

Notice of Meeting

HEALTH SCRUTINY COMMITTEE

Monday, 14 November 2022 - 7:00 pm
Council Chamber, Town Hall, Barking

Members: Cllr Paul Robinson (Chair) Cllr Donna Lumsden (Deputy Chair); Cllr Muhib Chowdhury, Cllr Olawale Martins, Cllr Michel Pongo and Cllr Chris Rice

By Invitation: Cllr Maureen Worby

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AGENDA

- 1. Apologies for Absence**
- 2. Declaration of Members' Interests**

In accordance with the Council's Constitution, Members 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 held on 21 September 2022 (Pages 3 - 10)**
- 4. Updates relating to Winter Pressures, Vaccinations and the Cost of Living (Pages 11 - 34)**
- 5. Place-Based Partnership Update (Pages 35 - 52)**
- 6. New Moorfields Hospital Eye Hub at Stratford, London (Pages 53 - 54)**

7. **Health Inequalities Funding (Pages 55 - 73)**
8. **Scrutiny Review on the potential of the Voluntary and Community Sector 2022/23 (Pages 75 - 77)**

9. **Joint Health Overview and Scrutiny Committee**

The agenda reports pack and minutes of the last meeting of the Joint Health Overview and Scrutiny Committee can be accessed via: [Browse meetings - Joint Health Overview & Scrutiny Committee | The London Borough Of Havering](#)

10. **Work Programme (Pages 79 - 82)**

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

12. **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 Assembly, 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.***

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

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 SCRUTINY COMMITTEE

Wednesday, 21 September 2022
(7:00 - 9:10 pm)

Present: Cllr Paul Robinson (Chair), Cllr Donna Lumsden (Deputy Chair), Cllr Muhib Chowdhury, Cllr Olawale Martins, Cllr Michel Pongo and Cllr Chris Rice

Also Present: Cllr Maureen Worby

45. **Death of Her Majesty Queen Elizabeth II**

Before moving to the formal business of the meeting the Chair with great sadness asked the Committee to note the death of her Majesty Queen Elizabeth II. Throughout her reign of more than 70 years, the Queen had been an inspiration to people not only from this Country but across the world, through her tireless commitment to her public duties and to her people. She would be sorely missed. May she rest in peace.

The Chair then asked everybody to stand in quiet reflection for a minute's silence.

46. **Declaration of Members' Interests**

There were no declarations of interest.

47. **Minutes - To confirm as correct the minutes of the meeting held on 23 March 2022**

The minutes of the meeting held on 23 March 2022 were confirmed as correct.

48. **Proposed Diagnostic Centre at Barking Community Hospital**

The Director of Strategy and Partnerships (DSP) and the Diagnostics Programme Director (DPD) at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) delivered a presentation on the proposed diagnostic centre at Barking Community Hospital (BCH), which was part of a national NHS England-funded programme of diagnostic centre building, that would help to improve access to diagnostics to support the early diagnosis of disease. The presentation detailed that:

- The Community Diagnostic Centre (CDC) preparations were already underway, with a Computed Tomography (CT) scanner and Magnetic Resonance Imaging (MRI) scanner currently being built there.
- The construction of the larger building containing the majority of the diagnostic capacity had been subject to two recent public consultations, which had both reported very positive findings. The CDC was proposed to cost £15 million to build and would contain the full suite of diagnostic services (such as CTs, MRIs, X-rays, ultrasounds, physiological measurements and blood tests);
- The aim of the CDC was to enable residents to go to a 'one stop shop' for diagnostics before they were fully referred into secondary care, so that any

issues could be determined.

- Over the next couple of years, it was planned to build one CDC in Barking, one in Mile End and a third in another location.
- The Barking CDC was proposed to open between October-December 2023.

The Cabinet Member (CM) for Adult Social Care and Health Integration stated that, whilst herself and other Council colleagues had lobbied hard for this very positive development, she wished to put on record her thanks that the system had listened to all concerns and taken action to address these.

In response to questions from Members, the DSP and DPD stated that:

- BHRUT had submitted a provisional business case to NHS England (NHSE). Whilst this did not specify every exact detail, it would provide BHRUT with the £14.9 million for the construction of the building. NHSE had confirmed that it was satisfied with the provisional business case and had given BHRUT a formal letter of agreement to confirm that BHRUT could access this funding.
- NHSE had also committed to three years of revenue funding to pay for the staff to run the scans within the centre. Whilst this was the maximum length of funding that NHSE would currently provide, this was not to say that there would not be funding after this three-year period.
- The funding was entirely new money that was being given to the system from the NHSE pot of programme funding, that would not need to be repaid.
- Whilst BHRUT could not guarantee exact waiting times as part of this new CDC as it did not know how much demand would change and grow, the CDC would help to reduce the current backlog. The majority of access to the CDC would be through direct GP referrals, rather than through lengthier referral processes through GPs and then hospital consultants as previously.
- As the CDC would not be based in a hospital, the diagnostic services would be more sustainable and could be used for more elective appointments. Current hospital diagnostic services always had to prioritise emergencies, whereas the CDC would operate outside of the emergency hospital pathway.
- Workforce, and information and digital were the two challenges that BHRUT had with any of its investments into buildings across its services. Most recently, it had recruited a number of radiographers; however, it was also investing in a training academy for radiography and other diagnostic services. It was also working closely with other North East London (NEL) acute trusts such as Barts and the Homerton, to start to build workforce plans, so that it could have a more resilient workforce. This could include joint appointments and rotational posts across NEL, ensuring a sustainable and growing workforce, and that Barking and Dagenham and other areas of NEL could be as attractive to these professionals as inner London teaching hospitals.
- BHRUT had also secured an additional £250,000 from Health Education England in 2022, to support and improve its training academies.
- This was the start of further investment at BCH and other locations in the Borough. Discussions were being had around maximising BCH to better serve the local population, as well as how to best meet the needs of the population as it grew and changed, using data and local insights.
- The CDC was additional capacity and would not replace current capacity

and services. In the long-term, the system would need to work collectively to consider where to best place its services, understanding the need to ensure that these were conveniently located for residents.

- Whilst mental health diagnostics were not part of the first stage of the CDC, BHRUT understood the importance of mental and physical health parity and wanted to work with partners within the place-based partnership to consider how to best treat patients holistically. One further benefit of the CDC was that it could be designed in such a way that was more pleasant for people with mental health problems, or conditions such as ASD (autism spectrum disorder), in a greater way than was possible in acute settings with blue light pathways, which could prove more traumatic for patients.
- Being representative of the local community was very important to BHRUT. It had a strong apprenticeship model, and strong outreach models into colleges and schools to build relationships with young people from an early age and demonstrate the range of NHS roles that were available. A new Chief of People officer would also be starting in November 2022, to ensure that BHRUT was creating an inclusive environment to attract a diverse workforce.
- The BCH would create around 100 extra permanent jobs across different grades and responsibilities. BHRUT was keen that people could build their career within the CDC, from an apprenticeship stage to senior-level careers.

The Integrated Care Director at NELFT also stated that there was no intention to move any of the mental health services out of BCH. As part of current transformation activity, NELFT was working more closely with its primary care networks (PCNs) and investing in equipment such as portable electrocardiogram (ECG) machines that enabled some diagnostic activity to take place in the community, such as in people's homes and in GP practices, as NELFT was aware that issues, such as cardiac problems and obesity, were higher in patients with mental health issues.

In response to a question, the CM stated that there had been considerable patient and resident engagement to ascertain how residents wanted to experience services and how they wanted these to improve, with suggestions arising around garden areas and patients with multiple conditions being able to have one appointment to address all of their conditions. The DSP stated that there had also been visits to shopping centres and focus groups. Discussions were also being had with residents with additional needs, to ensure that all patients could be comfortable to visit the CDC, as well as have conveniently located and well-timed appointments.

49. Enhanced Access Update

The Director of Primary Care Transformation (DPCT) and the Clinical and Care Director (CCD) Barking and Dagenham at NHS North East London (NEL) delivered an update on enhanced access. The presentation detailed that:

- All Primary Care Networks (PCNs) in England would be required to offer patients a new 'enhanced access' model of care from 1 October 2022, which would see GP practices open between 6.30pm-8pm from Mondays to Fridays, and between 9am and 5pm on Saturdays. This would replace the current Extended Hours and Extended Access services, marking a shift in

the way out-of-hours non-urgent services were provided across North East London.

- The PCNs had subcontracted and were working alongside the GP Federation to provide these services. As part of the NHS England (NHSE) specification, the PCNs were also working alongside new roles funded by the NHSE, such as clinical pharmacists, physiotherapists and occupational therapists.
- To support PCNs with engaging their patients, NHS NEL had run a North East London-wide survey on provided services, of which there were just under 5,000 responses from Barking and Dagenham residents.
- The model would evolve as ongoing resident feedback was received, as well as to cater to the needs of patients.
- A mixture of GP, nurse and therapist services would be offered, as well as face-to-face, telephone and remote appointments.
- The new model would run from three sites locally.
- Additional funding had also been secured to keep the current GP Access Hub service running until 31 March 2023.

In response to questions from Members, the DPCT and the CCD stated that:

- The model would be flexed to accommodate the various preference types for appointments and the PCNs would continue to work with patient groups, to suit their needs. NHSE had also specified that PCNs needed to provide a range of appointment types.
- When patients booked an appointment, they would be asked which type of appointment they wanted; if a patient wished to have a face-to-face appointment, it would be offered to them.
- They would return to the Committee early in 2023 once the service had been running for a few months, to bring back data and feedback from residents as to the new services offered.
- Whilst there was already an existing weekend and evening service for urgent appointments, the 'enhanced access' model would be for routine appointments and would increase GP opening hours for these.
- It was estimated that around 72,000 additional appointments could be undertaken each year through the six PCNs in Barking and Dagenham working together, as part of the "enhanced access" model. NHS NEL would ensure that the current in-hours offer would not reduce due to this, and could bring back data on the number of appointments provided in the first quarter, upon their return to the Committee in January 2023.
- It was hoped that the model would increase the uptake of screening programmes, for those who were only able to book after-work appointments.
- NHS NEL was in discussion with Council colleagues about the Borough's Family and Children's Hubs, and services that could be provided in these. It was looking to be cost-effective by using existing sites to provide services; however, it was looking to expand these. The DPCT would feed back comments around Marks Gate and potential access issues for these residents, if services were only provided from BCH and Parsloes Avenue.
- The current in-hours offer with each GP practice would remain, with the extended hours being provided by GPs working alongside the wider primary care family. 12 new roles had been funded by NHSE, so that a blended team could work within the new service and best meet the needs of

patients. As patients often still wanted to see their GP, the support of the Committee was requested in promoting the new service and additional staff, as it was important that patients saw the right clinician for their needs, and that GP time could be best utilised for those patients with the most complex issues.

- In terms of measuring the performance of the six PCNs, NHS NEL could look at various measures, such as how many residents had received annual diabetes checks. The quality of services could also be held to account via Quality and Safety meetings, with data able to be pinpointed to PCN and practice-level and plans able to be created to improve services and increase uptake. NHS NEL was also working with the GP Federation from an equality perspective, to look into how many appointments would be available for each GP practice, to ensure that these were not all being taken by patients from a single practice.
- Patients with LD could be catered for through longer appointments and at certain times of the day, when practices were less busy. A lot of learning from the vaccine campaign, whereby clinics for those with LD were run, with amended and quieter room settings, was also being fed back to those developing the 'enhanced access' service.
- In most GP practices, reception staff would triage patients, to ensure that they were seeing the correct clinician for their ailment, and they were well trained to do this. However, clinicians would triage patients with more urgent needs.
- GP practices were working towards holding 70 percent of appointments face-to-face. The remaining 30 percent of appointments were held via E-Consult, as part of a national directive, as well as directly bookable slots via the 111 telephone number.
- The 'enhanced access' service would hopefully reduce the number of patients going to accident and emergency services (A&E), as they would instead have access to extended hours GP services.

The Cabinet Member (CM) for Adult Social Care and Health Integration stated that she was co-chair of the new partnership board, which included members from Health, the Local Authority and the Voluntary and Community Sector, and that she would be looking to see new metrics around issues such as health checks and the quality of services. The Director of Public Health noted that the new 'enhanced access' model would be very positive in improving the outcomes for residents who were unable to access current GP services due to issues such as their work schedules.

It was requested that the Committee be provided with a thematic analysis of the complaints that were being received about the PCNs and the new 'enhanced access' service. The DPCT stated that complaints data about the 'enhanced access' service could be brought as part of the January 2023 Committee update, but that she would circulate some information regarding practices and PCNs, following the meeting.

50. Tulasi Medical Centre Update

The Director of Primary Care Transformation (DPCT) and the Clinical and Care Director (CCD) Barking and Dagenham at NHS North East London (NEL) delivered an update on the Tulasi Medical Centre and the Faircross Health Centre,

following their inadequate Care Quality Commission (CQC) ratings, to assure the Committee of the action that was being taken to improve these. The presentation detailed that:

- Tulasi Medical Centre had been rated inadequate against all key questions asked by the CQC (about whether services were safe, effective, caring, responsive to people's needs, and well-led). It had also had its registration with the CQC suspended; it could still hold its GP contracts under the regulations, but whilst it was rated inadequate and addressing CQC issues, it had had to subcontract its services to the GP Federation.
- There would be a six-month period in which Tulasi Medical Centre would have an action plan in place, approved by the CQC and NHS NEL, to address the issues found by the CQC. An NHS NEL team would monitor progress with the Centre on a weekly basis, as well as to support around aspects such as medicine management, safeguarding and infection and disease control.
- As a commissioner, NHS NEL had also issued a breach notice to Tulasi Medical Centre, which the Centre had six months to address. The Centre would be monitored by the regulator, CQC, and NHS NEL as it provided its services under the GP contract. NHS NEL would also work with NHSE to look at the competencies of the clinicians working at the site.
- Faircross Medical Centre had been rated inadequate by the CQC, but could still hold their registration with the CQC. Whilst NHS NEL was working with Faircross on its action plan, it had been inspected earlier in the year, and so was further ahead in addressing its remedial actions.

In response to questions from Members, the DPCT and the CCD stated that:

- At the end of the six-month remedial period, a CQC reinspection would take place. These often took between four-five days, with the CQC bringing in a new team to thoroughly check actions across all key domains, to ensure that auditing was being undertaken correctly and that policies were in place.
- GP practices did change over time. The Tulasi Medical Centre lead held a lot of responsibility on their own; one of their actions was to look into recruiting partners to share the workload. The lead had held various roles in the system and had since stepped back from these, to concentrate on their GP practice.
- The CQC worked independently from NHS NEL, but other practices were undergoing inspections as part of the CQC's inspection cycle. Through the Borough Partnership, NHS NEL was looking at holding a quality roundtable to look into general practice, focusing on workforce, funding and workload issues, as well as what the system could do to best support practices and help them to prepare for CQC inspections. It was also holding educational training events looking at inspections, data and correct auditing practices.

The CM noted that one positive to the new NEL ICS arrangements was that extended knowledge sharing could take place, as well as the increased capacity for different parts of the NEL system to support each other. It was also important to acknowledge that the role of GPs had changed, with their responsibilities now much more widespread than previously, as well as the pressures associated with this. This also meant that more frank discussions around quality needed to be had,

as well as which other professionals needed to support GPs in their practices. The Director of Public Health noted that whilst hospital clinicians were very restricted in terms of what work they could undertake, this was not the case with GPs. As such, there needed to be more discussions about the long lengths of time that GPs were now working for, as well as around all of the responsibilities that they had.

In response to further questions, the DPCT and CCD stated that:

- It was a very tough time for GPs, with multiple demands arising from the pandemic. The system had to support GPs, as well as give them space. It was also important to have conversations about the number of roles that GPs could hold, to prevent burnout, as well as how other professionals could be developed to take on some of these roles.
- The Tulas Medical Centre was also a Covid-19 vaccination site, with multiple asks of it. GP practices were like standalone hospitals, with many areas of practice, and were expected to meet the demands of each of these. Whilst improvements would continue, the support of patients and Councillors was needed; if for example, a person had not had their annual diabetes review, a phone call to the practice would ensure that this was picked up.
- There was a monthly GP education and training event in Barking and Dagenham, as well as for nurses and management. NHS NEL could look through common themes and issues, and look to address these.
- Whilst the Tulas Medical Centre action plan was not in the public domain, the CQC report was, with a decision tree of the findings available. As well as with NHS NEL, the Centre was in regular contact with CQC, submitting regular updates to them as well as to NHSE.
- Patient safety was paramount and the CQC could urgently shut down a GP practice if it felt that this was needed; however, this had not happened with either Tulas or Faircross Medical Centre.
- Tulas Medical Centre had brought in additional resources to assist with remedial work. The GP Federation had also brought in resources and NHS NEL had provided the Centre with resilience money to support them.

The CM stated that she would consider which briefings she could deliver for Councillors, as to how they could better engage with the work of GP practices.

51. Appointments to the Outer North East London Joint Health Overview and Scrutiny Committee

The Chair presented a report asking the Committee to appoint three Members to the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC) for the 2022/23 municipal year. The Committee agreed to appoint Councillors Robinson, Lumsden and Chowdhury to the ONEL JHOSC.

52. Minutes of the Joint Health Overview and Scrutiny Committee meeting on 28 July 2022

It was noted that the minutes of the last meeting of the Joint Health Overview and Scrutiny Committee were included as part of pages 47-51 of the agenda.

53. Health Scrutiny Committee Work Programme 2022/23

The Chair presented the draft work programme for 2022/23, following previous discussions with the Director of Public Health, the Operational Director for Adults Social Care and the Cabinet Member for Social Care and Health Integration, as to what the priorities should be for the year.

Members agreed the draft Work Programme, as well as to undertake a scrutiny review relating to the Voluntary and Community Sector (VCS) during this municipal year; of which the terms of reference would be scoped and brought back for agreement at the Committee's next meeting on 14 November 2022.

HEALTH SCRUTINY COMMITTEE

14 November 2022

Title: Updates relating to Winter Pressures, Vaccinations and the Cost of Living	
Report of the Director of Integrated Care at NEL ICB, the Director of Public Health and the Director of Community Participation and Prevention	
Open Report	For Information
Wards Affected: None	Key Decision: No
Report Author: Claudia Wakefield, Senior Governance Officer	Contact Details: Tel: 020 8227 5276 E-mail: claudia.wakefield@lbbd.gov.uk
Accountable Strategic Leadership Director: Fiona Taylor, Acting Chief Executive, LBBDD and Place Partnership Lead	
Summary The appended reports are intended to provide an update on winter pressures, immunisations and initiatives being undertaken to mitigate against the cost-of-living crisis, as previously requested by the Committee.	
Recommendation(s) The Health Scrutiny Committee is recommended to note the updates provided and following the presentations, discuss any issues that need further exploration with the NEL ICB and Council representatives.	
Reason(s) The themes in the appended reports relate to the Council's priority of Prevention, Independence and Resilience.	

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

List of appendices:

- Appendix 1: Winter Pressures Update
- Appendix 2: Report for Covid-19, Flu, Polio and MMR vaccinations
- Appendix 3: Cost of Living Alliance

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Winter pressures update

Barking and Dagenham Health Scrutiny Committee

14 November 2022

Challenges

It is expected that health and social care will face a significantly more difficult winter than usual due to a number of factors including:

- Flu, the potential for additional waves of Covid-19 and a rise in other respiratory illnesses
- Additional pressures caused by the cost-of-living crisis and rising energy prices which could have a significant impact on cold and poverty-related illness, particularly for vulnerable residents and those on low incomes
- Workforce challenges across health and social care and care provider sustainability

With effective system-wide planning and collaboration, we are well placed to ensure effective services and support for our residents.

NHS North East London Approach to Winter Planning 2022-23



Objectives

- To help people stay well, independent and healthy, preventing them needing acute levels of care as far as possible;
- To ensure that we are planning for and delivering the capacity we need for those who do need it;
- To ensure that people can access the right care at the right time, and which prevents them from becoming more unwell whilst they are waiting;
- When a resident has been admitted to hospital, ensuring that we have the right plans and support in place that they can move to a less acute setting and regain their independence as quickly as possible.

NHSE winter priorities

1. Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.
2. Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
3. Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers.
4. Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services.
5. Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
6. Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
7. Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.
8. Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

ICS Governance

The ICS executive has a coordination and oversight role, supporting system partners in developing their own winter plans, including a joined-up place-based response, sharing best practice, monitoring the delivery of services and working collaboratively with system partners to manage performance, support mutual aid and ensure delivery.

The ICS Executive will act as the central point of escalation during periods of challenge, enabling all partners to collectively agree to actions to support the system and, where necessary, take decisions regarding service prioritisation and support.

The Barking and Dagenham Partnership Board will have a co-ordination and oversight role of place-based winter plans.

The BHR System Command Control Group will act as a point of escalation for the BHR system.

B&D partnership winter summit

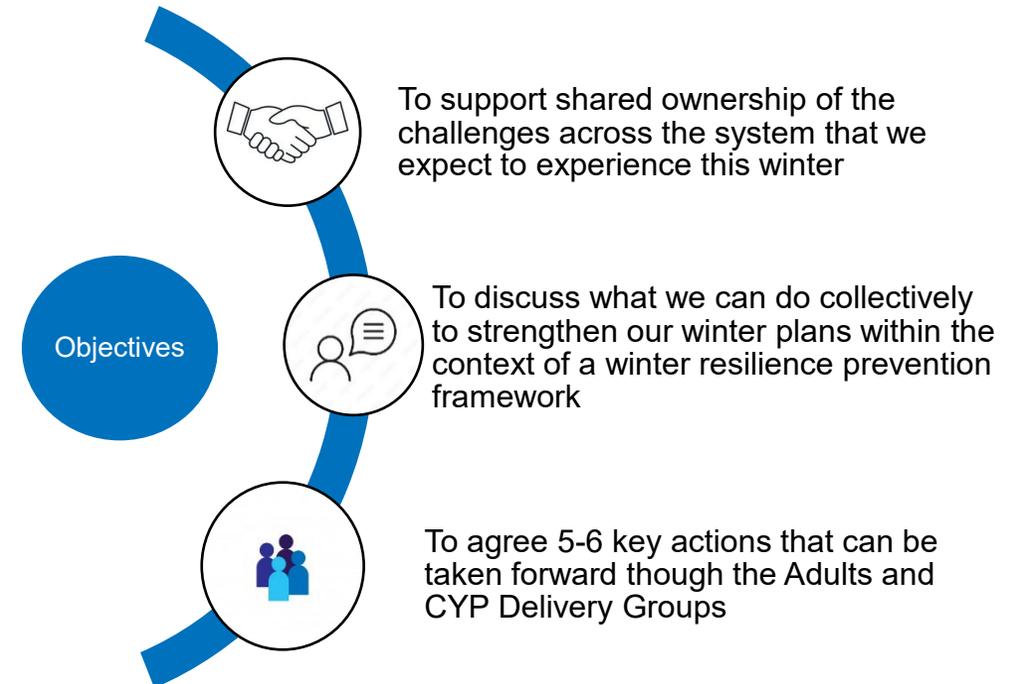


The Barking & Dagenham Winter Summit took place on Thursday 20 October 2022 and was attended virtually by representatives from across the partnership.

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Time		Lead
14:00pm	Introduction, agenda and objectives	Dr Rami Hara
14:10pm	Outlining the challenges of keeping people in their homes and out of hospital	Sharon Morrow
14:20pm	Developing a place-based approach to health and wellbeing this winter	Matthew Cole
Breakout room workshops		
14:35 - 14:40	Introduction to breakout rooms: 1) Prevention: promote “ staying well in winter” campaigns and messaging 2) Proactive Care: Optimise case finding, diagnosis and management of long-term conditions 3) Workforce: How do we support the health wellbeing and resilience of the health and care workforce?	Giulia Ponza/ Lara Dobbie/ Kouroush Sharifi- BHRUT, QI
14:40- 15:10	Idea Generation on defined themes	
15:10- 15:30	Refining Ideas and Generating Quick Wins	
15:30- 15:45	Volunteers and Time Scales	
Return to main meeting		
15:45pm	Feedback from groups	Facilitators
15:55pm	Summary and next steps	Dr Rami Hara

Organisation	Representation
BHRUT	4
Care provider voice	2
Community Pharmacy	1
NEL ICB	13
B&D GP Federation	1
Healthwatch	1
LAS	2
LBBDD	10
NELFT	4
PELC	1
Primary Care	6
Public Health	1
Red Cross	1
NHS Camden	1



OHID Winter Resilience Prevention Framework ('10 point plan')



Discussions were framed around 3 priorities of the 10 point actions plan:

Prevention and early intervention

1. Drive high and equitable uptake of COVID-19 and flu immunisations
2. Drive high and equitable recovery and increased take up of national cancer screening programmes
3. Improve the detection and management of CVD risk factors – blood pressure, cholesterol and AF
4. Promote “staying well in winter” campaigns and messaging, including health system ‘literacy’ and navigation

Long-term conditions

5. Optimise case finding, diagnosis and management of long-term conditions
6. Maintain a focus on public mental health, wellbeing and resilience
7. Develop and harness assets for community-centred approaches, community engagement and mobilisation
8. Make Every Contact Count by knowing how and where to signpost people to financial and other practical advice and support
9. Think about inclusion health and other vulnerable groups

Workforce

10. Support the health, wellbeing and resilience of the health and care workforce



Office for Health
Improvement
& Disparities

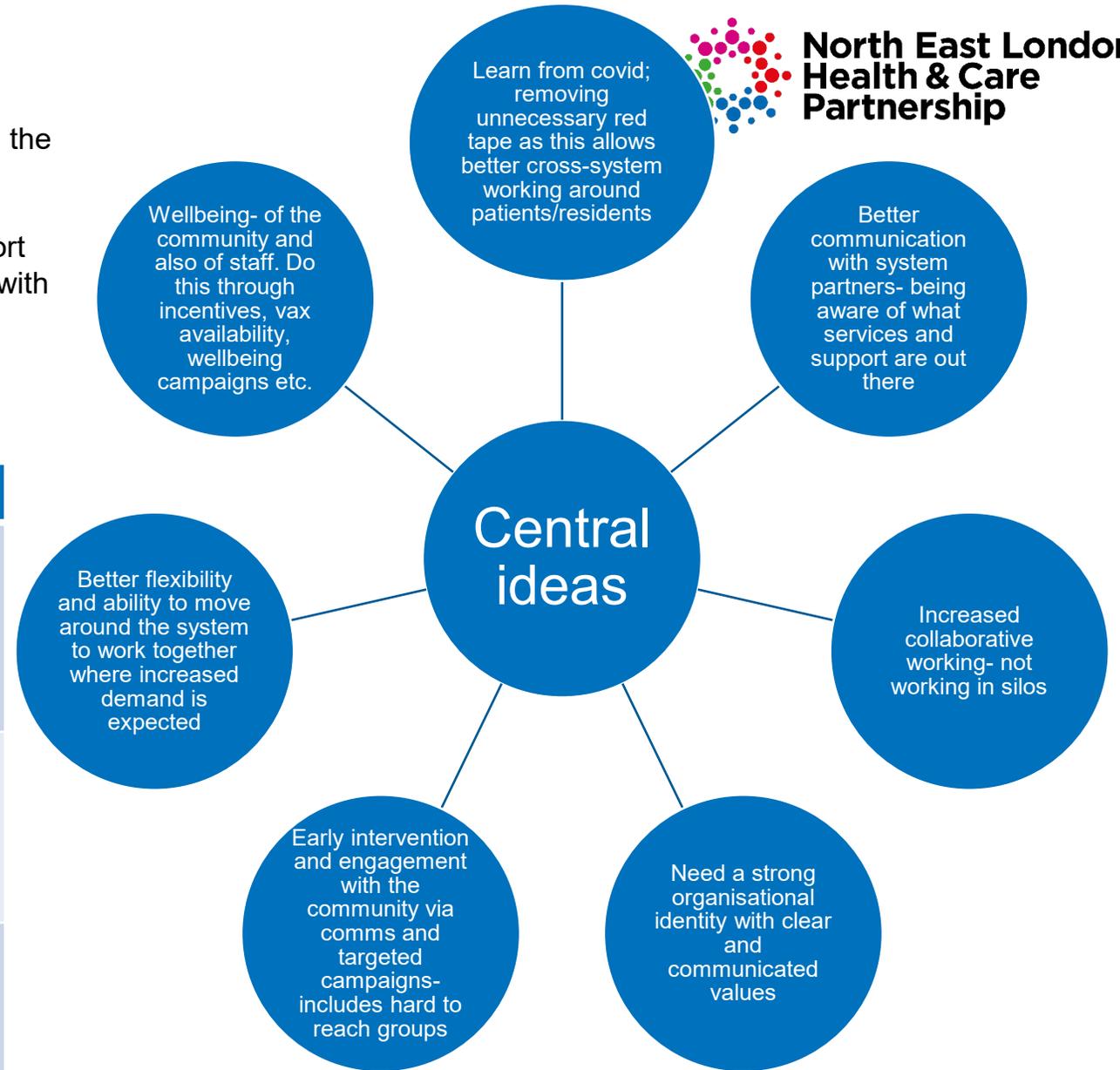
Summary and actions

It was widely recognised in breakout discussions that this winter will be extremely challenging due to a 'perfect storm' of factors, namely: covid/flu, the ongoing cost of living crisis and workforce and capacity issues.

Volunteers have been identified from each breakout session to pick up short term actions but task and finish groups may be needed to progress these with support from a working group.

Outputs from these discussions will be shared at the next B&D adults and children's delivery groups and the B&D Partnership Board.

Session	Actions
1) Prevention: promote "staying well in winter" campaigns and messaging	Need all partners to discuss how to coordinate a targeted campaign- will need more work to ensure all organisations give the same message to the population on health inequalities and promoting workforce wellbeing support in particular.
2) Proactive Care: Optimise case finding, diagnosis and management of long-term conditions	Adults Delivery Group to develop action plan around the key themes of targeted intervention and collaborative working, systematic approach powered by data sharing, and early intervention- the next meeting on 17/11/22 Childrens Delivery Group to develop action plan around priority areas at the planning session on 15/11/22.
3) Workforce: How do we support the health wellbeing and resilience of the health and care workforce?	Plan a formal launch of the partnership to promote values/organisational identity. Individual organisations to strengthen their comms messaging around vaccine availability for staff and staying well.



Report for Covid-19, Flu, Polio and MMR vaccinations

1. Covid-19 booster and flu vaccination programme
2. Polio vaccinations
3. MMR vaccinations
4. Your support to encourage vaccine uptake

1. Covid-19 booster and flu vaccination programme

The winter Covid-19 booster and flu vaccination programme is underway nationally, and demand for the across north east London has been high. With Community Pharmacy sites being the most popular location to have a Covid-19 vaccine in north east London. We are currently inviting over 65s to get their vaccinations, alongside other vulnerable groups.

This half term and beyond, we are urging parents of eligible children (2-3 year olds in particular) to take up their flu vaccination invites. Older children will be offered vaccinations via school. Vaccinating children is hugely important in protecting them and others and controlling the spread of flu. Our new winter vaccinations webpage with information for parents on the vaccines, eligibility and how to book is here <https://northeastlondon.icb.nhs.uk/your-health/winter-vaccinations/>

It is also important as we head into winter that we continue to encourage everyone aged 5 (on or before 31 August 2022) and over to get their 1st and 2nd dose of the Covid-19 vaccine.

People aged 16 and over, and some children aged 12 to 15, can also get a booster dose. Information for parents and young people on how and where to get their vaccination is here: <https://www.northeastlondonhcp.nhs.uk/ourplans/covid-19-vaccination-programme.htm>

In north east London we have been working with local partners to raise demand and help increase levels of vaccination in lower uptake communities. We are working with faith and BME network leads to develop videos using local influencers, in English and community languages, to encourage vaccine take up alongside other winter messages, for sharing on WhatsApp and social and we are doing the same with local clinicians in our patch in in English and community languages.

We are coordinating with and supporting local authority partners with NHS funding for vaccine outreach activity.

In Barking and Dagenham, they are currently using Council channels to engage with communities to promote uptake of winter vaccinations.

This includes:

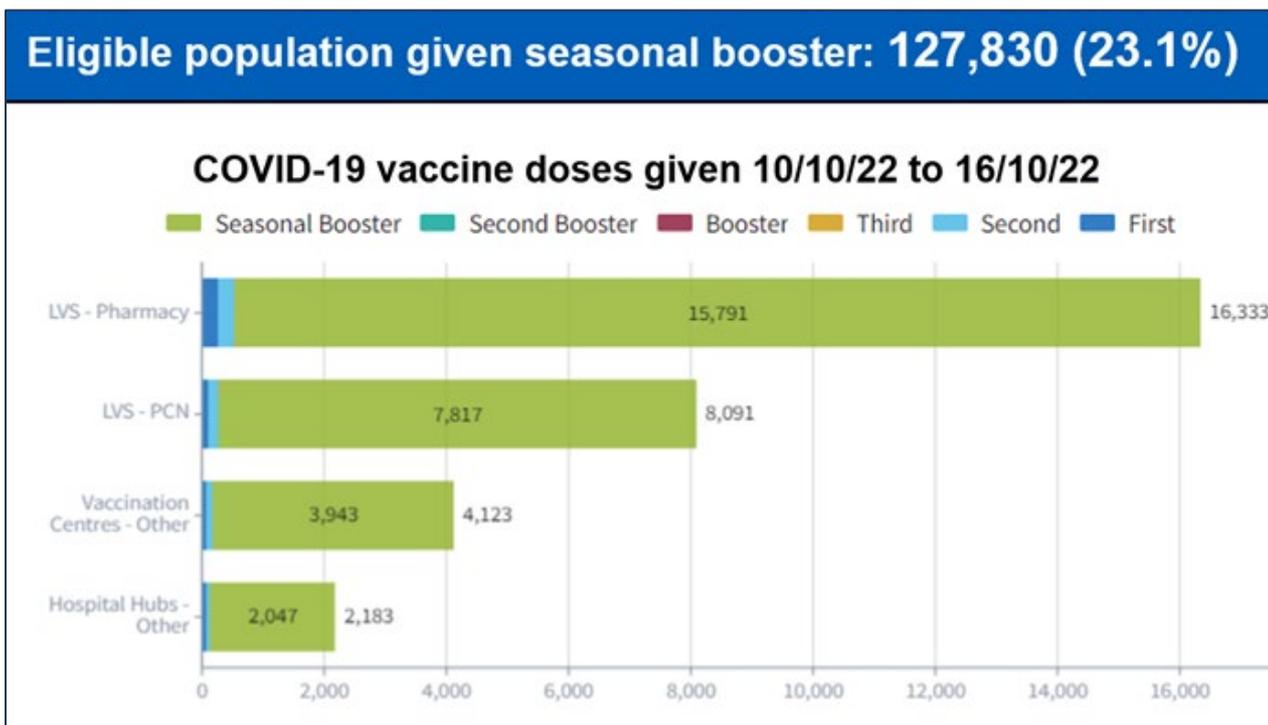
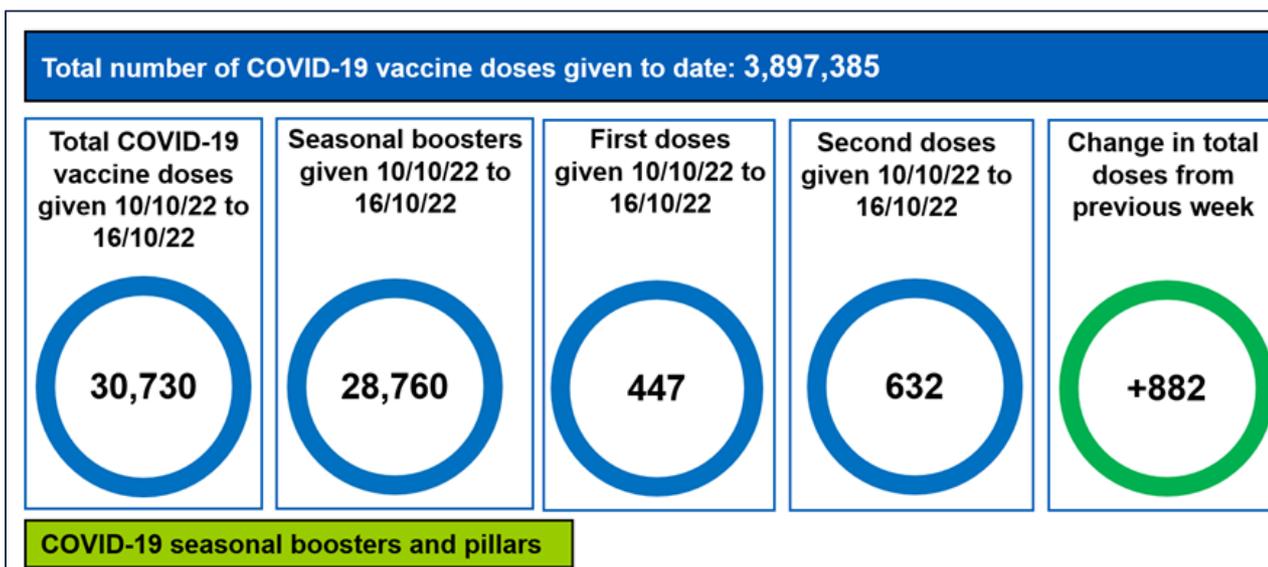
- engaging with community groups to understand barriers and issues of concern
- outreach to homeless hostels to provide vaccination information
- working with faith groups to promote vaccinations to their congregations using leaflets, sermons, WhatsApp groups
- promoting vaccinations in libraries, community and family hubs

On top of this they will be organising 4 family Health Fun Days with faith leads to promote vaccination and help people to book vaccination appointments.

In Havering they are funding a dedicated member of staff in the communications department promoting key messages, communicating with faith and community groups, working with public health champions and using key channels to reach Havering residents. In addition, digital marketing techniques will be used to reach key target groups to encourage take up of vaccine. In particular younger age groups and those from eastern European communities. Last year these methods saw an increase in vaccinations at pop-up centres.

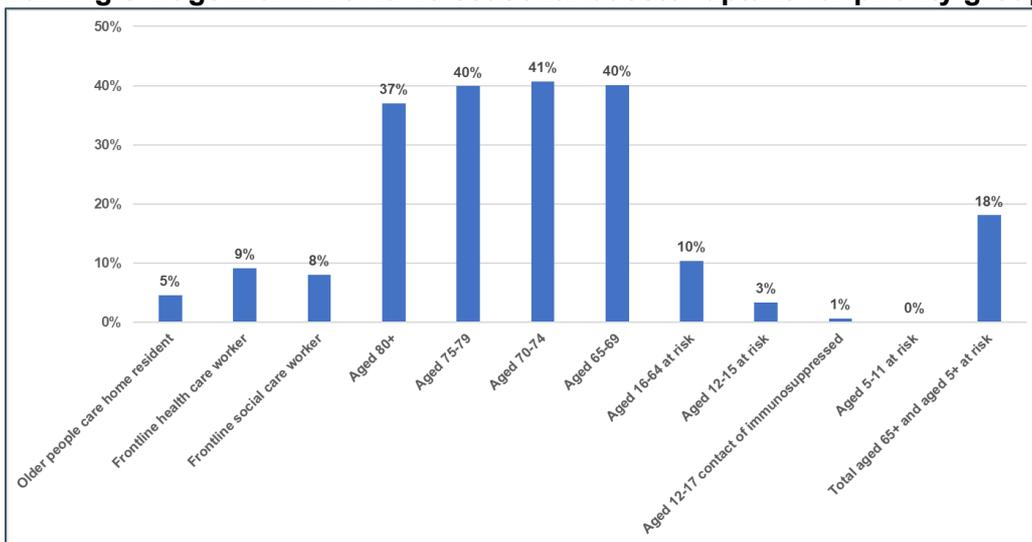
In Redbridge they are planning to use NHS funding for co-designed videos for the deaf and Roma communities produced and delivered with maximum participation and buy in.

Alongside this we have been working with local media and with national NHS. There are currently 295 digital screens in pharmacies live across London promoting Covid-19/flu and a digital campaign running now alongside a number of tailored activities to support uptake in communities.

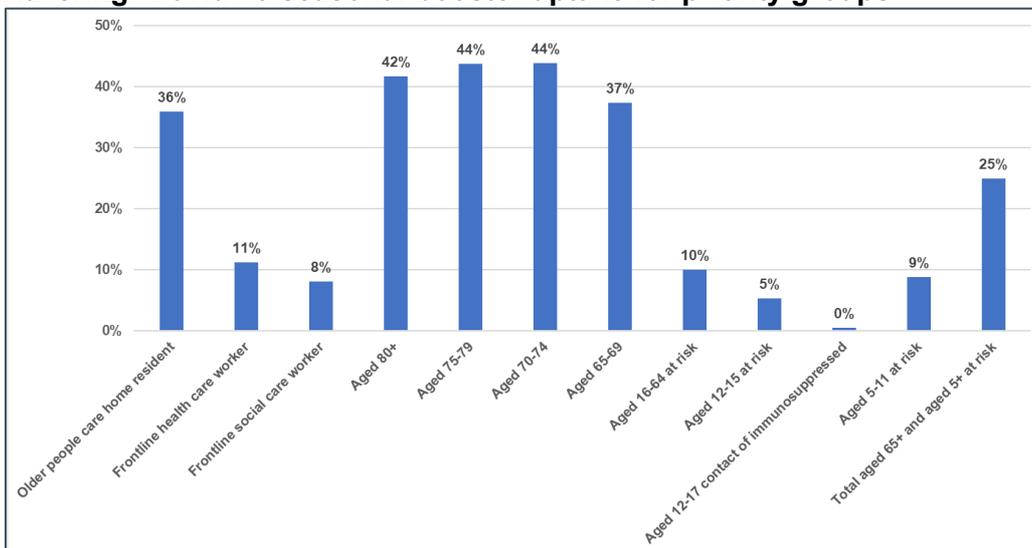


Covid-19 booster

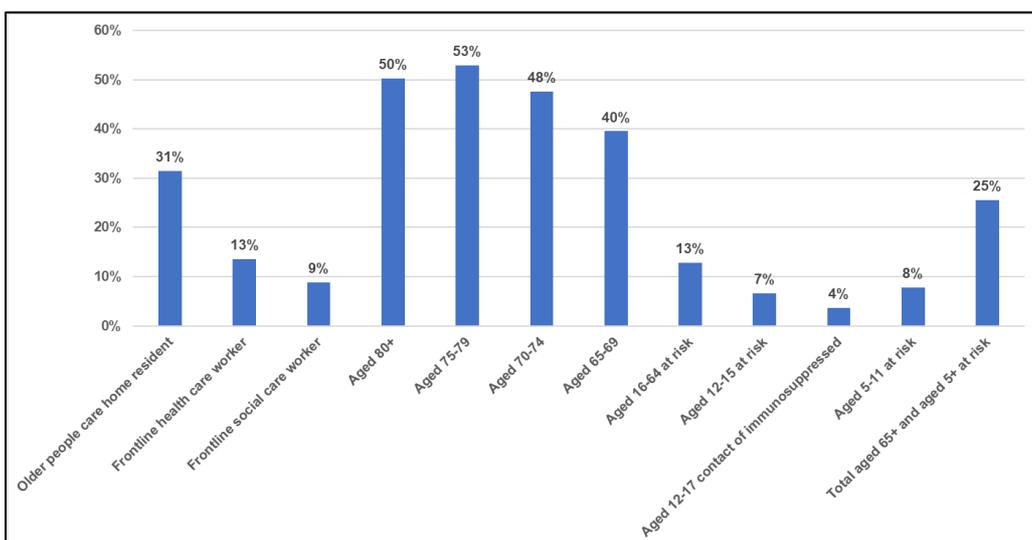
Barking & Dagenham: Covid-19 seasonal booster uptake for priority groups



Havering: Covid-19 seasonal booster uptake for priority groups

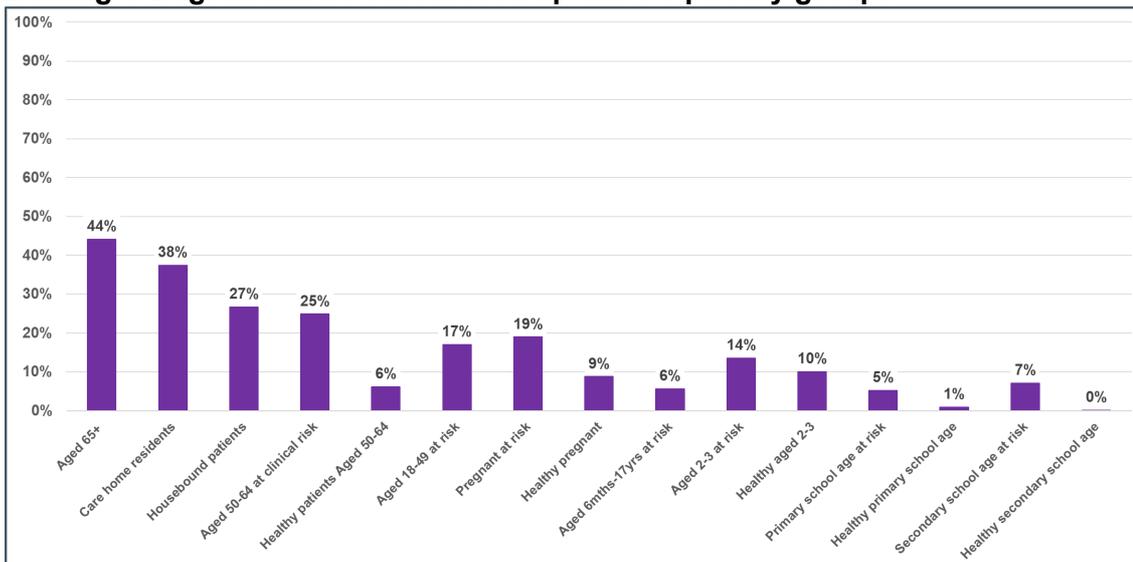


Redbridge: Covid-19 seasonal booster uptake for priority groups

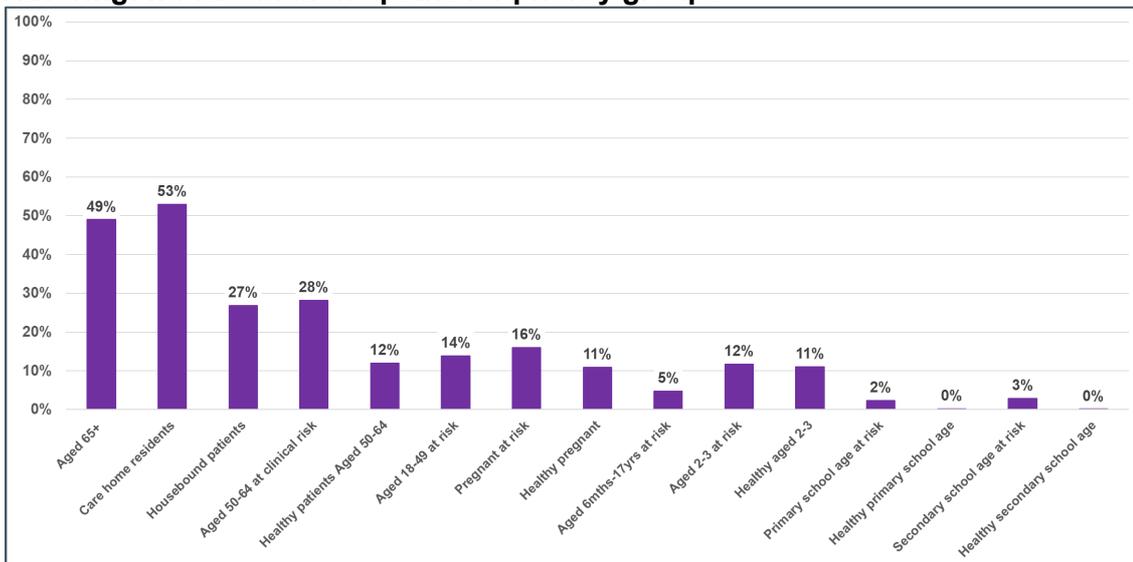


Flu vaccinations

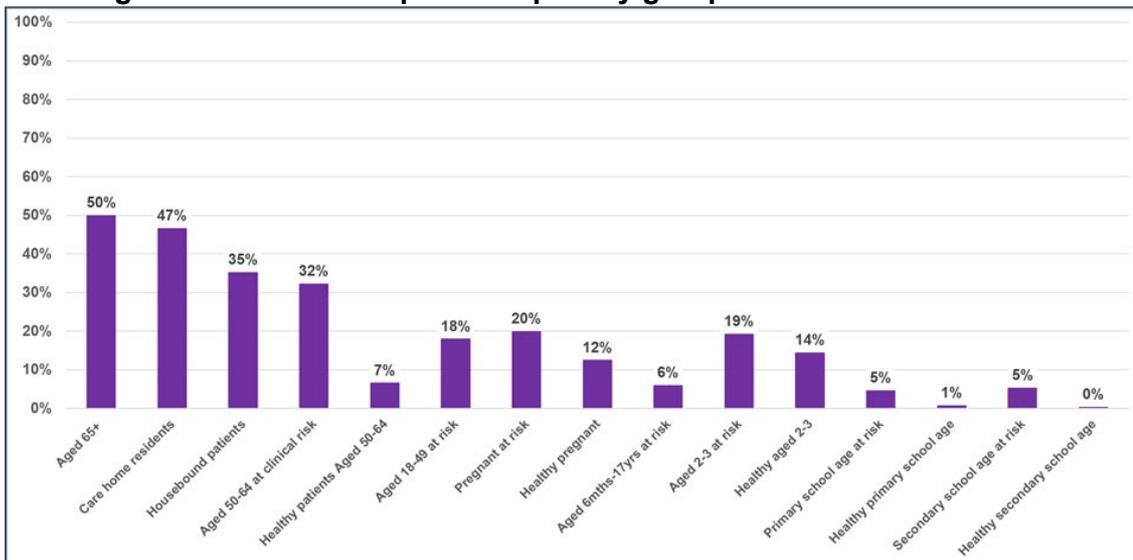
Barking & Dagenham: flu vaccination uptake for priority groups



Havering: flu vaccination uptake for priority groups



Redbridge: flu vaccination uptake for priority groups



2. Polio vaccinations

With half term next week, we are increasing vaccine capacity and encouraging parents to get their children aged 1 to 9 boosted for Polio.

The national NHS is re-writing to parents of eligible children across North East London who have yet to take up the offer of booster vaccination and all parents. All children aged 1 to 9 are being offered an appointment by their GP practice and there are a number of community vaccination centres, which parents can either book or walk in to with their child, details here: www.northeastlondon.icb.nhs.uk/polio

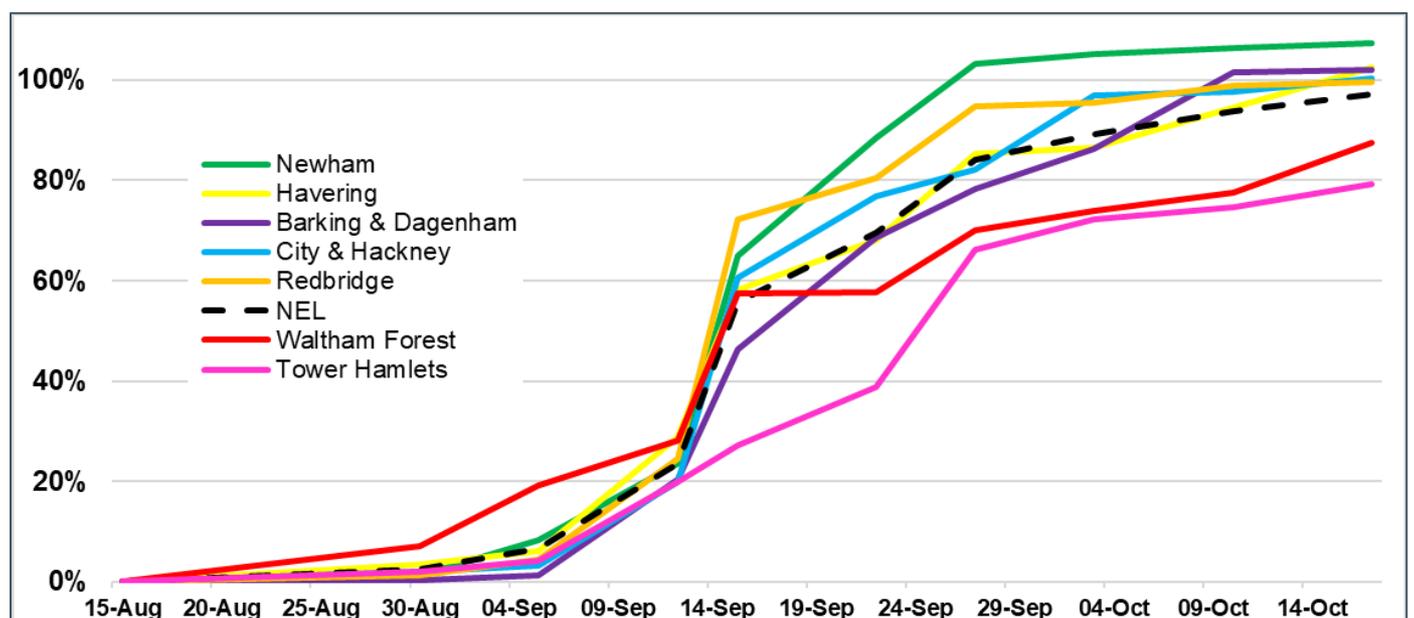
Polio vaccination programme

- Children aged 1 to 9 in London are being offered a dose of polio vaccine as some poliovirus has been detected in sewage systems. In north east London it has been detected in Waltham Forest and Hackney.
- Although the risk of getting polio remains extremely low, the chance of getting ill from polio is higher if a child is not fully vaccinated.
- The vast majority of children in NEL are eligible – the only exception is children aged over 3 years 4 months and less than 10 years who have had their pre-school booster less than 12 months ago (and have had their 3 primary doses).
- Vaccination rollout will take place at GP practices, community pharmacies, hospitals and vaccination centres supported.
- GP practices are directly contacting eligible parents via letters/text message.

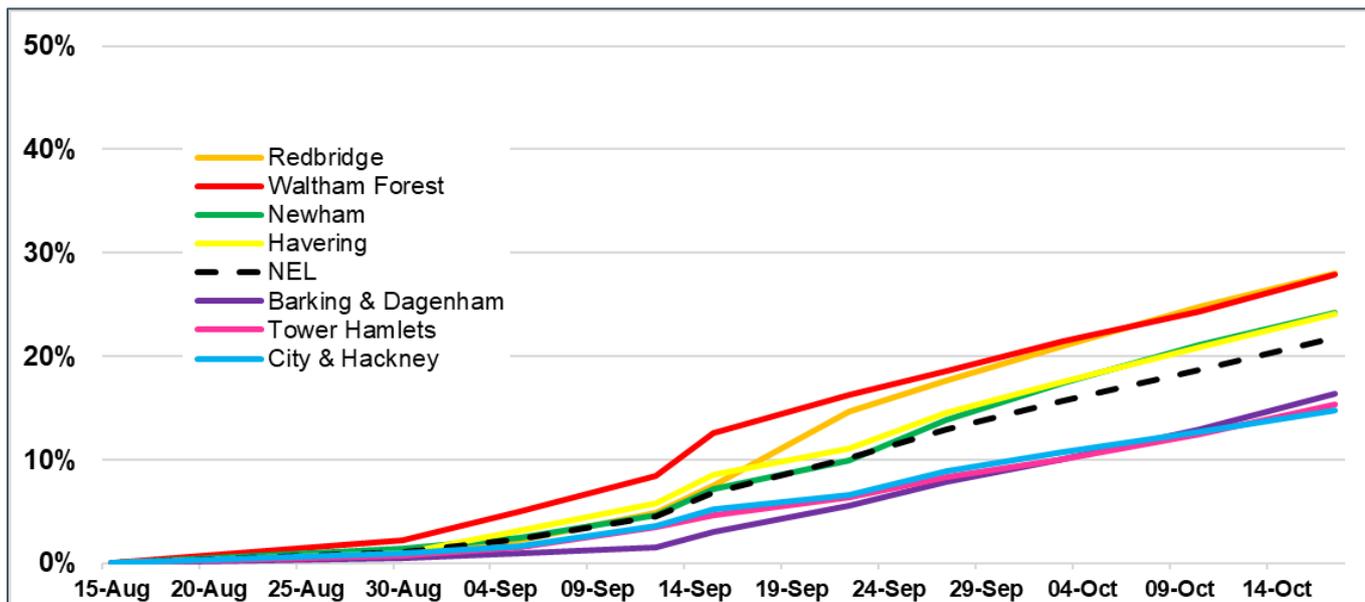
Invitations from GPs and Polio vaccinations

Borough	Eligible children	Invitations up to 17th Oct	Invited %	Declines up to 17th Oct	Vaccinations up to 17th Oct	Uptake %
Barking & Dagenham	28,827	29,404	102.0%	208	4,734	16.4%
Havering	27,580	28,268	102.5%	94	6,652	24.1%
Redbridge	35,505	35,331	99.5%	143	9,929	28.0%

Eligible children invited by GPs



Eligible children vaccinated



So far we have:

- Updated our polio vaccination landing page with updated info on vaccination site availability and linked from the North East London Health and care Partnership website.
- Distributed London level, and tailored local place-based communications toolkits to local authority and provider partners which include full array of assets, translated materials, FAQs and social media messages
- Shared messaging with engagement and primary care leads as well as community organisations, forums and platforms such as: Faith Forum Call covering all Bart's Trust, National Burial Council, 350 community leaders who have also forwarded to various forums, Baby Buddy app, local community Facebook groups, local Guides and Brownies groups.
- Developed a case study for use with NHS England (NHSE) media.
- Drafted multiple text messages for GP practices to send out directly to parents of eligible children.
- Shared content via all internal and external newsletter channels in particular GP communications.
- Drafted letters for parents and head teachers to be distributed by local councils.
- Stall at the Halal food fest in Olympic park 24 and 25 September, staffed and with polio (and winter vax) messaging

3. MMR vaccination programme

NHSE national campaign started 26 September 2022 as one in ten children are not currently up to date with their MMR vaccinations in the UK.

- Letters and texts were sent parents/ guardians of registered children 1-6yrs old, due, becoming due or overdue MMR vaccine between the end of September to December.
- Delivery will be via general practice as per the usual contract.
- Supporting materials are available including FAQs and translations into different languages.
- We are building on plans to make every contact count by checking a child's complete vaccination status when offering a vaccination for MMR or polio.

MMR vaccination uptake (quarterly)

Borough	Uptake of first dose for children becoming 24 months during July-Sep 2022	Additional children requiring dose for 95% coverage target	Uptake of second dose for children becoming 5 years during July-Sep 2022	Additional children requiring dose for 95% coverage target
Barking & Dagenham	83.7%	99	75.5%	186
Havering	87.9%	64	87.0%	75
Redbridge	80.9%	160	79.9%	185

4. Your support to encourage vaccine uptake

All information on who is eligible, how and where to get vaccinated is on our new winter vaccinations website www.northeastlondon.icb.nhs.uk/wintervaccinations

NHS North East London Boost your immunity materials can be accessed through this google drive: <https://drive.google.com/drive/folders/1RC9s-VJSNEu2UZCP1TqcG0W9zIrfd2F?usp=sharing>
This includes toolkits, posters, leaflets, social media materials like animations and translations.

We have been working with colleagues across the system to share them, particularly local authority colleagues, but all support to encourage people this autumn and winter is appreciated.

Nationally produced social media materials are here: <https://drive.google.com/drive/folders/1dm1CkvpLoT1vDR3yrnMau9l6tFWNmcRT?usp=sharing>

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Cost of Living Alliance

Appendix 3 Barking & Dagenham



one borough; one community; no one left behind

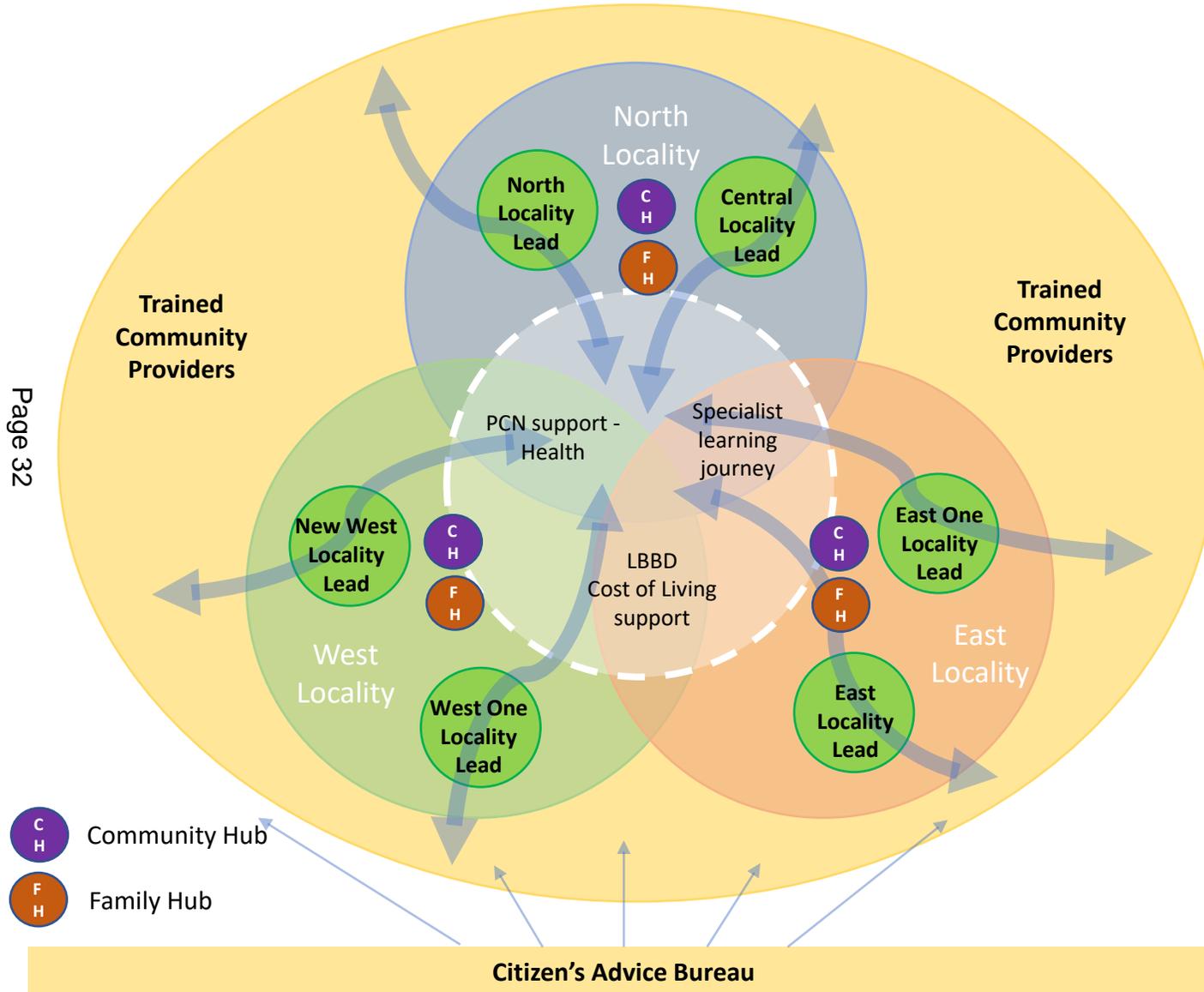
Summary of key engagement

- Held 2 Cost of Living Summits (June and October) - bringing partners in the voluntary sector, local charities, and community and faith groups together to explore how we best work together to support residents
- Launched the B&D Cost of Living Alliance – with organisations committing their support through pledges: [Cost of living Alliance sign up - B&D Money \(bdmoney.co.uk\)](#)
- Residents leaflet to every household on how to access help and support
- Ran a residents survey via Citizens Alliance Network to understand resident challenges and how the crisis is impacting – over 500 responses to shape our response
- Faith leaders events scheduled on 9 November
- Participated in Barking and Dagenham Placed-Based Partnership Winter Summit and NEL Cost of Living Workshop
- Established B&D Money as a one stop shop for help and support around money and related issues: <https://bdmoney.co.uk/>

Summary of key actions and support

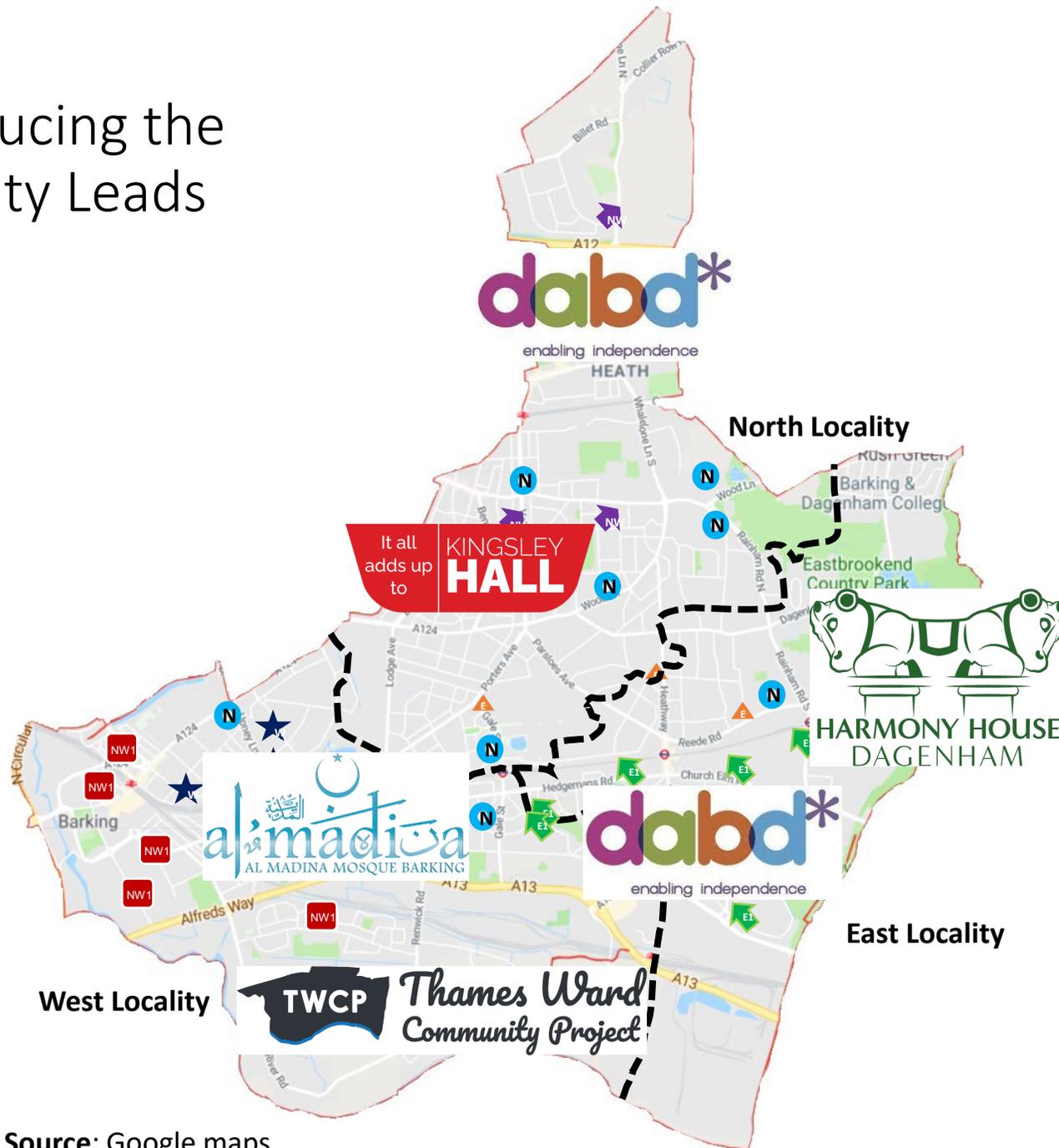
- Commissioned 6 community partners working across our 3 localities - enabling people to get the support they need in an effective way, discovering what's available, triage and support community providers
- Warm spaces network established – 13 initially, with more to follow, offering places for warmth, shelter and advice
- Between April and September this year, put aside more than £2.1million from our Household Support Fund to help families pay for food, utilities, clothing, white goods, boiler repairs and other essentials
- Identified further £3m to support wide range of welfare related initiatives across money, bills, food, jobs and other support
- Launched Credit Union Partnership with Leeds Credit Union - a collaboration that helps people who live and work in Barking & Dagenham access straight forward hassle-free savings accounts and affordable loans.
- Established B&D Money as a one stop shop for help and support around money and related issues
- Opened a new Library of Things Partnership in Barking Learning Centre – enabling residents to borrow everyday items at a minimum cost
- Extra measures to support the Borough's food network, keep food banks open and support new initiatives that tackle food insecurity and promote healthy eating and new 'good food growing schemes'
- Work with schools and other partners to expand school uniform and clothing exchange schemes in the Borough
- Additional funds available for more specialist support for vulnerable residents through existing commissioned providers

Locality Leads approach



- **Six locality leads in 3 localities:** experts in their locality - enabling people to get the support they need in an effective way, discovering what's available, triage and support community providers
- **Community providers in the localities:** training and monthly meetings, committing to sharing data, ensuring there's a safety net, doing what they already do to support.
- **Council staff/Health connecting in through localities and working with partners to develop effective routes**
- **Citizens' Advice Bureau taking the lead on formal advice and quality assurance/training.**
- **Links to other assets and resources e.g. community hubs**

Introducing the Locality Leads



North Primary Care Network; 8 practices List size 45,669	
Green Lane Surgery	3740
Dr S Z Haider & Partners	5704
Dr A K Sharma	9872
Dr A Arif	4533
Five Elms Medical Practice	4057
Gables Surgery	6876
Dr M Ehsan	3042
Dr B K Jaiswal	5415
Dr Prasad (Faircross Health Centre)	2430
Total	45,669

Central PCN; 3 practices List size 30,952	
Marks Gate Health Centre	4835
Tulasi Medical Centre	19485
Becontree Medical Centre	6632
Total	30952

West One Primary Care Network; 6 practices list size 37,607	
Drs Chibber & Gupta	4245
Drs Sharma & Rai	5226
Highgrove Surgery	7772
Dr Ansari & Ansari	7891
The Barking Medical Group Practice	9837
The John Smith Medical Centre	2635
Total	37,607

New West PCN: 4 practices List size 29,835	
Abbey Medical Centre	6146
Aurora Medicare	17,740
Victoria Medical Centre	4061
Shifa Medical Practice	1888
Total	29,835

East Primary Care Network; 4 Practices List size: 37,348	
Broad Street Medical Centre	6553
Porters Avenue (merged 01.04.2019 with Child & Family)	18477
Church Elm	6053
Halbutt Street Surgery	6265
Total	37,348

East ONE Primary Care Network; 7 Practices List size: 37,469	
Dr Alkaisy Surgery	5009
First Avenue Surgery	5401
Heathway Medical Centre	5021
Hedgemans rd	5056
Parkview	4549
St Albans Surgery	8242
The Surgery (Dr Ola)	3878
Total	37,469

Source: Google maps

We have partnered with Leeds Credit Union to increase access to more affordable credit and fairer financial services.

This will be available to all who live or work in the Borough.

In the last available statistics, over 20,000 households in LBBDD made use of high cost credit – leading to over £7.3m in interest payments. This partnership will help to support residents away from these high cost credit providers, building more financial resilience in the Borough.

Key Products include:

Savings

- Membership Account
- Young Saver Account
- Regular Saver account
- Christmas Club
- Loyalty Account

Loans (maximum APR for 42.6%)

- Standard Loan - Borrow from £250 to £20,000 - Loan repayments to suit you
- Family Loans

For more information on BD Money affordable loan and savings products, plus a range of money support tools and guidance visit www.bdmoney.org.uk.

WATCH THIS SPACE: A payroll deductions scheme is on the horizon, enabling those working in LBBDD to save directly from their pay.

HEALTH SCRUTINY COMMITTEE

14 November 2022

Title: Place-Based Partnership Update	
Report of the Acting Chief Executive, LBBB and Place Partnership Lead	
Open Report	For Information
Wards Affected: All	Key Decision: No
Report Authors: <ul style="list-style-type: none"> • Jane Leaman, Interim Consultant in Public Health, LBBB • Jess Waithe, Interim Public Health Specialist, LBBB • Sharon Morrow, Acting Place Delivery Director, NEL ICB 	Contact Details: Jane.leaman@lbbd.gov.uk Jess.waithe@lbbd.gov.uk sharon.morrow2@nhs.net
Accountable Strategic Leadership Director:	
Fiona Taylor, Acting Chief Executive, LBBB and Place Partnership Lead	
Summary	
<p>This presentation is intended to provide an update on the Integrated Care System (ICS) and Place-based Partnership arrangements/governance, which includes an overview of the ICS background and key bodies; the draft Local Operating Framework at Place; both the role and membership for the Partnership Board and ICB Place Subcommittee; purpose of the Delivery Groups; recently appointed roles within the system including an overview of the Place Leader accountabilities; the relationship between the Care Quality Commission (CQC) and Place and lastly key milestones.</p>	
Recommendation(s)	
<p>The Health Scrutiny Committee is recommended to note:</p> <ul style="list-style-type: none"> (i) The roles of and membership for the Barking and Dagenham Place-based Partnership and ICB subcommittee; (ii) The role of the Children's and Adults' Delivery Groups; (iii) The accountabilities of the Place Based Partnership Lead, and update on other appointments; and (iv) The milestones to achieve finalised arrangements for April 2023. 	
Reason(s)	
<p>The update is for noting and enables the Committee to put questions to the officers presenting the report.</p>	

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

List of appendices:

- Appendix 1: Integrated Care System and Place-based Partnership Arrangements/Governance Update

**INTEGRATED CARE SYSTEM
AND PLACE-BASED
PARTNERSHIP
ARRANGEMENTS/GOVERNANCE
UPDATE
November 2022**

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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.

ICSs become statutory in July '22 and are 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

Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS

Statutory ICS

Integrated care board (ICB)

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities, general practice; an individual with expertise and knowledge of mental illness

Role: allocates NHS budget and commissions services; produces five-year system plan for health services

Integrated care partnership (ICP)

Membership: representatives from local authorities, ICB, Healthwatch and other partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services

Cross-body membership, influence and alignment

Influence

Influence

Partnership and delivery structures

Geographical footprint

System

Usually covers a population of 1-2 million

Name

Provider collaboratives

Participating organisations

NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level

Place

Usually covers a population of 250-500,000

Health and wellbeing boards

ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level

Place-based partnerships

Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care

Neighbourhood

Usually covers a population of 30-50,000

Primary care networks

General practice, community pharmacy, dentistry, opticians

Opportunities

Residents face challenges which are worsened by the current cost of living crisis (and Pandemic, prior), which are underpinned by health inequalities.

Not improving health and wellbeing & addressing health inequalities will mean:

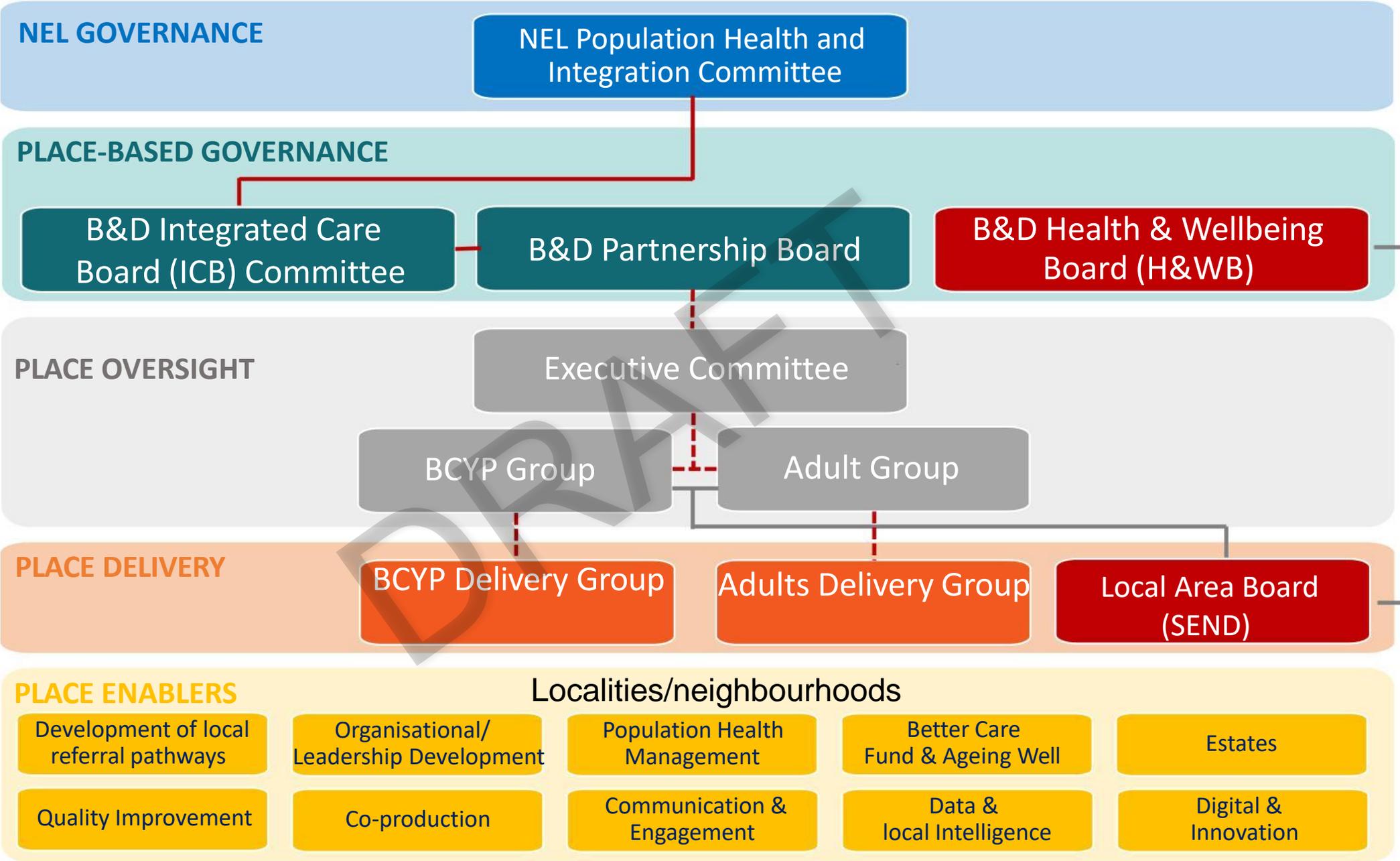
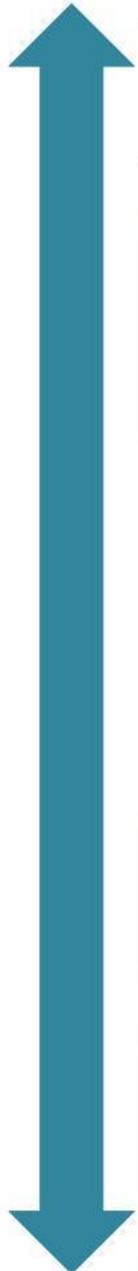
- Increased demand on services
- Residents not benefitting from the growth agenda
- Worsening of existing issues – e.g. poverty, unemployment, domestic violence

The Partnership will work to address this by:

- Building a strong Borough Partnership to enable great local level decision making
- Bringing together resources from across sectors to translate them into action that has real impact
- Ensuring inclusion of an effective resident and patient voice
- Creating a place-based network of community assets

OPERATING FRAMEWORK FOR

PLACE - PROPOSAL



Role Of The Partnership Board

- To work in partnership to **improve health and wellbeing and reduce inequalities**
- To set a **local system vision and strategy**
- To develop the **Place Based Partnership Plan** for B&D ('PBP Plan')
- To provide **system wide accountability for the delivery and performance** of the PBP plan
- To review and assess **new and revised models of care** and to achieve agreed outcomes
- To develop and deliver a **framework of community engagement**
- To provide **direction and oversee progress to the life course workstreams** (adults, and BCYP)
- To provide a forum to share insight and intelligence into **local quality matters**, identify opportunities for improvement and identify concerns and risk to quality
- To have **oversight of how resources are utilised** at place to inform discussions on how best to use money across the system
- To support the **ICS to deliver against its strategic priorities**
- To develop the **formal Place Based Partnership governance** at place for 1st April 2023

Role of the ICB Place Subcommittee

- a statutory body of the ICS

- Exercise delegated functions at place (still to be confirmed)
- Make decisions, authorised by the ICB in relation to them regarding local objectives and priorities
- Support collaborative arrangements- including the development of the 'place based plan'
- Support ICB with aims and ambitions re joint plans and strategies
- Prioritise delivery against strategic priorities of the ICS
- Support discharge of statutory functions- supporting the core purposes of the ICS:
 - Improve outcomes
 - Tackle inequalities
 - Enhance productivity and value for money
 - Support broader social/economic development

B&D Operating model

The ICB Place sub-committee and Partnership Board meet in common and operate in an integrated way (shared agendas, papers etc). Both are jointly chaired by an LBBD Elected Member and Primary Care Network Director. The LBBD Elected Member is also a member of the NEL Population Health and Integration Committee.

The Partnership Board has established an Executive Group to provide oversight of planning, finance quality and transformation. This is supported by two delivery groups - an adults and a separate babies, children and young peoples' pathway (BCYP) group.

Work is progressing to establish a Quality Group (new), Local Estates Forum (to replace task and finish group) and SEND Area Executive Group (terms of reference to be signed off). The local governance groups will work closely with the North East London (NEL) Integrated Care System programme to align priorities and resources where appropriate and the provider collaboratives to develop an operating model that meets the needs of residents.

Arrangements will be formalised in April '23, following a period of review from 1st July- 31st March '23

Membership

Place- based Partnership Board	ICB Subcommittee
LBBB	
Elective Member (Joint Chair) LBBB CEO (Place Partnership Lead) Strategic Director Children and Adults (DASS & DCS) Director of Public Health Director of Community Solutions Operational Director Adult's Care and Support	Elective Member (Joint Chair) LBBB CEO (Place Partnership Lead) Strategic Director Children and Adults (DASS & DCS) Director of Public Health
ICB	
Place Director Clinical Director Finance Director Director of Nursing	Place Director Clinical Director Finance Director Director of Nursing
NHS Trusts	
Integrated Care Director- NELFT Director of Strategy & Partnerships- BHRUT	Integrated Care Director- NELFT Director of Strategy & Partnerships- BHRUT
Primary Care	
Chief Operating Officer- Together First CIC, B&D GP Federation Primary Care Network Director – North Primary Care Network Director – North West Primary Care Network Director – West One (Joint Chair) Primary Care Network Director – New West Primary Care Network Director – East Primary Care Network Director – East One NEL Pharmaceutical Committee Dental representation	GP Provider/ PCN representative Primary Care Development Lead
Voluntary Sector	
Health Lead- BD Collective Manager- Healthwatch Founder- Barking & Dagenham Youth Dance	Health Lead- BD Collective Manager- Healthwatch

Role of the Children and Adult Delivery Groups

Primary objectives are to:

- Ensure effective multi-agency working at a strategic level through co-production
- Lead the development and delivery of a co-produced partnership delivery plan and its workstreams
- Work closely with the North East London (NEL) Integrated Care System programme to align priorities and resources- where appropriate

They will oversee and take responsibility for:

- Agreeing priority outcomes
 - Leading areas of planning and delivery
 - Driving transformation and integration
 - Improving links with provider collaboratives
 - Supporting quality improvement and
 - Keeping Committees, Boards and Partnerships sighted on key challenges
- Recent outputs have been: development of a Best Chance Strategy through the BCYP Group and delivery of a Winter Summit for the Adults.

New Roles Within The System

Title and Appointed Person	Role
NEL ICB Chief Executive Officer designate- Zina Etheridge	To lead the North East London Health and Care Partnership (ICP).
Place Based Partnership Lead- Fiona Taylor, LBBD	<p>To convene partners around a common agenda, holding overall accountability for delivery at place and ensuring full co-production with residents and service users.</p> <p>Accountable for the delivery of the shared plan and outcomes for the place, working with local partners (e.g., an individual with a dual role across health and care or an individual lead for a ‘place board’).</p>
Place Delivery Director- Sharon Morrow (acting), NEL ICB	Senior delivery role working with and on behalf of residents, service users, and partners.
Clinical Director- Dr Rami Hara	Co-ordination of clinical and care professional leadership into the place-based partnership. Facilitation of clinical and care professional engagement in support of local transformation and quality priorities and ensuring local clinical and care professional input to NEL-wide strategies.
Cllr Worby , Elected Member, LBBD Dr Shanika Sharma , PCN Director	Joint Chairs for both B&D Partnership Board and ICB Place Sub Committee.
Matt Cridge Head of Borough Partnerships	Develop and lead the establishment of the organisation's partnership, ongoing development of governance arrangements and ways of working.
<p>Still to be filled:</p> <ul style="list-style-type: none"> • Integrated Partnership Office role: Delivery and Borough Partnership Business Manager • NEL Clinical and Care Professional Leadership roles e.g. Primary Care Development Lead • Finance Director • Wider support roles from ICB 	

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Draft Place Leader and ICB Accountability Framework – still in discussion

Area	Accountabilities for place partnership leads
Overall ambition	<p>Place partnerships will deliver integrated local care, based on neighbourhoods of between 50,000 and 80,000 residents.</p> <p>Each place will ensure that all residents can access same-day urgent care when they need it and deliver continuity of care for agreed cohorts of residents.</p> <p>Through prevention and earlier intervention, focused on the wider determinants of health and wellbeing, place partnerships will reduce the proportion of the population needing the most acute health and social care, including hospital stays and residential and nursing care.</p> <p>Partners will also work together to minimise pressure on the social care front door, including by promoting earlier intervention and the use of community assets that support residents to avoid reaching crisis.</p>

The Place based Lead will also, in collaboration with NHSE NEL:

- Facilitate **strong connections within each neighbourhood**, encompassing NHS and social care services, the wider local government offer, and community-led care and support
- Promote and enable the **widest possible view of partnership working**. This means working beyond statutory health and care organisations
- Ensure a **strong focus on the wider mental wellness agenda**, including access to employment and access to community-based care and support networks
- Drive creation of a **coherent approach to early years, adolescents, and young people** up to the age of 24
- Lead **local design of more integrated workforce models**, based around neighbourhoods and focused on community delivery by a broad range of clinical and care professionals alongside VCSE
- Ensure that **place-based mechanisms exist to convene relevant partners** as required to maintain consistent and adequate system flow, as well as to respond to periodic additional pressures
- Deliver the **NHS operating plan performance metrics**

Joint Outcomes Framework

- The current **JLHWS will be refreshed in April 2023**, using findings from the current **JSNA (2022)**, setting out the vision and priorities locally and actions to address needs (aligning to **LBBD Corporate plan**)
- An initial **NHS NEL Integrated Care Strategy** will be published in Dec' 2022 and consider JLHWS priorities
 - **Current HWS themes:**
 - Best start in life; Early diagnosis and intervention and Building resilience
 - **NHS NEL priorities:**
 - Children and young people; Mental health; Employment and workforce; Long-term conditions
- These will form the basis of a separate '**joint outcomes framework**' to guide commissioning and provision, facilitating improvements at place
- Measuring outcomes and aligning incentives will enable **monitoring of performance**
- When combined with appropriate contractual and payment mechanisms, it will allow **provider collaboratives to work together** to deliver whole person care and achieve a common set of goals

Relationship between the CQC and Place

The CQC will have a role to assess ICSs, including:

- NHS care, public health, adult social care and local authorities' delivery of adult social care duties
- Whether the ICPs Integrated Care Strategy is credible and how well it is used to inform commissioning and provision of quality and safe services across all partners
- Outcomes agreed at place
- Ensuring Providers contribution to plans are assessed as part of the overall oversight framework
- Functioning of the system as a whole, including the role of the ICP

Key Milestones

June 2022	<ul style="list-style-type: none"> • Establishment of the ICB Subcommittee and Partnership Board agreed by the HWB (14th June 2022) • Joint Strategic Needs Assessment refresh published • Recruitment to ICB Place lead roles: <ul style="list-style-type: none"> • Clinical/Care Director • Place Leadership role • NEL Clinical and Care Professional Leadership roles
July 2022	<ul style="list-style-type: none"> • ICB and Partnership Board arrangements agreed by NEL • Place Lead role agreed by NEL • 9-month shadow arrangement for the Place Based Partnership begins • Population Health Management Pilot ends • Refreshed Joint Strategic Needs Assessment published
August 2022	Development of 'Joint Partnership Office' and appointment to Borough Partnership development/support roles
December 2022	<ul style="list-style-type: none"> • Clinical Care and Leadership Model agreed and recruited • Publication of initial NEL NHS Integrated Care Strategy
By/on April 2023	<ul style="list-style-type: none"> • Formalisation of Place Based Partnership and ICB arrangements including Subgroups to the Partnership Board for: BC&YP; Adults; Quality and others? • Agreement on Outcomes Framework and publication of the Health and Wellbeing Strategy and Plan at Place • Establishment of Establishment of delivery functions e.g.: <ul style="list-style-type: none"> • Integrated Partnership Office • Executive Group • Ex CCG functions – finance, contracting etc • Agreement on the relationships with BHR TB, NEL TBs and Provider Collaboratives

HEALTH SCRUTINY COMMITTEE

14 November 2022

Title: New Moorfields Hospital Eye Hub at Stratford, London	
Report of the Director of Integrated Care at NEL ICB	
Open Report	For Information
Wards Affected: All	Key Decision: No
Report Author: Claudia Wakefield, Senior Governance Officer	Contact Details: Tel: 020 8227 5276 E-mail: claudia.wakefield@lbbd.gov.uk
Accountable Strategic Leadership Director: Fiona Taylor, Acting Chief Executive, LBBB and Place Partnership Lead	
Summary	
<p>The Director of Public Health has been notified that Moorfields Eye Hospital is planning to provide additional eye care at a new site in Stratford from Spring 2023. Below is information provided to the North East London Integrated Care Board on the proposed changes, for the Committee to discuss and note:</p> <p>The proposed hub would be located on Stratford Broadway (Granta House, 15-19 Broadway, London E15 4BQ), close to Stratford's shops, services and transport links.</p> <p>The new hub would bring together in one place a range of eye services for the local community including glaucoma, medical retina and cataracts, a specialist pharmacy, diagnostics, face to face and surgical treatments. The significant increase in capacity would help reduce eye care waiting lists across north east London trusts, as well as being more convenient for the majority of patients, many of whom currently need to visit different sites (one of which is in north central London).</p> <p>Bringing everything together in one central place would enable more comprehensive support services. All the activity from two existing nearby sites, Mile End and the existing Stratford clinic at Sir Ludwig Guttmann would be transferred to the new Stratford hub. The existing site at Barking would become a centre offering diagnostic tests for eyes, jointly operated by Moorfields; Barking, Havering and Redbridge University Hospitals; and Barts Health. All face-to-face eye clinics provided at Barking would relocate to the new Stratford facility.</p> <p>Further details on the proposal can be found at: https://www.moorfields.nhs.uk/site/moorfields-stratford</p>	
Recommendation(s)	
<p>The Health Scrutiny Committee is recommended to provide comments on the outlined proposals, and/or request further information from Moorfields Eye Hospital, if so required.</p>	

Reason(s)

The Health Scrutiny Committee has responsibility to represent the interests of Barking and Dagenham residents when changes to local services are proposed by the NHS.

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

List of appendices: None

HEALTH SCRUTINY COMMITTEE

14 November 2022

Title: Health Inequalities Funding	
Report of the Director of Public Health	
Open Report	For Information
Wards Affected: None	Key Decision: No
Report Authors: Mike Brannan, Consultant in Public Health Sophie Keenleyside, Strategy and Programme Officer	Contact Details: mike.brannan@lbbd.gov.uk sophie.keenleyside@lbbd.gov.uk
Accountable Director: Matthew Cole, Director of Public Health	
Accountable Strategic Leadership Director: Elaine Allegretti, Strategic Director Children and Adults	
Summary	
<p>The appended presentation provides an outline of the Partnership bid that was put forward to secure funding for projects to address health inequalities in Barking and Dagenham and what outcomes the projects are intending to achieve.</p>	
Recommendation(s)	
<p>The Health Scrutiny Committee is recommended to:</p> <ul style="list-style-type: none"> (i) Note the award of £1.1m of funding from the NHS North East London Integrated Care Board (ICB) for projects to tackle health inequalities, as put forward by the Barking and Dagenham Place Based Partnership. The funding is to be transferred from the ICB to the London Borough of Barking and Dagenham under a S256 agreement to commission and deliver the approved projects on behalf of the Barking and Dagenham Place Based Partnership. (ii) Note the approved projects that constitute the Health Inequalities Programme ahead of reporting by project delivery leads to the Health Scrutiny Committee on 29 March 2023 on what their organisation/service has undertaken and achieved with the funding. 	
Reason(s)	
<p>The Health Scrutiny Committee has requested that the partners delivering the projects funded with the health inequalities funding from NHS North East London report to the Committee at the end of FY 2022/23 on what they have achieved with the funding. This presentation provides the Committee with background to the funding and what the partnership programme intends to achieve, in order to guide the focus of the partnership report in March 2023.</p>	

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

List of appendices:

- Appendix 1: B&D Health Inequalities Programme 22/23



Barking & Dagenham

Borough Partnership



Barking and Dagenham,
Havering and Redbridge
Clinical Commissioning Groups

Barking & Dagenham



Barking, Havering and Redbridge
University Hospitals
NHS Trust



Together First CIC
Barking & Dagenham Federation



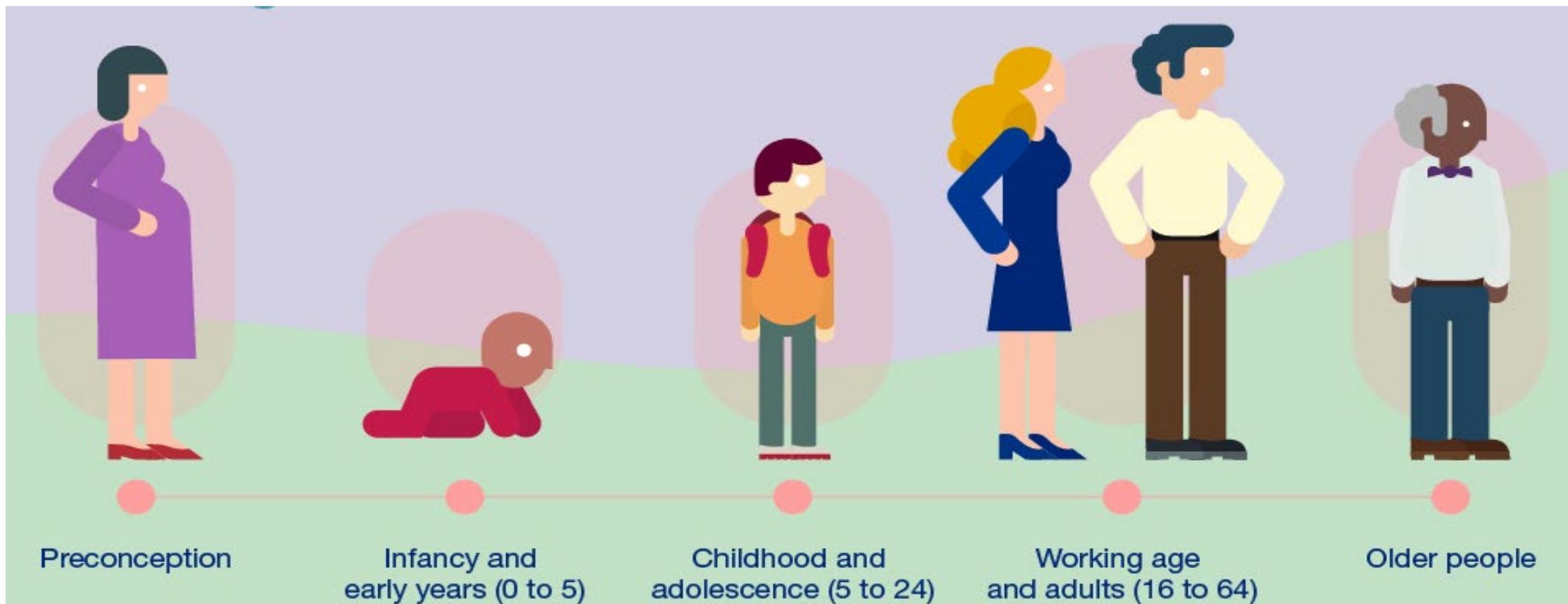
NHS Foundation Trust



B&D Health Inequalities Programme 22/23

Health Scrutiny Committee, 14 November 2022

B&D residents face worse health at all life stages



	Obesity in pregnancy	Low birth weight at term	Good development at 2-2.5yr	Child poverty	Unhealthy weight at 10/11 years	Economic inactivity 16-64yr	Domestic abuse per 1,000 people	Healthy Life expectancy M/F	Life expectancy M/F
B&D	27.4%	4.2%	38.8%	48%	44.7%	30%	16.0	58.1/60.1yrs	77/81.7yrs
London	17.8%	3.3%	79.6%	36%	38.2%	20.5%	10.5	63.8/65 yrs	80.3/84.3yrs
England	22.1%	2.9%	82.9%	27%	35.2%	20.9%	14.2	63.1/63.9yrs	79.4/83.1yrs

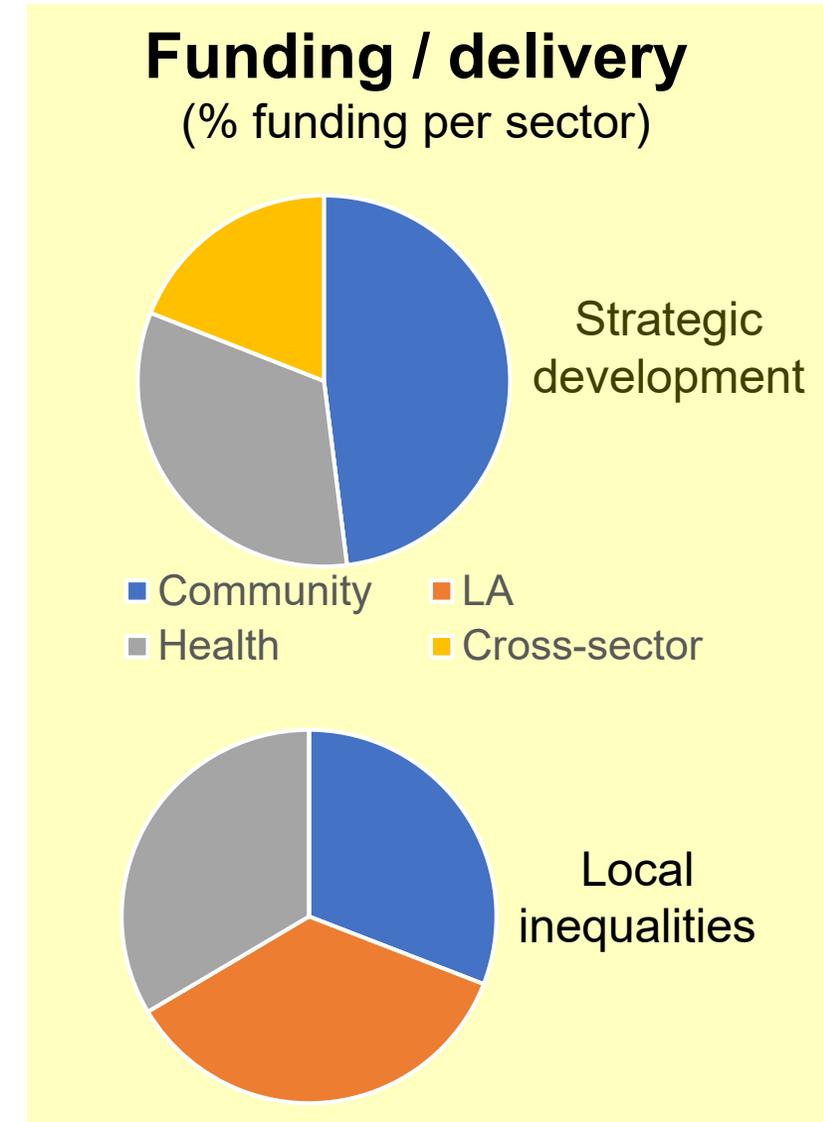
B&D Health Inequalities programme 22/23

Following allocation of National NHSE funding, NEL HCP called for local place-based bids for FY22/23 funding to address:

1. Leadership, partnership working, capacity development; Pot A - £0.5m per borough
2. Local health inequalities challenges; Pot B – up to £0.6m

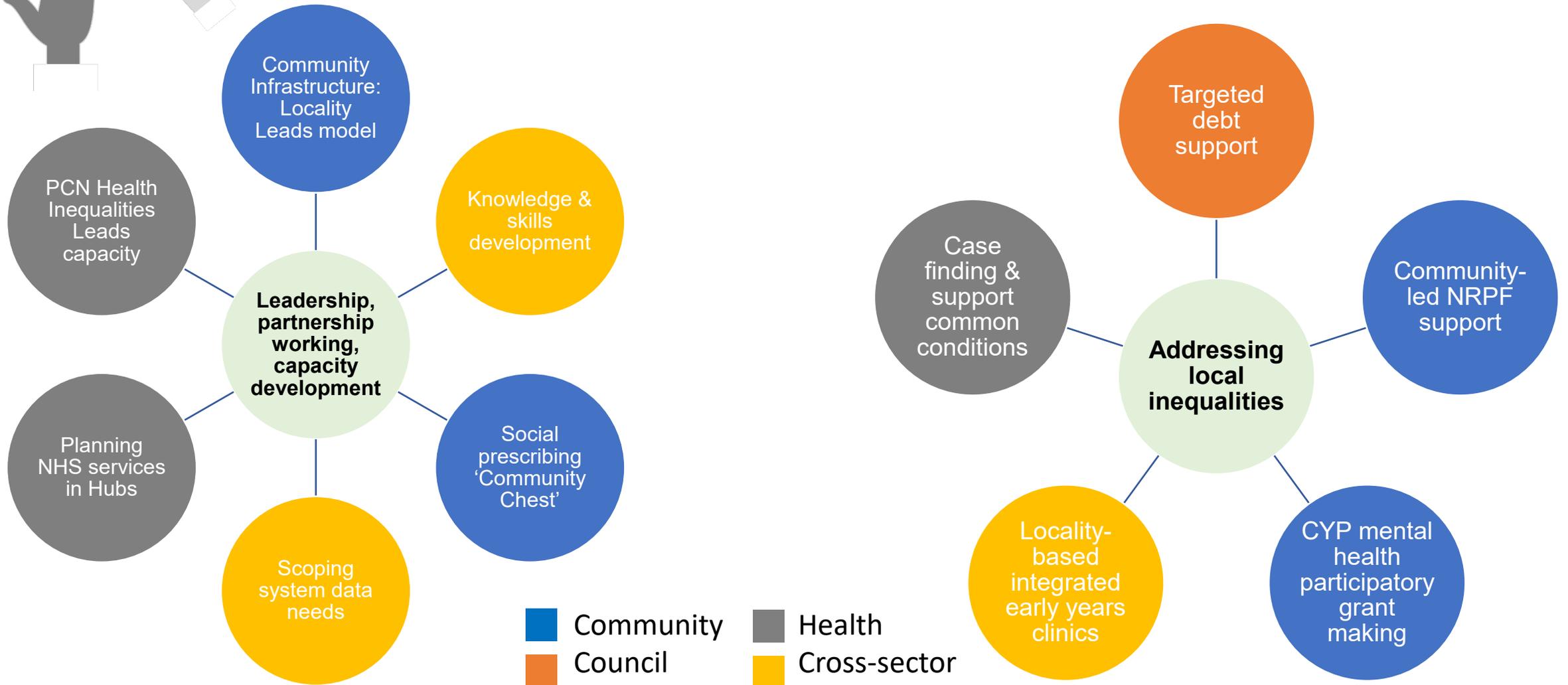
LBBB Public Health lead a rapid coproduction process across the Barking and Dagenham partnership and secured then highest allocation in NEL of £1.1m (20-140% more than other boroughs for funding Pot B)

Funding accessible from November 2022 for delivery to be completed by end-March 2023



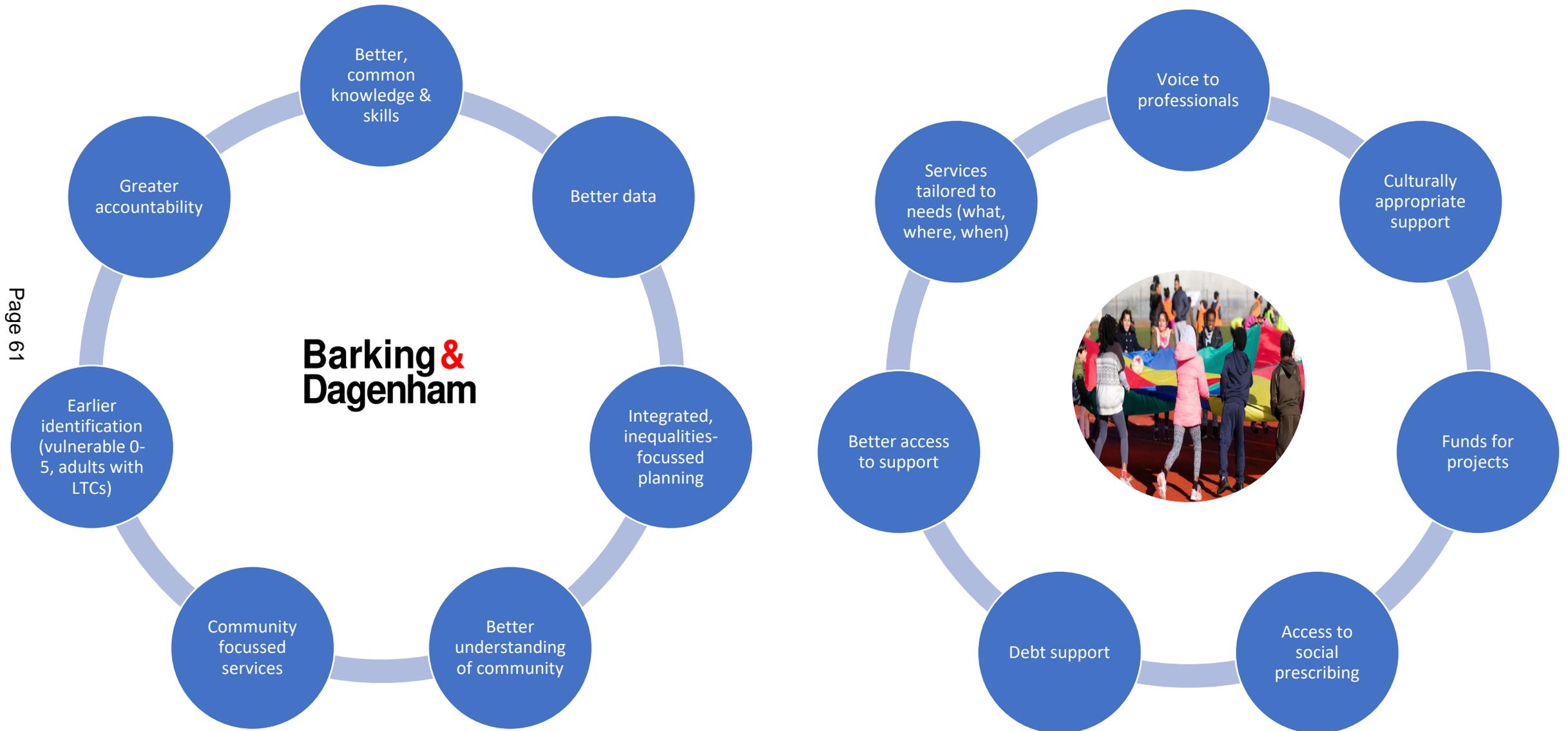
B&D Health Inequalities Programme Workstreams

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Benefits of programme – System and people

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Workstream#1: Locality Leads model

Aim

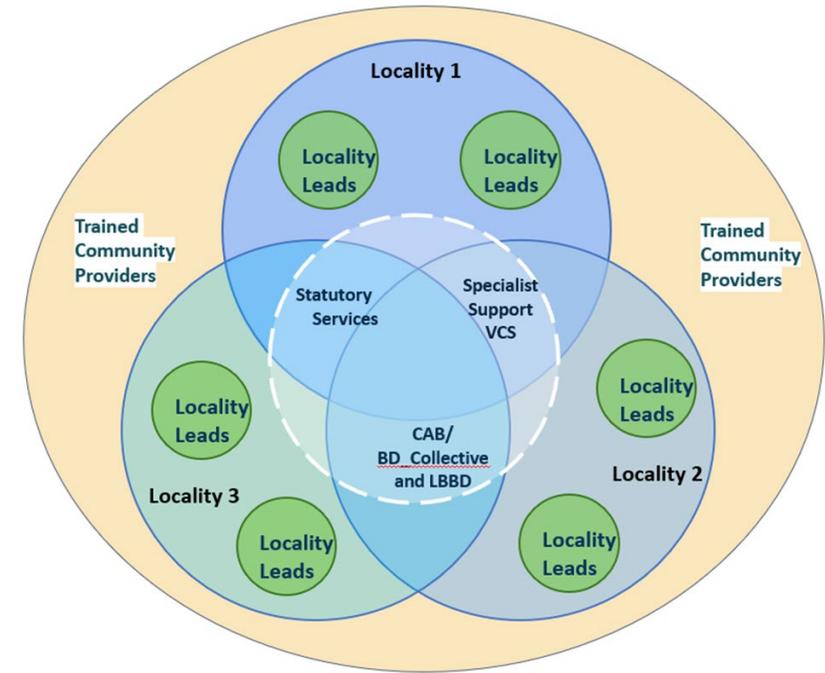
Establish focal point for CVS organisations within each locality to provide leadership, coherence and support cross-sector working

Outputs

- Named Community Locality lead in each locality
- Triage and referral process to ensure people get the most appropriate support (statutory or community)
- Coproducing and prototyping solutions to resident identified issues

Outcomes / benefits

- Interface between community and statutory services
- Building connection, trust and belonging in communities
- Better access to support for residents
- Services tailored to community need and preferences



Progress to date:

- Six Locality Leads live as of 10 October
- Locality Leads connecting with residents, community organisations and PCNs

Workstream#2: Knowledge and skills development

Aim

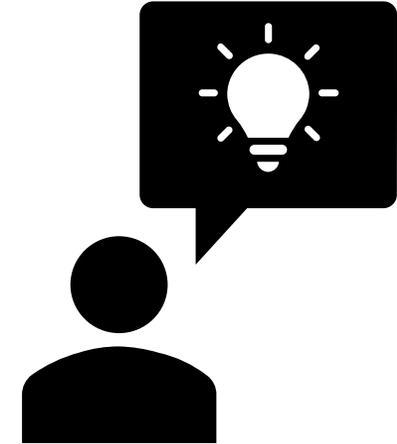
Enhanced understanding of health inequalities and ability to act on them across the partnership

Outputs

- Partners in Practice workshop series for those instrumental in realising Family Hubs
- Action Learning Set for PCN Health Inequalities Leads
- System-wide learning offer on health inequalities in B&D

Outcomes / benefits

- Family Hubs partners understand how they individually and collectively impact on health inequalities
- Strengthened leadership on health inequalities within PCNs
- Shared understanding and narrative of what health inequalities
- Improved staff knowledge and skills on addressing health inequalities



Progress to date:

- First workshop held with practice leads around Family Hubs
- Specification developed for PCN Action Learning Set

Workstream#3: Community Chest for Social Prescribing

Aim

Pilot a 'community chest' approach to improve the provision and resourcing of community-based socially prescribed services

Outputs

- Coproduction of community chest model with VCSE
- Piloting 'community chest' process and funding round

Outcomes / benefits

- Better data on social prescribing needs, pathways, outcomes, demand and capacity
- Additional capacity in the social prescribing system to meet residents' needs
- Participating VCSE organisations can leverage additional opportunities



Progress to date:

- LBBD and VCSE working group are developing a "consortium" model for the funding

Workstream#4: Scoping system data needs

Aim

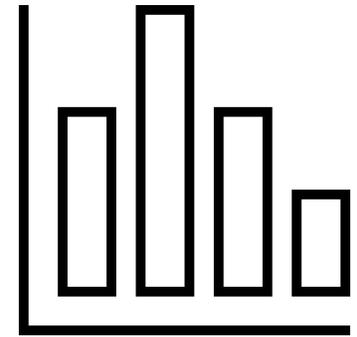
Co-produce cross-sector health inequalities indicator set/ dashboard to create a common data for planning and delivery

Outputs

- Analysis of datasets used across B&D partnership
- Scoping health inequalities data needs of partners
- Pilot a dashboard providing timely, appropriate health inequalities information for partners based on common data

Outcomes / benefits

- Partnership has a common health inequalities data
- Common, recognised data across partnership for monitoring, planning and delivery



Progress to date:

- Specification developed for LBBD to commission provider

Workstream#5: Planning NHS services in B&D Hubs

Aim

NHS participation in planning for Community/Family Hubs and support transition of relevant services into Hubs



Outputs

- A Strategic framework for integrating services
- Structured approach for how NHS Enhanced Access will work with Family and Community Hubs
- Fully consulted model for future planning and commissioning
- Model for sharing aggregated and anonymised data between the services

Outcomes / benefits

- Systematic approach for identifying and transitioning relevant NHS services into community/family hubs
- Integrated NHS services for residents accessible in the Community Hubs infrastructure

Progress to date:

- Project plan in development with Together First

Workstream#6: NHS PCN Health Inequalities Leads capacity

Aim

Develop PCN HIL roles to utilise local and national opportunities (e.g. integrated neighbourhood teams)

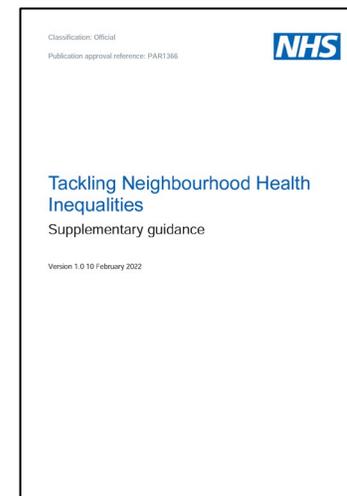
Outputs

1day / week PCN HIL in each PCN (6x)

1 day / month Programme Clinical Director (across B&D HI Programme)

Outcomes/benefits

- Community involvement in service planning / delivery
- 'Hard wired' link between NHS and community through PCN HILs and Community Locality leads
- Services more responsive to local needs
- Interventions coproduced with residents



Progress to date:

- PCN HILs appointed
- Clinical Director appointed
- HILs & Community Locality leads relationships

Workstream#7: Debt and health proactive outreach

Aim

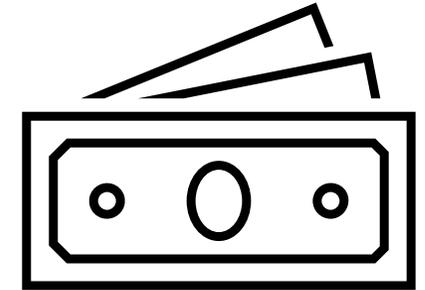
Pilot proactive and preventative approach to support residents with their debt and wider health and wellbeing

Outputs

- Identification of residents falling into doubt with likely mental health issues
- Targeted proactive supportive offer
- Provision of specialist debt advice and wider health and wellbeing social prescribing to residents taking up offer

Outcomes/benefits

- Participating residents' debt reduced and income maximised
- Participating residents' mental health and wider wellbeing improved
- Systems benefits in earlier intervention before needs escalate
- Development of evidence based approach to secure further funding



Progress to date:

- Cohort of residents identified
- Process flow for support intervention scoped

Workstream#9: Case finding

Aim

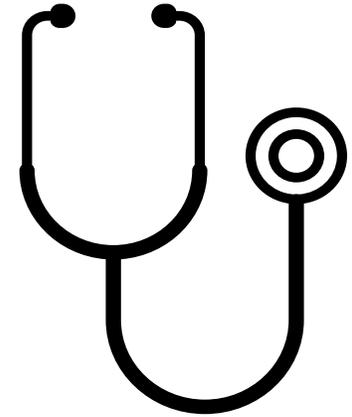
Pilot novel approaches to identify people with common manageable health conditions (CVD, COPD and diabetes) not currently identified and in treatment

Outputs

- Provide new engagements for the population most likely to have unrecorded CVS, COPD or diabetes
- Share analysis of how programme has improved health engagement

Outcomes / benefits

- Health improvements for those with otherwise undiagnosed CVD, COPD or diabetes
- Improved knowledge base of providers in what works to improve case finding



Progress to date:

- Unmet needs analysis conducted
- Scoping of project underway

Workstream#10: Participatory grant making for CYP mental health

Aim:

Pilot community-led grant giving process to deliver 'grass roots' community delivered interventions to address low level mental health issues in children and young people

Outputs:

- Coproduce community participatory grant making process
- Pilot process to select community-prioritised interventions
- Community-led interventions to tackle low-level emerging mental health issues in children and young people

Outcomes / benefits

- Funding process supports small community organisations and collaboration
- Testing of innovative solutions to improve children and young people's mental health and practitioner resilience



Progress to date:

- EOI conducted for community organisations to be involved in participatory process
- BD Giving facilitated workshops with community organisations to determine grant making process

Workstream#11: Locality-based 0-5yr Vulnerable Hot Clinics

Aim

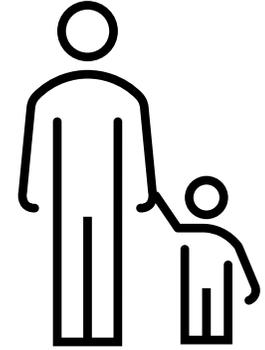
Pilot partnership approach to support families of children aged 0-5 years at risk of developmental delay and / or physical or mental harm

Outputs

- Interventions put in place by VHC to improve outcomes related to health inequality indicators (e.g. school readiness)
- Interventions put in place by VHC tackle drivers of health inequalities such as poverty, poor housing and debt

Outcomes / benefits

- Improved partnership working and communication
- Interventions put in place to support improved outcomes for vulnerable under 5s
- Tested model for roll out to other localities



Progress to date:

- Information Sharing Agreement drafted
- First VHC held with 5 cases

Next steps

Embedding programme management

Programme governance through place-based structure

Linking to NEL opportunities – *Quality Improvement collaborative, cross-borough discussions*

Discussions with NEL ICB on 23/24 funding / planning

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HEALTH SCRUTINY COMMITTEE

14 November 2022

Title: Scrutiny Review on the potential of the Voluntary and Community Sector 2022/23	
Report of the Director of Community Participation and Prevention	
Open Report	For Decision
Wards Affected: All	Key Decision: No
Report Author: Claudia Wakefield, Senior Governance Officer	Contact Details: Tel: 020 8227 5276 E-mail: claudia.wakefield@lbbd.gov.uk
Accountable Director: Rhodri Rowlands, Director of Community Participation and Prevention	
Accountable Strategic Leadership Director: Fiona Taylor, Acting Chief Executive, LBBB and Place Partnership Lead	
Summary	
<p>The Health Scrutiny Committee has statutory powers to hold local NHS commissioners and providers to account and as part of this work, the Committee may undertake a 'scrutiny review' into an area of interest to which it could add value by making recommendations for improvement.</p> <p>At the last meeting of the Committee, Members agreed to undertake a scrutiny review in 2022/23 on the Voluntary and Community Sector (VCS) to consider how it may contribute to reducing health inequalities within communities and identify opportunities to ensure that the VCS and residents have a meaningful role in shaping future strategy/ service delivery.</p> <p>This report proposes Terms of Reference which would form the basis of the Scrutiny Review.</p>	
Recommendation(s)	
<p>The Health Scrutiny Committee is recommended to:</p> <ul style="list-style-type: none"> (i) Agree the proposed Terms of Reference, as outlined in this report, for the 2022/23 Scrutiny Review on the Voluntary and Community Sector (VCS); and (ii) Request officers to produce a project plan, outlining the arrangements for the relevant investigation sessions and timeline for completing the review. 	
Reason(s)	
<p>To achieve good outcomes from a Scrutiny Review and ensure it is focussed, it is essential that the proposed area for review is scoped, using a set of Terms of Reference.</p>	

1. Introduction and Background

- 1.1 As part of their annual work programme, scrutiny committees may wish to complete an investigation into an area of Member and/or public concern to make recommendations in order to improve services. These investigations are referred to as 'scrutiny reviews'. A scrutiny review usually involves a number of different stages including:
- Agreeing the subject matter of the review according to given criteria;
 - Drafting the terms of reference for the review (these are a set of questions/ specific areas the Committee wishes to consider, with a view to making recommendations for improvement in those areas);
 - Scoping the review (scoping refers to a detailed project plan outlining the suggested methods for gathering evidence including potential participants/ contributors to the review. It is a timetable designed to deliver what is set out in the terms of reference and includes the estimated date for the completion of the review, in accordance with internal scrutiny procedures and protocols);
 - Carrying out the review in accordance with the agreed scope;
 - Agreeing the contents of the scrutiny review report including the recommendations;
 - Sharing the report with those involved with the review and finalising the report;
 - Publicising the report; and
 - Monitoring the impact of the review.
- 1.2 At the last meeting of the Committee, following a suggestion by the Chair, Members agreed to undertake a scrutiny review in this municipal year on the potential of the Voluntary and Community Sector (VCS) in shaping and delivering health services, and the Chair agreed to present the proposed Terms of Reference for the Review to the next meeting.
- 1.3 Following the last meeting, the Chair met with officers to draft the Terms of Reference for the Review, which the Committee is asked to agree. The proposed Terms of Reference are:
- (i) How is the VCS helping to reduce health inequalities within communities, both separately and in partnership with the statutory sector; and
 - (ii) How can we work better at 'place' (Barking and Dagenham) and sub-borough levels to ensure that the VCS and residents have an active and meaningful role in informing and shaping future strategy / service delivery?
- 1.4 These questions would be asked with a view to making recommendations around what the statutory and VCS partners can do in the near future to realise opportunities and remove barriers.
- 1.5 During the discussions, the Chair formed the view that it was also very important to consider what the partnership could do to ensure equitable and early access to the right help; however, as the Review would need to be concluded in this municipal

year, it was felt that to include this issue as part of the Review would not be feasible in terms of time. It is therefore suggested that the Committee make a recommendation that the new Committee of 2023/24 undertake a scrutiny review into the issue of equitable and early access to health services.

- 1.6 Assuming that the Committee agrees the proposed Terms of Reference for the Review, officers will draft a project plan, with a timeline for completion. The Committee is asked to note that as part of the scrutiny review process, Members will be required to attend sessions outside of the Committee's formal meetings, in order to collate sufficient information to answer the above Terms of Reference. The project plan shall be circulated to the Committee in advance of the next formal meeting for agreement.

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

List of appendices: None

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HEALTH SCRUTINY COMMITTEE

14 November 2022

Title: Work Programme 2022/23	
Report of the Acting Chief Executive, LBB and Place Partnership Lead	
Open Report	For Information
Wards Affected: None	Key Decision: No
Report Author: Claudia Wakefield, Senior Governance Officer	Contact Details: Tel: 020 8227 5276 E-mail: claudia.wakefield@lbbd.gov.uk
Accountable Director: Alan Dawson, Head of Governance and Electoral Services	
Accountable Strategic Leadership Director: Fiona Taylor, Acting Chief Executive, LBB and Place Partnership Lead	
<p>Summary</p> <p>This report details one proposed amendment to the Health Scrutiny Committee's Work Programme, since the Committee's last meeting on 21 September 2022:</p> <ul style="list-style-type: none"> How does the system cope with extreme heat? (NEL ICB): This item was due to be presented to the meeting scheduled for 14 November 2022; however, due to team resources needing to be diverted to current work relating to winter pressures, it is now proposed that this item be presented at the 1 February 2023 Committee. <p>The proposed changes can be found as 'TBC' on the appended Work Programme.</p>	
<p>Recommendation(s)</p> <p>The Health Scrutiny Committee is recommended to agree the amendments to the Work Programme, as set out in this report.</p>	
<p>Reason(s)</p> <p>It is good practice to inform the Health Scrutiny Committee of any amendments to the Work Programme and to ask the Committee to agree these.</p>	

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

List of appendices:

Appendix 1: HSC Work Programme 2022/23

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Work Programme 2022/23 *(This is a live document which is subject to late changes)*

Relevant Cabinet Member: Councillor Worby, Social Care and Health Integration

Health Scrutiny Committee Chair: Councillor Paul Robinson			
Meeting	Agenda Items	Officer/ Organisation	Deadline to be:
1 February 2023	Integrated Care Strategy	Sharon Morrow, Interim Director of Delivery (NEL ICB)	Monday 16 January
	How does the system cope with extreme heat? (TBC)	Dr Rami Hara, GP and Clinical Director for Barking and Dagenham	
	Joint Local Health and Wellbeing Strategy	Matthew Cole, Director of Public Health	
	Annual Public Health Report	Matthew Cole, Director of Public Health	
29 March 2023	NELFT CQC Inspection Update	Melody Williams, Integrated Care Director (NELFT)	Monday 13 March
	Health Inequalities Funding (Full Presentation)	Mike Brannan, Consultant in Public Health; Sophie Keenleyside, Strategy and Programme Officer; Elspeth Paisley, Community Chest; Dr Shanika Sharma, GP; Justine Henderson, Interim Early Help Programme Lead	

	Finalised Governance Arrangements for Place-Based Partnership	Fiona Taylor, Place Partnership Lead for Barking and Dagenham	
24 May 2023	Mental Health Transformation Grant	Melody Williams, Integrated Care Director (NELFT)	Monday 8 May