model for place including:

- Membership
- Place-level decision-making arrangements, including any joint arrangements for statutory decision-making functions between the NHS and local government
- Agree the final proposal with partners and obtain sign off for each organisation
- Leadership roles, for convening the place-based partnership, as well as any individuals responsible for delegated functions
- Clinical and care leadership
- Representation on, and reporting relationships with, the ICP and ICB
- Strategy/plan and outcomes at place (CYP and adults)

Barking & Dagenham

'Joining Up Care For People, Places And Populations'

The government's proposals for health and care integration

- Published 9th February 2022

Summary

- Sets out approach to designing **shared outcomes** between councils and local NHS organisations
- Introduces an expectation for a **single person accountable for the delivery of shared outcomes and plans** at local level across H&SC
- Breaks down the barriers that separate our **health and care workforces**
- It is part of a wider set of mutually reinforcing reforms: **our Adult Social Care Reform white paper, People at the Heart of Care; the Health and Care Bill and reforms to the public health system**
- Advocates for **health and well-being as a key priority**, with a greater emphasis on prevention
- Whilst children's social care is not directly within scope of the paper, places are encouraged to consider the integration between and within children and adult health and care services wherever possible***

****The* ***Independent Review of Children's Social Care*** *is taking a fundamental look at the needs, experiences and outcomes of the children supported by children's social care. Government is championing the continued join up of services, expanding family hubs to more areas across the country, and funding key programmes such as Supporting Families and supporting the implementation of the Early Years Healthy Development Review. At the recent Budget, a £500m package for these services was announced, to provide more support for families so that they can access the help and care that they need.*

Headlines

- Shared Outcomes
- Agreed plan – demonstrating delivery against outcome – role of CQC
- Single leadership role across health and social care
- Simplify pooling funding arrangements – working towards normal way of working
- Increase use of digital technology – for community and workforce
- Improved use of shared data for understanding needs and service planning
- Integrated health and care workforce – e.g. joint training and development, delegation framework of healthcare interventions, career passport
- Placed based governance model
- Emphasis on health and well being and addressing health inequalities

Key Milestones

- Winter 2021/22: publish a final version of the Data Strategy for Health and Care
- End of 22: Develop a standards roadmap
- April 2023: implementation **of shared outcomes** will begin
- Spring 2023: all places should **adopt a model of accountability and provide clear responsibilities for decision making**
- Autumn 23: Develop a co-designed suite of standards for adult social care
- By 2024: Ensure all professionals have access to a functionally single health and adult social care record for each citizen
- By 2025: Ensure each ICS implement a population health platform with care coordination functionality

HEALTH AND WELLBEING BOARD

15 March 2022

Title:	BHR Joint Strategic Needs Assessment 2021-22 Update
Report of the Cabinet Member for Social Care and Health Integration	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Authors: Wassim Fattahi-Negro, Principal Manager Performance & Intelligence Jane Leeman, Interim Public Health Consultant	**Contact Details:** **E-mail:** Wassim.FattahiNegro@lbbd.gov.uk **E-mail:** Jane.Leaman@lbbd.gov.uk
Lead Officer: Chris Bush, Commissioning Director for Children's Care and Support; Matthew Cole, Director of Public Health	
Accountable Strategic Leadership Director: Elaine Allegretti, Director of People and Resilience	

Summary:

An update to apprise the board on the delivery of BHR Joint Strategic Needs Assessment 2021-22, where the London Boroughs of Barking and Dagenham, Havering and Redbridge collaborate to meet this statutory requirement via the production of three individual needs assessments, each of which mirror the other ones in both format and content whilst offering a localised and detailed view of the health needs in each borough.

The production of the BHR Joint Strategic Needs Assessment is further enhanced by an online mapping tool that allows stakeholders to further interrogate and access relevant data.

Following on the completion of the key chapters forming the core part of the assessment, contributors from the three boroughs are now working on writing a master edition (Havering's edition) of the needs assessment which is then mirrored at a local level so to also produce two further versions one for Barking and Dagenham and another for Redbridge.

The original timetable for the delivery of the 2022 iteration of the assessment and the online too was set for the 31st of March 2022; the latter is now updated and available online at https://bhrjsna.communityinsight.org/map/; The former, and due to logistical delays in finalising the draft document across the three boroughs remains in an advanced draft status, the publication timetable is therefore postponed by approximately three months and is the publication date is now set for June 2022.

This postponement is necessary to ensure that Barking and Dagenham JSNA remains in alignment with Havering and Redbridge ones.

The board will be apprised with the latest development regarding the delivery and publication of the 2022 iteration of the Joint Strategic Needs Assessments including the revised timetable and sign off process.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

i. note the report and
ii. feedback considerations on the current development framework and provide directions if required.

Reason(s)

Offering an update on the delivery of the BHR JSNA 2022

Weblinks:

Link to most recent BHR JSNA profiles:

https://bhrjsna.communityinsight.org/custom_pages?view_page=43

Link to BHR online Local Insight tool:

https://bhrjsna.communityinsight.org/map/

BHR JSNA 2022
BHR PNA 2022

Progress Update

bhrjsna.communityinsight.org

Barking & Dagenham

Performance & Intelligence Unit

15th March 2022

one borough; one community; no one left behind

What is a JSNA?

- A Process by which Local Authorities and Clinical Commissioning Groups assess **the health, care and wellbeing needs** in their local communities (current and future needs).
- Historically, JSNAs are produced in a format of detailed report and is used to:
  - Strengthen joint working between the NHS and local authorities.
  - Inform strategic and operational decision making at specific footprints.
  - Reduce inequalities.
  - Commissioning and planning local services such as direct planning of services in community hubs in LBBD.
  - Planning future services.
  - Monitor important health, care and wellbeing agenda such as obesity, smoking, and long term conditions..

Tri-borough profiles:

BHR JSNA 2020 - Barking and Dagenham.pdf

BHR JSNA 2020 - Havering.pdf

Redbridge 2019-20 JSNA.pdf

Barking & Dagenham, Havering and Redbridge Joint Strategic Needs Assessment Profiles

London Borough of Barking & Dagenham

The board's vital role

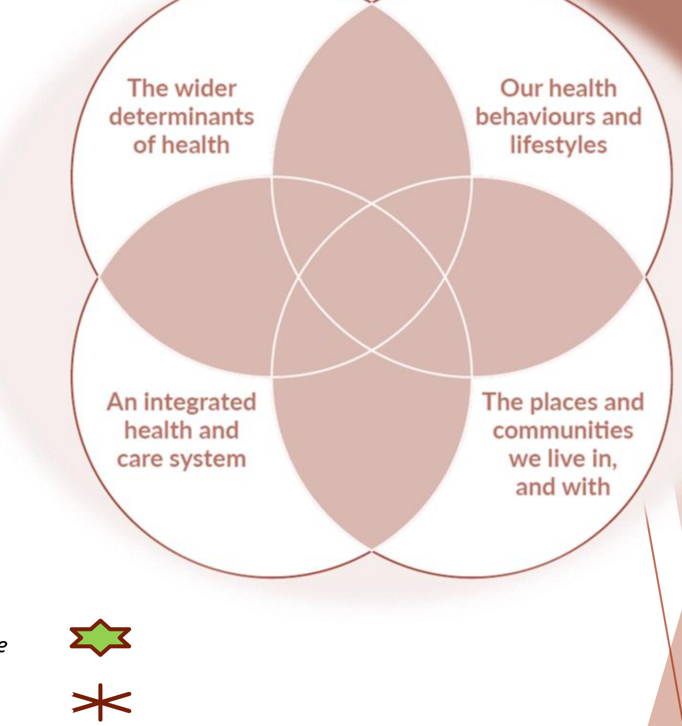
Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs through the Health and Wellbeing Board.

The responsibility falls on the Health and Wellbeing Board as a whole to ensure the duty is met.

2022 iteration planned to be completed by June 2022.

2022 JSNA includes chapters on:

- Children & Young People
- Maternity
- Cancer
- Long Term Conditions
- Older People
- Mental Health
- Introductions & Demographics



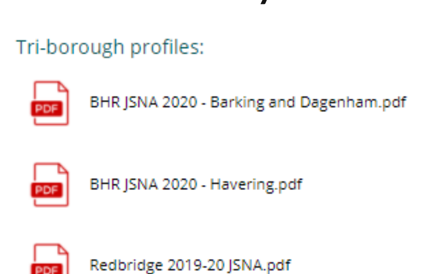
Status

Complete

Draft

The chapters cover the BHR footprint, and will be centred around the framework for population health and based on these four pillars (first identified by the Kings Fund):

wider determinants of health; our health behaviours and lifestyles; places and communities we live in; and an integrated health and care system.



2022 improvements

- The 2022 BHR JSNA is a follow on the first joint endeavor that resulted in the production of the 2020 BHR JSNA.
- Colleagues from Public Health and Intelligence teams in the respective Local Authorities collaborate and cooperate.
- Havering leads on the overall Project Management of the needs assessment and Barking and Dagenham leads on the delivery of the online platform.
- The 2022 BHR JSNA is richer in both: data and recommendations and is complemented by an easy-to-use online tool.
- Includes consideration of health protection issues covering COVID-19.
- Further collaborative endeavours, including the delivery of a Joint Pharmaceutical Needs Assessment in 2022 (October 2022).

Tri-borough profiles:

BHR JSNA 2020 - Barking and Dagenham.pdf

BHR JSNA 2020 - Havering.pdf

Redbridge 2019-20 JSNA.pdf

Pharmaceutical Needs Assessment

- Barking and Dagenham along with Havering and Redbridge have opted to further their association and jointly produce a Pharmaceutical Needs Assessment in 2022.
- Deadline was initially set for March 2022; However, on 21st December 2022 an act of parliament amended the Statutory Instrument regulation and changed the deadline to October 2022*.
- LBBD is leading on behalf of BHR on the procurement process and is takes a leading role along with Havering in project managing the delivery of the needs assessment in the coming months.
- Consultation process has started and the aim to deliver a richer PNA that is more responsive to wants and needs of both residents, patients, and pharmacies.

LONDON BOROUGH OF BARKING AND DAGENHAM
PHARMACEUTICAL NEEDS ASSESSMENT 2022
DRAFT FOR CONSULTATION

* The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 UK Statutory Instruments 2013 No. 349 PART 1 as amended SI 2021/1346, laid on 30 Novembre 2021

https://www.legislation.gov.uk/uksi/2021/1346/made

https://statutoryinstruments.parliament.uk/instrument/xswmNv65/timeline/K9j0j8A8/

Amendment of regulation 6 of the PLPS Regulations

3.—(1) Regulation 6 of the PLPS Regulations(8) (subsequent assessments and later first assessments) is amended

(2) In paragraph (A1)—

(a) before "Any HWB" insert "Subject to paragraph (A3),"; and

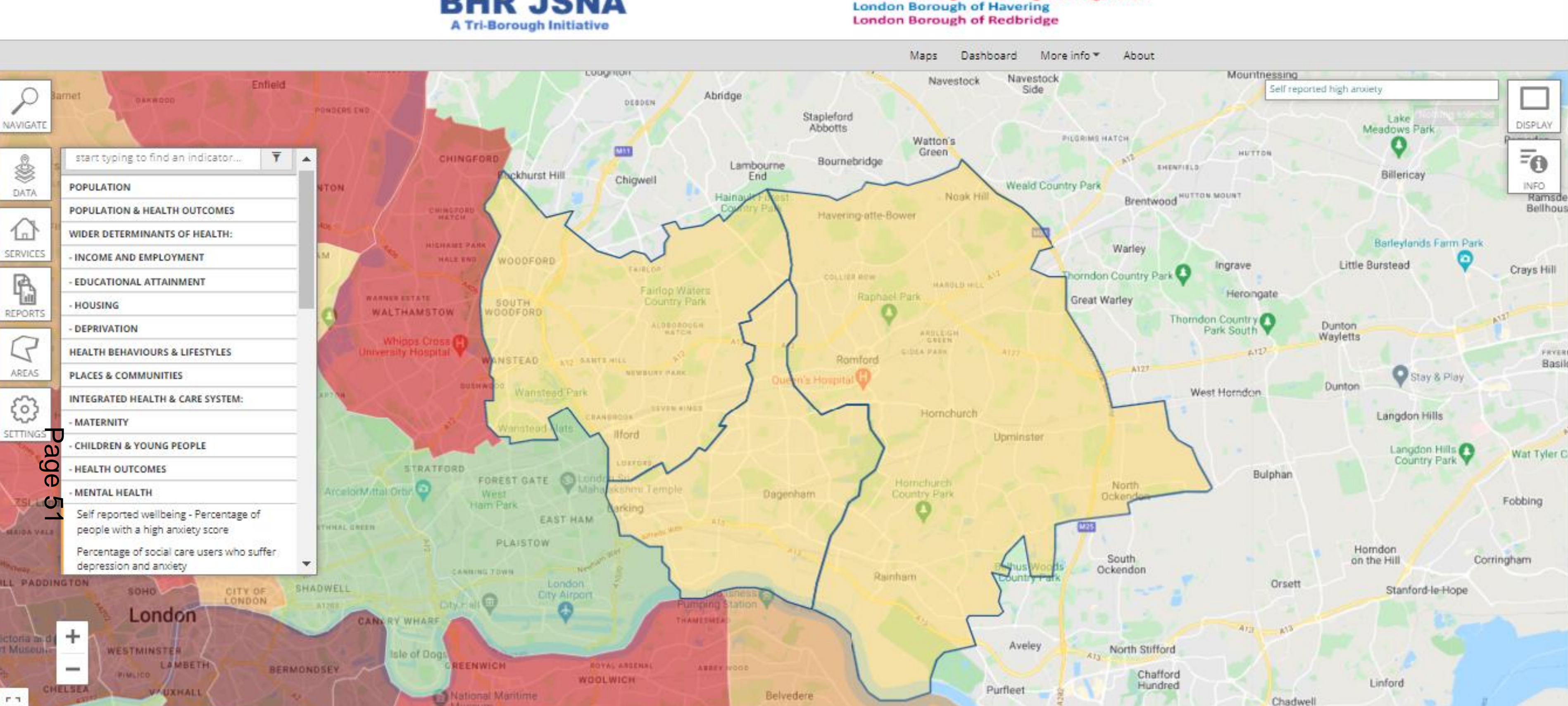
(b) for "1st April" substitute "1st October".

(3) In paragraph (A2), for "1st April" substitute "1st October".

(4) After paragraph (A2) insert—

"(A3) Any HWB established on or after 1st January 2022 must publish its first pharmaceutical needs ass twelve months after it is established.".

(5) In paragraph (1), for from "After it" to "paragraph (A2)," substitute "Subject to paragraph (2), after it has publish



Screenshot of the Local Insight landing page

bhrjsna.communityinsight.org

Area Dashboard

The colours on the dashboard show how your areas compare with each other

- High
- Medium
- Low

	Aged 0-15	Aged 16-64	Aged 65+	Total population	IoD 2019 Income Scor	Fuel poverty	IDAOPI Score	Diabetes	Coronary Heart Diseas	Emergency admission
National Comparator										
England	19.2	62.4	18.4		12.9	10.3	14.2	6.8	3.2	
Local Authorities and partnerships										
Barking and Dagenham	27.2	63.5	9.3		19.4	12.3	26.1	7.8	1.8	
BHR Tri-Borough area	23	63.4	13.5		13.6	11.2	17.4	7.7	2.3	
East London Health and Care Partnership STP	21.9	67.9	10.2		16.1	12.3	25.7	7.3	1.9	
Havering	20.3	61.7	18		10.8	9	11.7	6.8	2.7	
Redbridge	22.4	64.8	12.7		12.1	12.7	19.5	8.4	2.3	
Localities										
Barking and Dagenham East Locality	25.8	63.3	10.8		19.3	11.5	24.5	7.5	1.8	
Barking and Dagenham North	27.2	62.7	10.1		19.6	12.4	25.7	8	2	

Screenshot of the Local Insight Dashboard

Finding your way around this Local Insight profile

Introduction Page 3 for an introduction to this report

Population	There are 777,680 people living in BHR Tri-Borough area See pages 4-9 for more information on population by age and gender, ethnicity, country of birth, language, migration, household composition and religion	**Education & skills**	24% of people have no qualifications in BHR Tri-Borough area compared with 22% across England See pages 46-48 for more information on qualifications, pupil attainment and early years educational progress
Vulnerable groups	18% of children are living in poverty in BHR Tri-Borough area compared with 17% across England See pages 10-23 for more information on children in poverty, people out of work, people in deprived areas, disability, [illegible] and other vulnerable groups	**Economy**	37% people aged 16-74 are in full-time employment in BHR Tri-Borough area compared with 39% across England See pages 49-55 for more information on people's jobs, job opportunities, [illegible] and local businesses
Housing	2% of households lack central heating in BHR Tri-Borough area compared with 3% across England See pages 24-33 for more information on dwelling types, housing tenure, affordability, overcrowding, age of dwelling and communal establishments	**Access & transport**	29% of households have no car in BHR Tri-Borough area compared with 26% across England See pages 56-58 for more information on transport, distance to services and digital services
Crime & safety	The overall crime rate is lower than the average across England See pages 34-35 for more information on recorded crime and crime rates	**Communities & environment**	The % of people 'satisfied with their neighbourhood' (68.0%) is lower than the average across England (79.3%) See pages 59-66 for more information on neighbourhood satisfaction, the types of neighbourhoods locally, local participation and the environment, air pollution
Health & wellbeing	16% of people have a limiting long-term illness in BHR Tri-Borough area compared with 18% across England See pages 36-45 for more information on limited long-term illness, life expectancy and mortality, general health and healthy lifestyles	**Appendix A**	Page 67 for information on the geographies used in this report, publication dates for new indicators and acknowledgements.

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Screenshot of the area reports.

Thank you

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: 14.06.22	**Covid-19 Update in the Borough** • Wards Directly Affected: All Wards		Matthew Cole, Director of Public Health
Health and Wellbeing Board: 14.06.22	**Integrated Care System/Local Borough Partnership Proposals and Governance** • Wards Directly Affected: All Wards		Jess Waithe, Interim Health Improvement Lead
Health and Wellbeing Board: 14.06.22	**BHR Joint Strategic Needs Assessment 2021-22** • Wards Directly Affected: Not Applicable		Jane Leaman Wassim Fattahi-Negro
Health and Wellbeing Board: 13.09.22	**Covid-19 Update in the Borough** • Wards Directly Affected: All Wards		Matthew Cole, Director of Public Health
Health and Wellbeing Board: 08.11.22	**Covid-19 Update in the Borough** • Wards Directly Affected: All Wards		Matthew Cole, Director of Public Health

Health and Wellbeing Board: 18.01.23	**Covid-19 Update in the Borough** • Wards Directly Affected: All Wards		Matthew Cole, Director of Public Health
Health and Wellbeing Board: 14.03.23	**Covid-19 Update in the Borough** • Wards Directly Affected: All Wards		Matthew Cole, Director of Public Health

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