Barking & Dagenham

# Notice of Meeting

## HEALTH SCRUTINY COMMITTEE

**Wednesday, 29 March 2023 - 7:00 pm**
**Council Chamber, Town Hall, Barking**

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

**By Invitation**: Cllr Maureen Worby

Date of publication: 21 March 2023

Fiona Taylor
Acting Chief Executive

Contact Officer: Claudia Wakefield
Tel. 020 8227 5276
E-mail: claudia.wakefield@lbbd.gov.uk

---

Please note that this meeting will be webcast via the Council's website. Members of the public wishing to attend the meeting in person can sit in the public gallery on the second floor of the Town Hall, which is not covered by the webcast cameras. To view the webcast online, click here and select the relevant meeting (the weblink will be available at least 24-hours before the meeting).

**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 1 February 2023 (Pages 3 - 8)**

4. **NELFT CQC Inspection Update: March 2023 (Pages 9 - 27)**

5. **Early Pregnancy Assessment Unit (EPAU) (Pages 29 - 37)**

6. **Proposed Governance for Place-Based Partnerships (Pages 39 - 47)**

**7. Joint Local Health and Wellbeing Strategy 2023-28 Refresh Framework for Delivery - Consultation (Pages 49 - 68)**

**8. 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

**9. Minutes of Barking and Dagenham Partnership Board (Pages 69 - 80)**

**10. Work Programme (Page 81)**

**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**

Barking & Dagenham

Our Vision for Barking and Dagenham

# ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

## Participation and Engagement

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

## Prevention, Independence and Resilience

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

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

## Inclusive Growth

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

## Well Run Organisation

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

# MINUTES OF
# HEALTH SCRUTINY COMMITTEE

Wednesday, 1 February 2023
(7:02 - 8:25 pm)

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

**Also Present:** Cllr Maureen Worby

## 63. Declaration of Members' Interests

There were no declarations of interest.

## 64. Minutes - To confirm as correct the minutes of the meeting held on 14 November 2022

The minutes of the meeting held on 14 November 2022 were confirmed as correct.

## 65. NHS North East London - Severe Weather System Response

The Director of Integrated Care (DIC) at the North East London Integrated Care Board (NEL ICB) presented an update on the NHS North East London Severe Weather System Response, which provided context as to:

- The main risks to the NHS and to patients during severe weather;
- NHS Emergency Preparedness, Resilience and Response (EPRR) planning;
- The NEL ICB Severe Weather Plan and multi-agency planning;
- How the NHS responded to the 2022 summer heatwave and lessons learnt from this; and
- 2023 heatwave planning.

In response to questions from Members, the DIC stated that:

- From a NEL ICB perspective, she was not aware of any issues that had been reported as a result of the Summer 2022 heatwave. The main risk that had presented had been around fire and the need for the ICB to respond to this.
- There had not been a cold weather alert this winter; however, the risks seen had largely presented around Covid-19 and infection.
- Elderly residents were a vulnerable group who were more likely to be impacted by extremes of weather than younger patients. Whilst one of the objectives of the Severe Weather Plan was to identify vulnerable groups who might require more support during extreme weather, it was not felt that this had occurred in a systematic way during the Summer 2022 heatwave and this was to be better incorporated into NEL ICB planning for the 2023 summer. NEL ICB also had the opportunity to take more of a localised approach to this through its Borough Partnership work.
- Whilst she did not have data that reflected the service impact of severe

weather, it was fair to say that services had been impacted by this, such as through additional patient admissions.

The Cabinet Member (CM) for Adult Social Care and Health Integration (ASCHI) stated that there had not been enough analysis undertaken of who presented most during the severe weather periods, which she intended to look into at the Partnership Board and bring back to the Health Scrutiny Committee. Whilst data was available at a North East London level, she wanted to know what was happening at a local level. She also stated that a data sharing agreement between local partners was essential in helping to support all vulnerable patients during crises; all organisations needed to work with one definitive list, to ensure that no patient would miss out on support because they were on one organisation's contact list, but not on another's. A protocol needed to be developed, to ensure more effective planning.

The Integrated Care Director (ICD) at NELFT stated that it was important to define the term 'vulnerability' and what this meant in terms of actions that needed to be carried out. She also stated that extreme weather also led to the cancellation of clinical appointments, either because patients could not travel or the environments were too hot, for example due to the older buildings and lack of air conditioning. This would then delay patients' treatment pathways, due to the inability to deliver the appointments and the higher 'did not attend' rates. The Borough Partnership would be useful to discuss potential improvement opportunities, with the Estates Group that sat under this also presenting an opportunity around how different infrastructure could be better employed to deliver services during crises.

In response to further questions from Members, the DIC stated that:

- There was still more planning to be undertaken. The document presented was the North East London Heatwave Plan, and there was an intention to use the Borough Partnership as an opportunity to gain a much better understanding of what local actions needed to be taken to mitigate some of the risks, for example in relation to vulnerable residents or through some of the estates. An executive meeting was to be had in a couple of weeks' time, looking at feedback from the NHS Arctic Willow incident in December 2022.
- There had been some management emergency response training within NEL ICB; however, this had not yet been rolled out across the entire organisation. She would approach the NEL ICB Incident team around the plans for this and relay these to the Committee in due course.
- Most of the system response over the Winter had been coordinated through the System Operational Command Group (SOCG), which operated across Barking and Dagenham, Havering and Redbridge and included the local authorities, the hospital trusts and the Integrated Care Partnership. The SOCG discussed how the organisations could best respond and support each other through the risks that could materialise over winter.
- The DIC would relay information back to the Committee around the latest flu vaccination figures for Barking and Dagenham.
- The high cost of power and energy bills was a significant pressure for the NHS, as it was for local authorities. The NHS was currently having to absorb inflationary pressures and had not been given any additional resource to manage them. It was believed that the NHS allocation for

2023/24 would be flat cash on 2022/23, so it was unlikely that there would be additional growth to offset the impact of inflation.

The ICD at NELFT also stated that NHS organisations were included on the Government's 'Must Do Must Supply' energy list and that work had been conducted to identify critical sites within the NHS property. Whilst not every GP practice or community clinic would be a priority site for energy should there be any restrictions to energy supply, Barking Community Hospital had been identified as a priority site due to its urgent treatment facility. As such, planning was being undertaken around potential energy impacts and the ability to continue to deliver critical services during crises.

The DIC at NEL ICB stated that the majority of the NHS estate in Barking and Dagenham was either privately-owned or belonged to NELFT. NEL ICB had set up a local infrastructure forum, which reported through to the Barking and Dagenham Partnership Board and looked to co-ordinate improvement actions that were required around estates, such as to consolidate or to develop sites. Through the Estates team, it would also be looking at how it could either decommission older estates, re-provide services or potentially bring in capital to improve services.

The ICD at NELFT stated that NELFT was looking at a range of options to ensure that future clinics did not need to be cancelled due to severe weather, such as through temporarily moving air conditioning units. The capital flow across Northeast London was going to be tight, meaning that specific sites and venues would need to be prioritised and that this would be a balancing act in terms of available capital for infrastructure. It was hoped that the Borough Partnership would provide opportunities to enable all to think more collectively and creatively about infrastructure challenges.

The CM for ASCHI stated that the Borough Partnership would be pivotal in effective planning, for example through ensuring that services could be delivered in another building if required. Furthermore, uptake of the flu vaccine had been very low in comparison to the uptake of the Covid-19 vaccine, despite joint communications and publicity campaigns across North East London. The Director of Public Health provided a general update around uptake, noting the challenges in different cohorts. He also stated that it was likely that the impact of flu would be seen within the next couple of weeks, with likely excess pneumonia deaths and with a significant portion of these likely to be seen in those who had not been vaccinated.

**66. Annual Report of the Director of Public Health 2022- 'People, Partnerships, Place Seizing new opportunities to improve health'**

The Director of Public Health (DPH) presented his 2022 Annual Report, which was a statutory requirement of the DPH, mapping out the key issues facing Barking and Dagenham and considering potential solutions based on evidence and epidemiology. The DPH detailed:

- The context behind the report and how it was produced;
- The links between the report, the Health and Wellbeing Strategy and the Integrated Care Strategy;
- Key messages from the report, such as the fact that health inequalities had

widened within the Borough, which had mostly been driven through individuals not coming forward for early identification of disease screening programmes and health checks;
- The implications of the Covid-19 pandemic and the cost-of-living crisis in widening health inequalities within the Borough;
- Potential solutions to widening health inequalities, such as through the development of the Place-based arrangements and the Integrated Care System;
- The breakdown of chapters within the report and where more information could be sought.

Members noted the report and the usefulness of its contents in supporting their lines of questioning around the development of both the Health and Wellbeing Strategy and the Integrated Care Strategy.

**67. Shaping the Refresh for the Joint Local Health and Wellbeing Strategy 2023-28**

The Director of Public Health (DPH) presented a report which enabled the Committee to provide comment on the direction of travel for refreshing the Joint Local Health and Wellbeing Strategy (JLHWBS), in the context of the newly established Place-based Partnership and Integrated Care System. It was noted that:

- The current Barking and Dagenham Health and Wellbeing Strategy (HWBS) would end in March 2023 and would now be known as the Joint Local Health and Wellbeing Strategy (JLHWBS), to take into account the new Integrated Care System (ICS) and the Council's relationships through the new place-based arrangements.
- Whilst the final version of the document would be approved at the Health and Wellbeing Board, it was important for the Committee to review the document, with a view to ensuring that it felt that the health and wellbeing vision for Barking and Dagenham was represented in the Strategy;
- The refreshed Strategy would set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of residents' lives by 2028;
- The NHS NEL's Integrated Care Strategy (ICS) would need to be considered when preparing the JLHWBS;
- A Joint Forward Plan would be developed to deliver the ICS, which would need to align to a Local Delivery Plan at Place for the delivery of the JLHWBS; and
- It was also important for the Committee to consider what needed to be brought to it at a local level and what would be better scrutinised at a wider level, such as through the Joint Health Overview and Scrutiny Committee (JHOSC).

The Cabinet Member (CM) for Adult Social Care and Health Integration (ASCHI) highlighted the importance of ensuring that all documents tied in together and reflected Barking and Dagenham priorities, as well as those of the other boroughs within outer North East London. She requested that the Committee inform both

herself and the DPH of any potential gaps in the Strategy, as well as provide challenge around any programmes of action designed, as what might work in one part of the country, may not work locally.

In response to questions from Members, the DPH stated that:

- The priority of mental health related to the issues that were most prevalent within Barking and Dagenham, which were mainly anxiety and depression, and which were also increasingly prevalent within schools. As part of the Adults' and Children's Place Delivery Group, various questions would also need to be addressed, such as improving CAMHS' waiting lists.
- Whilst there were some issues that would be best addressed by the JHOSC, where issues crossed borough boundaries and affected residents in a similar way in each borough, there were also some issues that would be best addressed by the Barking and Dagenham Health Scrutiny Committee (HSC), particularly where the needs of the borough were particularly unique and needed to be reflected. The DPH advised the Committee that if any Member was concerned about a particular issue that was fundamental to improving the health of Barking and Dagenham residents, that they should request that the issue be reviewed at the Barking and Dagenham HSC.

The CM for ASCHI stated that there was also work to be undertaken around ensuring that the work of the Partnership Board was being fed into the Barking and Dagenham HSC; whilst there was no point in doing the same thing twice, it would be useful for the Partnership Board minutes to be circulated to the Committee, so that Members could have the opportunity to look into any items of interest. The DPH also stated that it was the role of the Committee to look into issues brought by NELFT and NEL ICB, around changes to services. Significant service changes over the next few years would need to be presented to the Committee, and if Members were not happy with a service, they could also request that this be discussed by the Committee. The CM for ASCHI stated that there needed to be better planning, in terms of the Committee knowing what was to be presented at the Partnership Board and at JHOSC, so that it could request to look in advance at specific issues, before their presentation to these Boards.

**68. North East London Integrated Care Strategy Development**

The Chair of the Committee delivered a short update on the North East London Integrated Care Strategy Development, which was originally presented to the ONEL JHOSC at its meeting on 10 January 2023. This provided the Committee with some updates as to the key points that arose from the meeting, such as the next steps around the development of smarter metrics to measure success against the Strategy's objectives, and engagement work that had been undertaken with the Voluntary Sector as part of the Strategy development. The Committee was also provided with the opportunity to give any further feedback around the Strategy, which could then be shared with NEL ICB.

The Cabinet Member for Adult Social Care and Health Integration stated that in terms of community consultation in the development of the Strategy, a programme called 'the Big Conversation' had been launched across North East London. These conversations would be influenced on a place-level and conducted within each

borough, with best practice also being reflected into the engagement process. The Strategy was an interim document and would continue to change as community feedback was received. By pooling resources and knowledge, it was hoped that the Strategy and community conversations would be as effective as possible.

**69. Scrutiny Review on the potential of the Voluntary and Community Sector 2022/23**

The Chair requested that for the public record, the Committee note the project plan and draft timeline that had been developed for its Scrutiny Review on the potential of the Voluntary and Community Sector. This project plan and draft timeline had previously been shared with the Committee as part of a presentation that had been delivered to it by the Director of Community Participation and Prevention on 19 December 2022. The Chair stated that he would be in touch with Members around the next steps for the review.

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

It was noted that the minutes of the last meeting of the Joint Health Overview and Scrutiny Committee could be accessed via the link provided on the front sheet of the agenda pack for this meeting.

**71. Work Programme**

The Chair informed the Committee of the following changes that had been made to the Work Programme since the last meeting, which were agreed by the Committee:

- The Finalised Governance Arrangements for the Place-Based Partnership item, which was due to be presented to the Committee on 29 March 2023, would now also include an update on the Joint Forward Plan, to provide additional context and as a draft of the Joint Forward Plan was due by 1 April 2023; and
- An item on the Draft Joint Local Health and Wellbeing Strategy would be added to the 29 March 2023 agenda, to enable the Committee to provide any initial comments.

**HEALTH SCRUTINY COMMITTEE**

**29 March 2023**

| | |
|---|---|
| **Title:** NELFT CQC Inspection Update: March 2023 | |
| **Report of the Interim Chief Executive of the North East London NHS Foundation Trust (NELFT)** | |
| **Open Report** | **For Information** |
| **Wards Affected:** None | **Key Decision:** No |
| **Report Author:** Suzanne Sutton, Associate Director of Nursing & Quality (Barking & Dagenham) NELFT NHS Foundation Trust | **Contact Details:**<br>Tel: 0300 5551201 x 53100<br>E-mail:<br>Suzanne.sutton@nelft.nhs.uk |
| **Accountable Director:** Jacqui Van Rossum, Interim Chief Executive of the North East London NHS Foundation Trust (NELFT) | |

**Summary**

North East London NHS Foundation Trust (NELFT) is registered with the Care Quality Commission (CQC) to deliver safe, effective, responsive, caring and well-led care. The Trust places patients and staff central to all it strives to achieve as required by the NHS Constitution. Non-compliance with the regulations including the fundamental standards may impact on the quality of care provided to the people served.

Between April to June 2022, NELFT underwent a CQC Well-Led inspection; this comprised of short notice announced inspections of acute wards for adults of working age, psychiatric intensive care units, mental health crisis services and health-based places of safety. They also carried out a focused inspection of specialist community mental health services for children and young people in Kent. These areas were previously inspected in June 2019. On this occasion, they did not re-inspect Community Mental Health Teams for Adults of working age or Community Learning Disability teams.

The CQC Well-Led and Focused inspection reports for NELFT Acute and Rehabilitation directorate and Specialised community mental health services for children and young people for the Kent Directorate were received by NELFT on 9 August 2022 and published on the CQC website on 26 August 2022.

NELFT was formally issued with a new rating of Good following the 2022 inspection and issued only two new “Must Do” recommendations in relation to Specialist community mental health services for children and young people in Kent. One “Must Do” action had remained open since the 2019 inspection; this was in relation to waiting times for the Neurodevelopment service in Kent. A total of 22 actions have been put in place to address the risk since then, with significant progress leading to only 7 remaining actions. Following the pandemic, there has been a further increase in referrals, despite actions and progress to reduce this, which has had a continued impact on this service’s overall waiting times. NELFT is implementing changes to the pathway both at a provider level

and as a system-wide approach. The CQC was made fully aware of the plans in place to manage this ongoing risk.

The two new “Must Do” recommendations related to mandatory training for basic life support and manual handling in two Kent teams, which has fallen below the Trust standard of 85%. Significant progress has already been made to improve compliance since the inspection, and sustained compliance has been addressed through training delivery in the Kent locality starting from February 2023. This reduces the impact on staff needing to travel long distances to access this face-to-face training, which means they spend more time in clinical areas. The additional “Must Do” risk related to consistency in the process for escalating and recording risk of children and young people across all Kent teams. Actions have been implemented to achieve this through a revised standard operating procedure, agreed multidisciplinary team (MDT) meeting processes, risk template, monitoring of consistency through a monthly audit and dip samples of electronic patient records and MDT meeting minutes.

Following the 2019 inspection, three “Should Do” risks remained open and following the 2022 inspection, a further 28 “Should Do” recommendations were made, bringing the total to 31.

All “Must Do” and “Should Do” recommendations have been added to the Trust’s risk register in the form of an overarching improvement plan.

There are monthly updates on the CQC improvement plan at the CQC Assurance Group meeting which is chaired by the Chief Nurse and is attended by Directors of Nursing, Associate Directors of Nursing for Quality and Patient Safety, Director and Assistant Director of Governance, Integrated Care Directors, Corporate Leads and the CQC Compliance Team. A monthly update is presented to the Quality and Safety Committee (QSC), who in February 2023 carried out a deep dive into the open “Must Do” and “Should Do” risks and the progression to date. In addition, the Executive Management team (EMT) is provided with regular updates as well as the NELFT Board. The Board reports are public domain reports and are available on https://www.nelft.nhs.uk/about-us-board-papers.

This report is to provide the Health Scrutiny Committee with an update on progress since the last presentation and an outline of the progression of the Improvement Plan since the 2022 inspection.

**Recommendation**

The Health Scrutiny Committee is recommended to note the update provided and following the presentation, discuss any issues that need further exploration with the NELFT representatives.

**Reason**

This report is for noting and allows the Committee to put questions to the officers presenting the report.

## 1. Introduction and Background

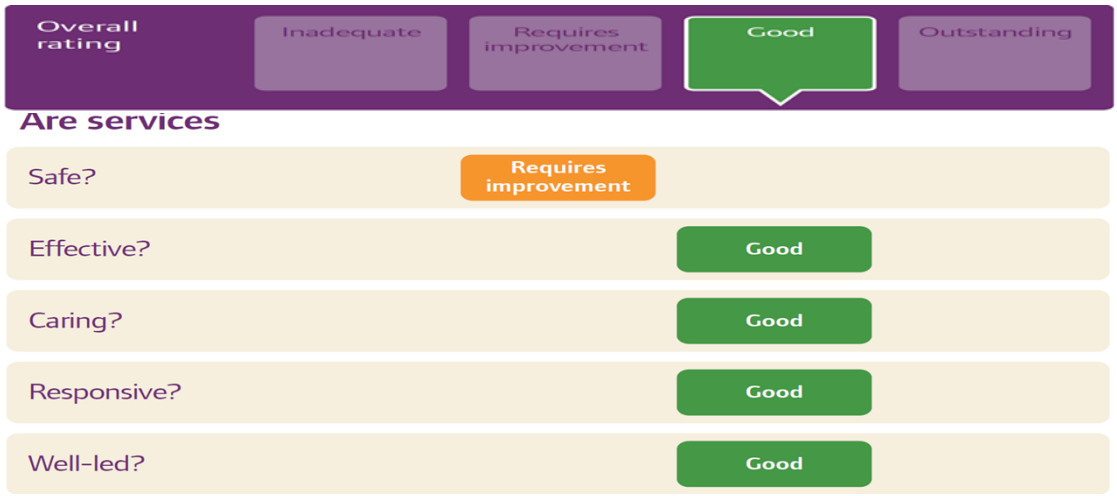
1.1 Following the last presentation to the Health Scrutiny Committee, the Committee has requested a further update in respect of the CQC Improvement Plan developed in 2022 and progress against the remaining 2019 recommendations. This report and accompanying presentation give a headline progress review.

1.2 By way of background, the Care Quality Commission (CQC) inspected NELFT from April to June 2022. The CQC undertook a repeat Well-Led review following the previous 2019 inspection and in addition inspected the following core services:

- Acute wards for adults of working age and psychiatric intensive care units;
- Mental health crisis and health-based places of safety; and
- Specialist community mental health services for children and young people in Kent.

The inspection report produced by CQC following the conclusion of the inspection describes their judgement on the quality of services provided by the Trust. This report is published on the CQC website: North East London NHS Foundation Trust - Overview - Care Quality Commission (cqc.org.uk)

The overall inspection result for 2022 was a rating of 'Good'.




1.3 The CQC reported that during this re-inspection of NELFT services that:

- Overall, it was a positive CQC inspection;
- There is a recognised shift in the culture of the organisation;
- The Trust was working to create a 'just and compassionate culture';
- The Senior Executive team is working together in a cohesive manner;
- The report made specific mention of staff networks and roles that these play in the Trust;
- Staff working for the Trust put people who used services at the forefront and were committed to providing the best service possible. "There is enthusiasm, commitment, and pride in the work of the Trust";
- Staff felt more confident to 'speak up'. The speaking up arrangements were working well; and
- The Trust is embracing work with external partners and systems in place.

## 2. Issues and Actions

2.1 Following the 2019 Inspection, NELFT was able to close 21 of the 22 “Must Do” actions and only three of the 17 areas that the Trust should improve on remain. In addition, a further 28 “Should Do” recommendations were made in 2022, taking the overall total to 31 “Should Do’s.”

2.2 The progress of the remaining three “Should Do’s” from the 2019 inspection of Community Mental Health Teams for Adults of working age and Community Learning Disability teams in Havering, Barking and Dagenham, Redbridge and Waltham Forest, is as follows:

- **The Trust should continue its work to improve waiting times for individual psychology in London.**

  The Trust is working on innovative processes as part of the Mental Health Transformation plan to improve flow and access. A model is being progressed for psychology colleagues to be integrated into Mental Health & Wellbeing Teams (MHWT) creating enhanced multidisciplinary working and management of overall risk.

- **The Trust should ensure that caseloads are in line with best practice guidance.**

  The Trust has purchased the Management and Supervision Tool (MaST); full implementation will take place in the first half of 2023, starting with the Mental Health Wellbeing Teams (MHWT) and then Early Intervention in Psychosis and Older Adults teams. This will continue to be monitored by a monthly steering group.

- **The Trust should ensure that all patients referred to the service are seen within the 18-week referral to treatment times within the Community Learning Disability teams.**

  Compliance reporting and monitoring have been further embedded in NELFT to provide assurance that service users have an up-to-date care plan, risk assessment and that those on a waiting list will receive a clinical harm review. Waiting times data has been submitted to London commissioners alongside demographic growth requirements that would need to be in place to continue to manage demand. The next phase of the Mental Health Service (MHS) Transformation plan has a Learning Disability focus.

2.3 The current Trust position is that three “Must Do” risks (all relating to Kent services) and 31 “Should Do” recommendations remain open. All are progressing within expected timescales and the plan is for all “Must Do” risks (with the exception of waiting times in Kent) to close by July 2023. Currently of the 26 actions to address the 3 “Must Do” recommendations, only 12 actions remain open. Of the 92 actions to address the 31 “Should Do” recommendations, 41 actions remain open.

2.4 Each identified action has an assigned executive lead to oversee progress and an Operational/Corporate Director to lead the delivery. The Trust uses a system called

Datix, which includes a risk management module that enables all risks/action plans to be viewed in live mode and therefore track progress accordingly. The risks are then monitored at directorate leadership team level, monthly at the CQC Assurance Group and Quality and Safety Committee. Progress is also reported to the Trust Board.

2.5 The main themes of the “Should Do” recommendations relate to supervision and appraisal compliance, recruitment, caseload sizes and waiting lists. Robust plans are in place to address these from both a corporate and operational perspective; caseloads and waiting lists are also being addressed as part of the Trust’s wider collaborative work around MHS transformation.

2.6 Alongside progression of the “Must Do” and “Should Do” recommendations, the Trust continues to embed a culture of compassionate leadership and sustaining CQC compliance as part of business-as-usual activities. The Directorate Leadership teams for NELFT alongside the Corporate teams remain committed to adherence to the CQC quality standards and this is robustly monitored via the following processes:

- Increased visibility of leaders – both operational, professional, and clinical leadership roles; and
- Programme of Quality Support Visits (QSV) led by the Associate Directors of Nursing. Compliance of required actions is monitored at both a Trust-wide and directorate level. A business case has been put forward to have a dedicated CQC Compliance team following the success of the seconded team in preparation to and during the 2022 Inspection.

**Public Background Papers Used in the Preparation of the Report:**
https://www.cqc.org.uk/provider/RAT

**List of appendices:**

- Appendix 1: NELFT CQC Inspection Presentation

This page is intentionally left blank

Appendix 1


NELFT NHS
NHS Foundation Trust

# NELFT CQC Inspection

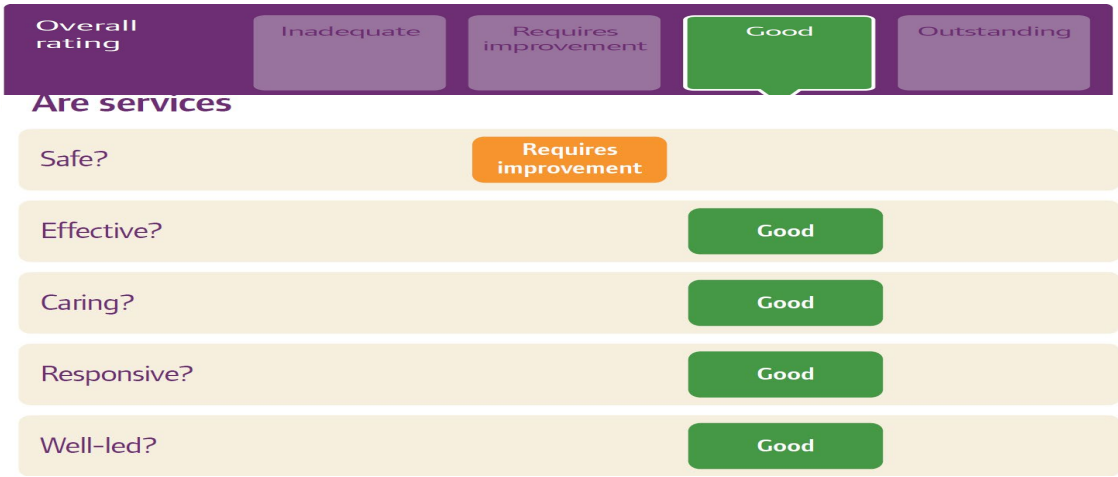
## January 2023



Best care by the best people

# CQC Inspection, report and rating

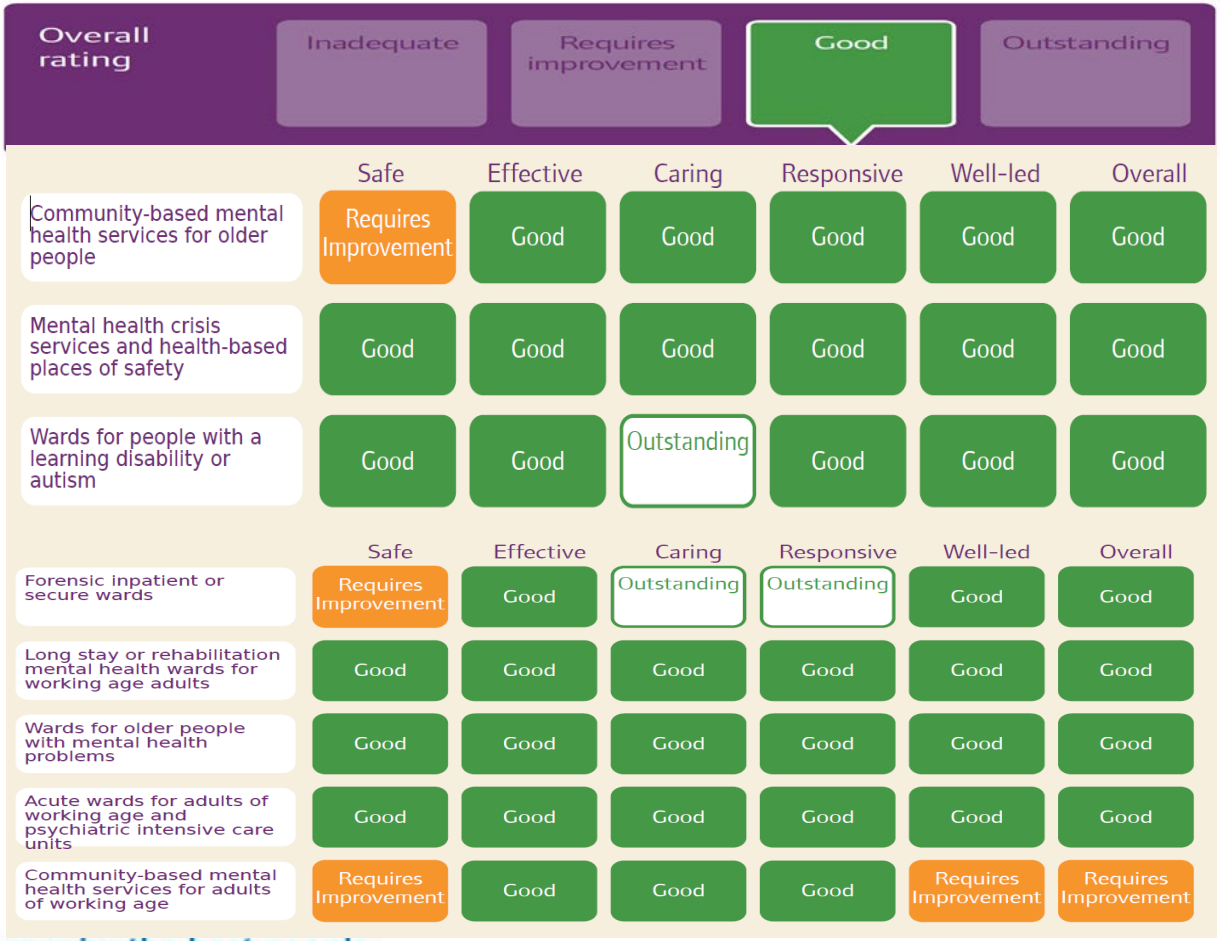
- Between April to June 2022, NELFT underwent a CQC Well-Led inspection: short notice announced inspections of acute wards for adults of working age and psychiatric intensive care units and mental health crisis services and health-based places of safety. They also carried out a focused inspection of specialist community mental health services for children and young people in Kent. These areas were previously inspected in June 2019.
- CQC Full Well-Led and Focused inspection report for NELFT Acute and Rehabilitation Directorate and report for Specialised community Mental health services for children and young people for the Kent Directorate were received by NELFT on 09.08.22 and published on the CQC website on 26.08.22.
- NELFT was formally issued with new rating of **'Good'**.



NELFT NHS
NHS Foundation Trust


| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Community health services for adults | Requires Improvement | Good | Good | Good | Good | Good |
| Community health services for children, young people and families | Good | Good | Good | Good | Good | Good |
| Community health inpatient services | Requires Improvement | Good | Good | Good | Good | Good |
| Community end of life care | Good | Good | Good | Requires Improvement | Good | Good |
| Child and adolescent mental health wards | Good | Good | Outstanding | Good | Outstanding | Outstanding |
| Specialist community mental health services for children and young people | Requires Improvement | Good | Good | Requires Improvement | Requires Improvement | Requires Improvement |
| Community mental health services with learning disabilities or autism | Good | Good | Outstanding | Good | Good | Good |

NELFT NHS
NHS Foundation Trust



# Well-Led Feedback overall

- Overall a positive CQC inspection
- A recognised shift in culture of the organisation (CQC described it feeling like a different organisation)
- The Trust was working to create a ‘just and compassionate culture’
- The senior executive team work together in a cohesive manner
- The report made specific mention of staff networks and roles they play in the Trust
- Staff working for the trust put people who used services at the forefront and were committed to providing the best service possible. There is enthusiasm, commitment and pride in the work of the Trust.
- Staff felt more confident to ‘speak up’. The speaking up arrangements were working well
- The Trust is embracing work with external partners and systems in place.

# Safeguarding

NELFT NHS
NHS Foundation Trust

- The Trust has appropriate measures for safeguarding in place. There was a dedicated trust-wide safeguarding team.
- Policies and procedures reflected current best practice and provided trust-wide child and adult safeguarding advice.
- The safeguarding advice service had maintained a business as usual approach throughout the pandemic, offering advice and support.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- MHA and MCA training was mandatory for all clinical staff with a requirement for an annual refresher. There was a 95% compliance rate.

# Specialist MHS services for Children and Young people Kent

NELFT NHS
NHS Foundation Trust

## 3 Must do's identified :

- The Trust must ensure that staff complete all mandatory training (Canterbury and Maidstone) **(Regulation 12(2)(c)).**
- The Trust must ensure that systems to identify and address changes in risk for young people who are waiting are consistently applied across all teams **(Regulation 12 (1)(2)(a)(b)).**
- The Trust must continue work to improve initial assessment and treatment times for young people waiting to access the neurodevelopmental and learning disability pathway **(Regulation 17 (1)(2)(a)(b)).**

## 6 Should do risks identified:

- The Trust should continue its work to ensure that young people waiting to be assessed or start treatment are kept up to date about when this will happen.
- The Trust should ensure that work continues to recruit permanent staff to reduce vacancy levels.
- The Trust should ensure that all staff are confident and capable in accessing the Trust's new performance platform.
- The Trust should continue work to embed the improvements made to the single point of access to ensure that all referrals are triaged and signposted in a timely fashion.
- The Trust should ensure that individual risks, risk management plans and changes in risk are consistently recorded across the service.
- The Trust should continue to monitor caseloads to ensure that these are manageable.

# Well-Led Improvement Plan

- <u>CQC made 9 Should do recommendations following the well-led review:</u>
- The Trust should ensure that medical leaders have appropriate support and cover for their clinical roles to release them for their leadership roles
- The Trust should ensure that all staff are supported to engage in (mental health) transformation programmes that affect their teams
- The Trust should ensure that an appropriate team is in place and able to appropriately support medical staffing
- The Trust should ensure that all staff receive regular supervision and appraisal and that they are able to record these on the trust system
- The Trust should continue to review its governance structure to reduce the burden of the number of meetings some leaders are attending
- The Trust should ensure that all staff are trained and supported to utilise the new performance platform
- The Trust should continue its work in developing new patient participation structures in each locality
- The Trust should ensure that governors are appropriately supported with equipment and IT skills to enable them to access and engage in virtual meetings
- The Trust should ensure that following the pandemic, QI is reinstated across the Trust

# Acute MHS wards for working age adults

NELFT NHS
NHS Foundation Trust

10 Should Do recommendations:

- The Trust should ensure planned works to develop Picasso Ward into a separate male and female wards are progressed.
- The Trust should also ensure that planned works to extend the patient call alarm system are progressed.
- The Trust should ensure that all wards promote a therapeutic environment by maintaining good standards of decoration, cleanliness and maintenance.
- The Trust should continue its work to recruit to vacant posts.
- The Trust should ensure that identified risks and their management plan pull through from progress notes to the risk assessment and management tool.
- The Trust should ensure that the reasons for administering a 'when required' PRN medicine and its efficacy are recorded in patient care and treatment records.
- The Trust should ensure that recognised ratings scales are used to help assess patient outcomes.
- The Trust should ensure that sufficient activities are available for patients on all wards.
- The Trust should ensure that staff on all wards receive regular supervision.
- The Trust should ensure that all informal patients are aware of their rights.
- The Trust should ensure that all staff are trained and supported to be able to access the Trust's new performance platform.

# Mental health crisis services and health-based places of safety

NELFT NHS
NHS Foundation Trust

- <u>3 Should do recommendations identified:</u>
- The Trust should ensure that the environmental risks identified in the Health-Based Place of Safety and the home treatment team premises are adequately assessed.
- The Trust should ensure that patient care plans are personalised and holistic and patients are provided with a copy.
- The Trust should ensure that all staff are able to access ‘S TEPS’ to accurately record supervision.

# Monitoring of Improvement Plan

- In order to progress the CQC recommendations within NELFT, an Improvement Plan was developed whereby any “Must Do” or “Should Do” recommendations that were not already identified as a risk within the organisation were added to the Trust’s risk register and assigned Executive, Corporate and Operational ownership as appropriate.
- In total, there are 3 “Must Do” risks
- In total there were 31 “Should Do” recommendations (28 new and 3 remaining from 2019)
- A total of 23 new risks were created and 8 existing NELFT risks were added to.
- All risks pull through onto a CQC Compliance dashboard and follow the Trust’s Risk Management Policy and process using a risk management tool within Datix.
- The risks and progression of the Improvement Plan are monitored monthly at NELFT’s CQC Assurance group meeting and Bi-monthly at the Quality and Safety Committee.

# Quality Support Visits

NELFT NHS
NHS Foundation Trust

- Embedding of ongoing CQC compliance continues to be monitored by NELFT's internal Quality support visit programme which is conducted using an assessment framework based on the CQC Key lines of enquiry: Safe, Effective, Responsive, Caring and Well-Led.
- Changes to the questions are commencing and will incorporate the new CQC quality statements and self assessment framework.
- Actions from Board member visits to services are incorporated into the process.
- Associate Directors of Nursing support local changes from learning and embedding of ongoing CQC compliance.
- Changes implemented following action taken after Quality support visits are monitored at NELFT's CQC Assurance group meeting monthly.





# Progression of Improvement Plan

NELFT NHS
NHS Foundation Trust

- The “Must Do” recommendations were existing known risks for the organisation and these are progressing with ambition of completion of “Must Do” and “Should Do” risks by July 2023.
- Recruitment remains an ongoing challenge, but staffing risks are centrally managed and a range of initiatives are in place including oversees recruitment and working with universities to attract professional graduates and extending to apprentices.
- NELFT is fully engaged with the Mental Health Transformation Plan, which aims to effectively support reduction in waiting times for Community Mental Health services.





This page is intentionally left blank

**HEALTH SCRUTINY COMMITTEE**

**29 March 2023**

| | |
|---|---|
| **Title:** Early Pregnancy Assessment Unit (EPAU) | |
| **Report of the Chief Nurse, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)** | |
| **Open Report** | **For Information** |
| **Wards Affected:** None | **Key Decision:** No |
| **Report Authors:** Kathryn Halford OBE, Chief Nurse and Kathryn Tompsett, Consultant Obstetrician and Gynaecologist | **Contact Details:** E-mail: kathryn.halford@nhs.net and k.tompsett@nhs.net |
| **Accountable Director:** Kathryn Halford OBE, Chief Nurse, BHRUT | |
| **Summary**<br><br>The appended presentation is intended to provide an update on the Early Pregnancy Assessment Unit (EPAU) at Queen's Hospital, as previously requested by the Committee. | |
| **Recommendation(s)**<br><br>The Health Scrutiny Committee is recommended to note the update provided and following the presentation, discuss any issues that need further exploration with the BHRUT representatives. | |
| **Reason(s)**<br><br>This report is for noting and allows the Committee to put questions to the officers presenting the report. | |

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

**List of appendices:**

- Appendix 1: Early Pregnancy Assessment Unit (EPAU)

This page is intentionally left blank

Appendix 1

# EARLY PREGNANCY ASSESSMENT UNIT (EPAU)

**Barking & Dagenham Health Scrutiny Committee**

**March 2023**


**Kathryn Halford OBE**

**Chief Nurse**

**Kathryn Tompsett**

**Consultant Obstetrician and Gynaecologist**




TAKING PRIDE IN OUR CARE

NHS
Barking, Havering and Redbridge University Hospitals NHS Trust

# EARLY PREGNANCY ASSESSMENT UNIT (EPAU)

- Pregnancy can be an exciting yet sometimes worrying time, and it's crucial we offer the right support to women from the very beginning
- Based at Queen's Hospital, EPAU is a predominantly nurse-led service for women up to 12 weeks pregnant
- We provide specialist consultant care for women who have more complex needs such as ectopic pregnancies and recurrent miscarriages
- We're seeing more women with complex needs in recent months, including an increased amount of caesarean scar ectopic pregnancies
- On average we see around 50 patients each day
- In 2022 we saw 5,798 patients and averaged 500 to 600 scans per month

# ACCESS TO SERVICES

- Co-located alongside EPAU on Sunrise B is our Emergency Gynaecology Unit (EGU)
- EPAU is open seven days a week, 9am to 4.30pm; EGU is open 24 hours, seven days a week
- EGU is a gynaecology 'A&E' – it's a walk-in service for women with any gynaecological issue, and supports women up to 24 weeks pregnant who need emergency help
- EPAU is a referral only service. Women can be referred from EGU or their GP
- We have recently introduced a self-referral system to improve our women's experience, for example, they no longer need to wait for a long time in EGU
- The overwhelming majority of women are treated as outpatients for follow up scans, treatments and appointments offered
- However there are women who may need to be admitted eg for very heavy bleeding or surgery – these referrals are done through the EPAU team

# CARE AND SUPPORT FOR WOMEN WHO MISCARRY

| 2020/21 | | |
|---|---|---|
| Miscarriages | Repeat miscarriages | Percentage |
| 649 | 66 | 10.2% |

| 2021/22 | | |
|---|---|---|
| Miscarriages | Repeat miscarriages | Percentage |
| 648 | 62 | 9.6% |

| 2022/23 | | |
|---|---|---|
| Miscarriages | Repeat miscarriages | Percentage |
| 476 | 48 | 10.1% |

# SUPPORTING WOMEN WHO HAVE EARLY MISCARRIAGES

- We offer reassurance scans every two weeks to women who have had a miscarriage in the past

- Our dedicated bereavement midwife offers training and education to staff and to women who are dealing with a bereavement

- Following delays due to Covid, we are working on plans to introduce a quiet room, to provide a more suitable environment for breaking bad news

- Women are signposted to counselling services for additional support

# DECREASING THE RISK OF REPEAT MISCARRIAGES

- Women identified as being at risk of another miscarriage are advised to come for an early scan during their next pregnancy
- They are given personalised health advice, for example, stopping smoking or managing conditions such as diabetes as well as possible; alongside they are given a range of helpful general and specific information leaflets
- Women who suffer from reoccurring miscarriages are referred to the recurrent miscarriage unit to investigate any treatable cause of their miscarriage
- Medication is prescribed where appropriate

# ADDRESSING PATIENT FEEDBACK

- It's important we celebrate the positive comments we receive for our EPAU, such as patients feeling comfortable to ask questions, and staff creating a welcoming environment
- However we know there are areas where we can do better, for example, communication with patients and reducing waiting times which are two recurrent themes of complaints
- We have a bereavement midwife who is providing communication skills training for our nurses so they are better equipped to support women during difficult times
- We're also improving waiting times by offering a self-referral pathway
- Women complete a self-referral form, which is reviewed by a doctor before they come in for their appointment, so they have less of a wait. It also reduces waiting times as they don't need to go via EGU
- In February, we launched a new patient survey for women using EPAU
- Having this direct feedback will help us to address issues more quickly and identify any recurring themes

This page is intentionally left blank

**HEALTH SCRUTINY COMMITTEE**

**29 March 2023**

| | |
|---|---|
| **Title:** Proposed Governance for Place-Based Partnerships | |
| **Report of the Cabinet Member for Adult Social Care and Health Integration** | |
| **Open Report** | **For Information** |
| **Wards Affected:** None | **Key Decision:** No |
| **Report Author:** Matt Cridge, Head of Borough Partnerships | **Contact Details:**<br>E-mail:<br>Matthew.Cridge@lbbd.gov.uk |
| **Accountable Director:** Matthew Cole, Director of Public Health | |
| **Accountable Strategic Leadership Director:** Elaine Allegretti, Strategic Director Children's and Adults' | |

**Summary**

This report provides an update on the governance arrangements for the Barking and Dagenham Place-based Partnership.

Early in 2022, the feasibility of integrating the Health and Wellbeing Board (HWB) and the Integrated Care Board (ICB) Sub-Committee, as a single committee, was explored but legal advice clarified that this was not possible within current legislation. The Barking and Dagenham Partnership agreed to the establishment of the ICB Sub-Committee to take decisions around functions delegated to Place by the Board of the ICB. This would meet in tandem with the Barking and Dagenham Partnership Board, to form the Barking and Dagenham Place-Based Partnership.

It was agreed that the HWB would have close links the Partnership Board and ICB Sub-Committee, and could hold meetings with those structures, but the HWB would not meet with those structures as a matter of course. In essence, the HWB would work closely with the Place-Based Partnership but sit outside it. There was agreement for further review of the governance arrangements prior to April 2023.

The Health and Care Act 2022 came into force on 1 July 2022. The HWB continues to be a statutory requirement and a committee of the Local Authority, and its core statutory membership is largely unchanged under the new Integrated Care System arrangements (other than the addition of an ICB representative replacing the Clinical Commissioning Group (CCG) representative). HWBs continue to have the flexibility to have a broad membership.

**Recommendation(s)**

The Health Scrutiny Committee is recommended to note the proposal to align the HWB and ICB sub-committees. Following the presentation, the Committee is recommended to discuss any issues that need further exploration with officers.

**Reason(s)**

This report is for noting and allows the Committee to put questions to the officers presenting the report.

## 1. Introduction and Background

1.1 Colleagues across the Integrated Care System (ICS) undertook a piece of work in advance of the establishment of the Integrated Care Board (ICB) on 1 July 2022 to determine the form and governance of the seven place-based partnerships in North East London. The intention for place governance in year one was to make use of the new flexibilities in the legislation to establish a governance mechanism that would enable:

a) More formal integrated ways of working across the ICS partnership; and
b) The lawful and efficient delegation of functions based on the principles of subsidiarity.

1.2 There were a number of governance options to support place-based working set out in policy which accompanied the Heath and Care Bill, and the ICS already had a history of working in an integrated way through the Barking, Havering and Redbridge (BHR) Integrated Care Partnership Board and the CCG Area Committee.

1.3 It was important to ensure that the governance arrangements enabled an "evolutionary" approach where Places could take on increasing responsibility for aspects of the ICB's work overtime, and of other partners' work as national policy around health and social care integration developed. A guiding principle recommended by the principal guidance[1] on the establishment of Place-Based Partnerships was to 'build by doing.'

1.4 Following legal advice from Browne Jacobson, and discussion at the Barking and Dagenham Delivery Group, it was agreed that the preferred option from 1 July 2022 would be to establish the ICB Sub-Committee, to work in tandem with the Barking and Dagenham Partnership Board, thereby forming the Barking & Dagenham Place-Based Partnership.

1.5 Under these current arrangements, the Partnership Board is the collective governance vehicle established by the ICS partner organisations who operate in Barking and Dagenham to collaborate on strategic policy matters and oversee joint programmes of work relevant to Barking and Dagenham Place. Where a formal decision needs to be taken which relates solely to a function of the ICB, then this can be taken by the ICB Sub-Committee. The Partnership Board and ICB Sub-Committee have aligned terms of reference and a significant overlap in membership which

[1] NHS England and LGA guidance: ICS-implementation-guidance-on-thriving (england.nhs.uk)

enables them to meet together within the forum of a single meeting. This is the approach taken across North East London in its seven Places.

1.6 Other ICS partners[2] may take decisions within the forum of the Partnership Board through individuals on the Board having delegated authority or, in the case of the Local Authority, the decision (depending on what it is) may need to be referred to the HWB. This is especially the case in Barking and Dagenham because Barking and Dagenham Council (LBBD) has delegated further functions to the HWB, which means it has a broader role than that which is mandated for HWBs by statute.

1.7 The current governance for the Place-Based Partnership enables and encourages strong links with the HWB, for example, through an overlap in membership (including aspects of chairing); by enabling the HWB to meet with the Partnership Board and ICB Sub-Committee; and by ensuring that plans developed by the Place-Based Partnership appropriately reflect the HWB's work. However, under the current arrangements, the HWB takes more of a 'critical friend' and advisory role and is not itself a formal part of the Placed-Based Partnership.

1.8 A revised terms of reference for the Barking and Dagenham Partnership Board and ICB Sub-Committee is being taken to the ICB Sub-Committee on 30 March 2023 for consideration. These terms of reference have been updated to reference the Place Mutual Accountability Framework, which describes the activities intended to be undertaken at place (i.e. the delegation of functions by the Board of the ICB to the B&D ICB Sub-Committee). However, it is open to the partners to continue to evolve their arrangements.

1.9 Non-statutory guidance on HWBs was published in November 2022, setting out the role and duties of HWBs and clarifying their role in the new system architecture. The guidance supported the ICB and HWB leadership to understand how they should work together to ensure effective and place-based working following the principle of subsidiarity.

1.10 The Local Authority and ICB would like to streamline the Place governance arrangements and explore the option of establishing "Committees in Common" of the ICB Sub-Committee and Health and Wellbeing Board. Currently the HWB and Place ICB Sub-Committee are permitted to meet together, but this approach would bring them together more formally in an aligned way.

1.11 This report asks the Health Scrutiny Committee to consider and discuss the option to establish "Committees in Common" of the ICB Sub-Committee and HWB and the next steps.

## 2. Committees in Common

2.1 Committees in Common are a mechanism for collaboration between statutory organisations. They create a framework for aligned decision-making. In essence, under such an approach, each statutory organisation will have delegated relevant functions to its internal committee (i.e. the HWB and ICB Sub-Committee) and those committees can come together, for all intents and purposes within a single meeting,

[2] (e.g. NHS Trusts and Foundation Trusts)

to take decisions about those functions. The approach promotes consistent decisions between organisations.

2.2 Decisions taken by the local authority and ICB within the forum would be aligned decisions. Decisions can be taken simultaneously, but they remain separate decisions that each organisation is accountable for.[3]

2.3 The governance arrangements can be structured in different ways, but these work best when there is common (or significant overlap in) membership between the committees and where terms of reference, supporting policies and agendas are aligned.

2.4 Establishing the arrangements requires careful governance of the decision-making process to ensure that the decision of each organisation's committee is in line with its internal governance processes (e.g. constitutional arrangements and schemes of delegation). Such arrangements would also need to take into account the respective legal frameworks which apply to local authorities and ICBs.

## 3. Proposal and Issues

3.1 This report proposes that steps are now taken to explore in detail the option of creating a Committees in Common model aligning the HWB and ICB Sub-Committee at Place in Barking & Dagenham, and to operate those arrangements in shadow form before April 2024.

3.2 It is proposed that a working group is established to develop the terms of reference for bringing together the HWB and ICB Sub-Committee in an aligned way, with a view to the arrangements being considered by the HWB and ICB Sub-Committee in June 2023, and thereafter by the Board of the ICB and the Local Authority as appropriate.

3.3 It is recommended that a review of the Partnership Board and the Committees in Common sub-structure is also undertaken to ensure that the partnership governance arrangements brought forward are agile and support the delivery of the Barking and Dagenham Delivery plan, the ICS's priorities and objectives, the HWB's joint local strategy and the North East London Joint Forward Plan and Integrated Care Strategy.

3.4 This further exploration by the working group will allow detailed options to be considered with full implications examined and outlined for the decision-making bodies within LBBD Council and by the Board of the ICB.

3.5 The approach will need to be endorsed by the Barking and Dagenham ICB Sub-Committee as well as the Health and Wellbeing Board before any actions can be taken. This is scheduled for the meeting on 30 March 2023.

**Governance implications provided by Alan Dawson, Head of Governance & Electoral Services (LBBD), with input from ICB Officers.**

3.6 The proposals in this report represent the most appropriate way forward for the HWB and the ICB Sub-Committee given the existing arrangements. The shadow

[3] The approach is not the same as a 'joint committee' approach where one binding decision is made on behalf of both organisations involved. This is an alternative approach.

arrangements will provide the opportunity to fine tune the final arrangements prior to their implementation before April 2024.

## 4. Options Appraisal

4.1 The alternative option is to retain the current processes and structures where the HWB and ICB are distinctly separate requiring duplicated attendance for many, dual messaging and longer decision making. Between the two boards, the preferred option is to seek to align under a Committees in Common approach.

## 5. Consultation

5.1 Discussions in Summer 2022 determined that this was a potential option that could be developed; however, further guidance on the role of HWBs and ICB was expected which it was hoped would clarify the situation for HWBs and ICBs to work together. In November 2022, this guidance did not rule out the option for a Committees in Common approach.

5.2 The Executive Group of the Place-Based Partnership has been appraised of the proposals and endorsed the move to progress this; in addition, the Health and Wellbeing Board has been consulted and agreed with the proposal.

## 6. Financial Implications

6.1 The impact on finance, performance and quality will be worked through alongside its governance.

## 7. Legal Implications

**Local Authority Legal Comments:**

Implications completed by: Paul Feild Senior Lawyer, Standards and Corporate Governance

7.1 This report recommends the establishment of a streamlined decision-making process by establishing parallel membership of the London Borough of Barking and Dagenham Council Health and Wellbeing Board and the Integrated Care Board Sub-Committee.

7.2 The Health and Social Care Act 2012 under Section 194 established Health and Wellbeing Boards (HWB). This is a Council Committee and carries out the Executive function. It is not subject to political balance. The primary duty of the HWB is to encourage those who arrange for the provision of health or social care services to work in an integrated manner.

7.3 On 1 July 2022, the Health and Care Act 2022 established Integrated Care Partnerships and Integrated Care Boards (ICB). The latter replaced CCGs. The ICB has its own sub-committees. The ICB Sub-Committee is a Place-based Sub-Committee established by NEL ICB's Population Health & Integration Committee, which is a committee of the Board of the ICB.

7.4 Reviewing the respective terms of reference of the HWB and the Place Sub-Committee, it is clear that the four core objectives of the ICB and wider ICS i.e. (a) Improve outcomes in population health and healthcare; (b) Tackle inequalities in outcomes, experience and access; (c) Enhance productivity and value for money; (d) Help the NHS support broader social and economic development, are consistent with the objectives and terms of reference of the HWB, so it is not envisaged the principal of the proposals has any inherent structural inconsistency.

7.5 The governance of the meeting(s) is dependent on the mode. While operating as the HWB it is a committee for the purposes of section 102 of the Local Government Act 1972 and the rules for such meetings set out in Schedule 12 of the same Act apply. It will be bound by the Council's Constitution. When sitting as the ICB-Sub-committee the NEL ICB governance will apply. There are differences but not insurmountable.

7.6 In terms of Quorum the ICB-Sub requires six Members in attendance and must include the following of which one must be a care or clinical professional:

(a) Two of the members from the ICB;
(b) Two of the members from the local authority;
(c) One of the members from an NHS Trust or Foundation Trust;
(d) One primary care member.

7.7 The HWB requires as Quorum that five Members are present one of which must be a Barking & Dagenham Councillor. That being so if those present are quorate for the ICB-Sub then it will be so for the HWB.

7.8 As the HWB is a Council Committee the implication is that the Members will be subject to the Localism Act 2011 declaration of interests and the Council's Members Code of Conduct. Clearly there will need to be training on being a member of such a body and guidance in identifying any conflicts of interest. Finally, unlike the ICB-Sub as it is a Council Committee it can only make decisions at a defined place with due compliance with the law relating to Council meetings which do not permit virtual meetings.

**ICB Legal Comments:**

Implications completed by: Browne Jacobson LLP, lawyers to the North East London Integrated Care Board

7.9 We agree that it is a sensible step for such new arrangements to be explored further. The proposed arrangements are consistent with national guidance which emphasises the importance of HWBs within Place-Based governance (e.g. as key drivers for integration).

7.10 The proposal to establish a working group to develop the proposals further is prudent. We are aware that a similar approach to developing terms of reference has worked well in the past in Barking and Dagenham.

7.11 In particular, we recommend that the working group should:

a. review the current Partnership Board's terms of reference, to consider any continuing role for that structure (or otherwise how/where its strategic role and responsibilities will be undertaken);

b. consider how decisions by individuals representing other statutory organisations within the ICS might be taken within the committees in common arrangements (e.g. NHS Trusts and Foundation Trusts);

c. give careful consideration to the membership of each committee and consider how participation of others from across the ICS can best be facilitated (e.g. primary care);

d. consider how respective legislation governing how NHS bodies meet and Local Authorities meet can permissibly mesh together to enable aligned working;

e. consider how conflicts of interest can best be managed under respective organisations' legal and policy frameworks.

7.12 The working group would be assisted in its work by looking to models of good practice as they emerge across the country[4] and from monitoring legal and policy developments around health and social care integration.

## 8. Other Implications

### Mandatory Implications

8.1 Subject to HWB Members' support of the proposed arrangements, the terms of reference of both the HWB and the Council's Health Scrutiny Committee, which appear as Chapters 7 and 8a respectively in Part 2 of the Council Constitution, will need to be updated to reflect the new arrangements and these shall be presented to the Assembly for approval.

8.2 Any changes to the ICB Sub-Committee Terms of Reference will need to be approved by the Board of the ICB and changes to membership of the ICB Sub-Committee will need to be approved by the Chair of the ICB.

8.3 **Contractual Issues -** None

8.4 **Staffing Issues –** Aligning the ICB subcommittee and the HWB will reduce the time spent and number of meetings many members of staff in LBBD and partner organisations have to commit to.

8.5 **Corporate Policy and Equality Impact -** The proposal is seeking to streamline decision making and so speed up decisions regarding service transformation for residents in Barking & Dagenham. This will in turn speed up the access to and improvements in services partners are collaboratively seeking to make.
One of the main drivers of the Integrated Care System is to improve health and reduce health inequality, thus increasing fairness and equity through improved service delivery.

[4] (e.g. other aligned approaches or joint committee models)

Barking and Dagenham Place based Partnership ICB subcommittee and HWB share these priorities as drivers.
A central tenet of the ICB is to ensure where possible decisions are made as close to and with the people they affect in our communities to help meet needs and improve outcomes for residents, thus improving satisfaction and improved experience by our residents.

8.6 **Safeguarding Adults and Children –** Closer alignment of the HWB and ICB subcommittee will allow a greater collaborative focus on reducing inequalities and improving wellbeing across all our residents with a particular focus on reducing inequalities and supporting our more vulnerable residents better.

8.7 **Health Issues –** There will be a direct benefit to health with improved services and easier access locally.

8.8 **Crime and Disorder Issues –** The proposals impact on safeguarding will also deliver improvements in crime and disorder.

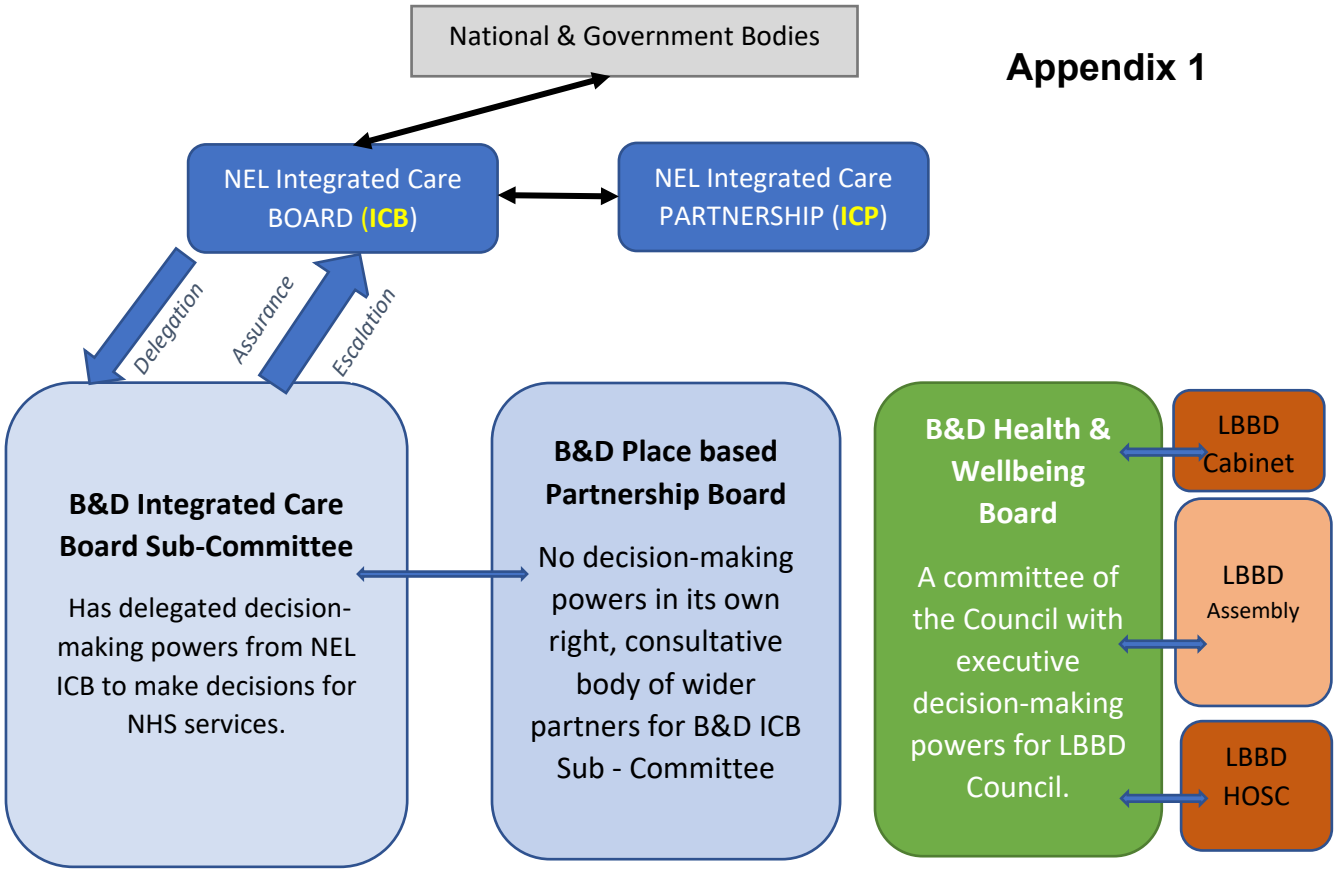
8.9 **Property / Asset Issues –** One of the enabling groups under the ISB is the Local Infrastructure Forum (LIF) that is bringing together officers across partners to look at the collective estate and how this may be better utilised for our residents to access more services in their community.

**Public Background Papers Used in the Preparation of the Report:** Health and wellbeing boards: guidance - GOV.UK (www.gov.uk)

**List of appendices:**

- Appendix 1: Schematic of Current Governance Structures

# Appendix 1




**Members of B&D PbPB**

LBBD Cabinet member – Cllr Maureen Worby (Joint Chair)

GP Provider/ PCN representative- Dr Shanika Sharma (Joint Chair)

Director of Place, Impact and Delivery – Sharon Morrow

Clinical Director Dr Ramneek Hara

Finance NEL – Sunil Thakker

Director of Nursing Mark Gilbey Cross

LBBD Interim CEO – Fiona Taylor (Place Lead)

Strategic Director Children and Adults LBBD - Elaine Allegretti

Director of Public Health Matthew Cole

Integrated Care Director- Melody Williams

Selina Douglas- Executive Director of Partnership (NELFT)

Director of Strategy & Partnerships- Ann Hepworth (BHRUT)

BD Collective- Elspeth Paisley

Healthwatch- Manisha Modhvadia

Primary Care Development Lead –Dr Kanika Rai

Director of Community Participation and Prevention – Rhodri Rowlands

Interim Operational Director Adults Care and Support – Susanne Knoerr

Chief Operating Officer- Craig Nikolic (Together First CIC, B&D GP Federation)

Primary Care Network Director (North)- Dr Narendra Teotia

Primary Care Network Director (North West)- Dr Ravi Goriparthi

Primary Care Network Director (New West)- Dr Jason John

Primary Care Network Director (East)- Dr Afzal Ahmed

Primary Care Network Director (East One)- Dr Natalya Bila

NEL Pharmaceutical Committee Dental rep'- Dr Liladhare-Shilpa Shah

**Members of ICB Sub committee**

LBBD Cabinet member – Cllr Maureen Worby (Joint Chair)

GP Provider/ PCN representative- Dr Shanika Sharma (Joint Chair)

Director of Place, Impact and Delivery – Sharon Morrow

Clinical Director Dr Ramneek Hara

Head of Finance Julia Summers

Director of Nursing Mark Gilbey Cross

LBBD Interim CEO – Fiona Taylor (Place Lead)

Strategic Director Children and Adults LBBD - Elaine Allegretti

Director of Public Health Matthew Cole

Integrated Care Director- Melody Williams

Selina Douglas- Executive Director of Partnership (NELFT)

Director of Strategy & Partnerships- Ann Hepworth (BHRUT)

BD Collective- Elspeth Paisley

Healthwatch- Manisha Modhvadia

Primary Care Development Lead –Dr Kanika Rai

**Health & Wellbeing Board members**

Cabinet member – Cllr Maureen Worby (Chair)

Cabinet member – Cllr Jane Jones

Cabinet member – Cllr Elizabeth Kangethe

Cabinet member – Cllr Syed Ghani

LBBD Interim CEO – Fiona Taylor (Place Lead)

Strategic Director Children & Adults – Elaine Allegretti

Director of Place, Impact and Delivery – Sharon Morrow

Clinical Director Dr Ramneek Hara

Director of Public Health Matthew Cole

Integrated Care Director- Melody Williams

Selina Douglas- Executive Director of Partnership (NELFT)

Kathryn Halford – Chief Nurse (BHRUT)

BD Collective- Elspeth Paisley

Healthwatch- Nathan Singleton

Metropolitan Police – Louise Jackson

Red text denotes member of both ICB subcommittee and member of HWB.

NOTE: Assurance and escalation by the ICB Sub-Committee is done via the ICB's PH&I Committee

This page is intentionally left blank

**HEALTH SCRUTINY COMMITTEE**

**29 March 2023**

| | |
|---|---|
| **Title:** Joint Local Health and Wellbeing Strategy 2023-28 Refresh Framework for Delivery – Consultation | |
| **Report of the Director of Public Health** | |
| **Open Report** | **For Information** |
| **Wards Affected:** All | **Key Decision:** No |
| **Report Author:** Jane Leaman, Consultant in Public Health, LBBD | **Contact Details:** Jane.leaman@lbbd.gov.uk |
| **Accountable Director:** Matthew Cole, Director of Public Health, LBBD | |
| **Accountable Strategic Leadership Director:** Elaine Allegretti, Strategic Director Children's & Adults, LBBD | |

**Summary**

The current Health and Wellbeing Strategy (HWBS) ends in 2023. Following the publication of the refreshed Joint Strategic Needs Assessment (JSNA) and the Babies', Childrens' and Young Peoples' Plan, it is proposed that the strategy (now known as the Joint Local Health and Wellbeing Strategy (JLHWBS)) remains, but is refreshed in the context of the new Integrated Care System (ICS) and in the aftermath of the COVID Pandemic and the current 'cost of living crisis' for the period 2023 -2028 (as recommended in the Director of Public Health's report 2021-22).

In the context of the new place-based partnership and integrated working, this refreshed strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of residents' lives by 2028. It provides a framework for action (to be reviewed annually) to deliver place outcomes and informs the NEL Integrated Care Strategy; LBBD Corporate Plan (in production); and the evolving ICB Joint Forward Plan (JFP) which needs to be published by June 2023.

**Recommendation(s)**

The Health Scrutiny Committee is recommended to:

1. Discuss the following areas of the strategy:
   a). Vision;
   b). Principles;
   c). What we are planning to achieve;
   d). How we plan to achieve delivery;
      (i). Plans for co-production;
   e). Priorities;
   f). Proposed actions; and
   g). How success is measured.

2. Note the publication of the Strategy in June 2023 (subject to the JFP being published).

**Reason(s)**

The Health and Wellbeing Board has a statutory duty to produce a Health and Wellbeing Strategy (now known as Joint Local Health and Wellbeing Strategy (JLHWBS)) that describes the key local health and care issues and explains what the Board is going to do to make improvements to these issues.

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

**List of appendices:**

- Appendix 1: Joint Local Health and Wellbeing Strategy 2023-2028 Consultation

## Introduction

**Welcome to the consultation on the Barking and Dagenham plan for improving health, wellbeing and reducing health inequalities. Improving and protecting health needs a shared vision and agreed actions across our communities, so diverse experience and insight will be critical to success. Please contribute and encourage as many others as possible to also do so!**

This framework sets out a renewed vision for improving health and wellbeing of our residents and communities and reducing inequalities by 2028. It reamplifies key themes and outcomes from the 2019-2023 strategy – which are still relevant - and refines how we will deliver these over the next 5 years. It recognises and harnesses our new partnerships, with a particular focus on ensuring communities are central to coproduction and delivery.

As most issues impacting health are outside of the health service, the heart of this strategy tackles wider determinants of health. It recognises the need for equity by targeting those with experience the poorest and therefore would benefit the most from support, using formal and informal relationships along with connections with residents to ensure services meet individual needs and characteristics of our communities.

Following the publication of the refreshed JSNA (2022) and the Babies, Children's' and Young Peoples Plan, it was agreed that the key themes within the current HWB strategy (2019 -2023) (now known as the Local Joint Health and Well Being Strategy (JLHWBS)) remain but is refreshed in the context of the new NHS Integrated Care System (ICS) and in the aftermath of the COVID-19 pandemic and the current 'cost of living crisis' for the period 2023 -2028 (as recommended in the Director of Public Health's report 2021-22).

The strategy is being refreshed at a time of significant transformation to the NHS and wider health and care system. Changes from central government require organisations responsible of health and care services to form place-based partnerships. These partnerships will have key role in delivering wider programmes to promote health and wellbeing and integrate services to improve health and experience of care for local people.

An initial programme of community engagement was undertaken to help define 'what good looks like' against the agreed priorities; headlines of which are included. This consultation now takes the plans to a wider audience. We want to ask residents and other stakeholders, what actions we should focus on in our strategy. Your views are vital to help ensure that together we can make a real and sustainable difference in B&D.

And we want work with residents, to take your feedback and suggestions and co-develop an action plan. This will include a range of approaches that aim to hear from as many people as possible. It may include surveys, workshops, meetings, data benchmarking and focus groups with people.

.

# Our Population and Its Health Challenges

Barking and Dagenham is the most deprived borough in London, based on Index of Multiple Deprivation score (32.8)[1] and is ranked 5th in London on the related Income Deprivation Affecting Children Index (IDACI) score, a measure of child poverty, which assesses the percentage of all children aged 0 to 15 years who live in income deprived families (23.8%).[2] Furthermore, B&D had the highest percentage of children aged under 16 living in absolute low income families in London (21.2%) in 2020/21.[3]

Around 218,900 people live in Barking & Dagenham and although the local population is the 10th lowest in the London boroughs, it has seen the 2nd highest growth in numbers in recent years. Between 2011 and 2021, the population size of the borough increased by 17.7%, from around 185,900 to 218,900.[4]

Our local population is young, with an average age of 33 years old, and the highest proportion aged under 18 within England and Wales (28.9%). Nearly a quarter (23.6%) of the borough's population are aged between 5-19 years old and almost a third (31.5%) are aged 19 and under. This younger population has also showed considerable growth in the number of residents aged 5-9 (28%), 10-14 (43%) and 15-19 years old (20%), in the decade leading up to the 2021 Census.[5]

Although nearly six in ten local residents (c.128,500 people) were born in the UK (58.7%), the borough has a **diverse population**, in which 44.9% are White, 25.9% Asian, 21.4% Black, 4.3% Mixed and 3.6% of Other ethnic groups.[5]

In 2018-2020, **life expectancy** in the borough for both men (77.0 years)[6] and women (81.7 years)[7] has reduced and is significantly worse than the national averages. We also have the highest rate of **premature mortality** in London, with 449.3 deaths per 100,000 people aged below 75, compared to 316.1 for London overall.[8]

Both **cancer and cardiovascular disease** (CVD) remain major killers in B&D and contribute to the gap in life expectancy for residents. However, a significant proportion of these cases are caused by avoidable and essentially preventable lifestyle choices and behaviours linked to smoking, alcohol and obesity.[9]

We also had the highest rate of **premature (<75 years) mortality from cardiovascular diseases** in London for 2020, with a rate of 137.1 per 100,000, which is also significantly higher than both London (72.3 per 100,000) and England (73.8 per 100,000).[10]

Barking & Dagenham has some of the worse outcomes for **long term conditions (LTCs)** in London. For example, in 2020/21, 70 children (aged under 19) from Barking & Dagenham (B&D) were admitted to hospital for asthma, which represents a rate of 104.8 per 100,000. This rate was the 4th highest of the London local authorities and significantly higher than the rates for London (72.9 per 100,000) and England (74.2 per 100,000).[11]

However, the number of people with **long term conditions (LTCs**) is substantially lower than expected, indicating that many cases currently go undiagnosed and untreated.

For adults, the borough had the 3rd highest rate of emergency hospital admissions for **COPD** in 2019/20, with a rate of 597 per 100,000, which was significantly higher than both London (358 per 100,000) and England (415 per 100,000).[12]
And the highest mortality rate from COPD in London at 74.5 per 100,000, significantly worse than both London (39.7 per 100,000) and England (43.3 per 100,000).[13]

**Smoking** is the leading preventable cause of ill health and mortality in B&D and although there has been a national decline in smoking prevalence since the 1950s, 11.3% of adults in Barking & Dagenham in 2021 are current **smokers**, which is similar to both London (11.5%) and England (13.0%).[14] However, higher smoking prevalence is found within the more deprived communities in the borough, as well as those people with severe mental illness, contributing significantly to health inequalities.

The percentage of women in the borough smoking at the time of delivery has also shown a significant decrease over the last decade falling from 13.1% (in 2011/12) to 4.5% in 2021/22, which is significantly lower than in England overall (9.1%).[15] In contrast, smoking attributable mortality, as well as smoking attributable deaths from cancer, in Barking & Dagenham, have in recent years been the highest in London at 280.9 per 100,000 and 115.7 per 100,000 respectively.,[16,17]

**Smoking** is also linked to the delivery of low birth weight babies and premature births. For premature births (i.e. those less than 37 weeks gestation), Barking & Dagenham has the 3rd highest rate in London (89.1 per 1,000), and significantly worse (higher) than London (76.4 per 1000) and England (79.1 per 1,000).[18] In addition, our borough is significantly worse than England on low birth weight of term babies with a rate of 3.8%, compare with 2.8% nationally.[19]

The borough has the highest prevalence of **obesity** in London for Reception Year (14.8%)[20] and Year 6 children (33.2%),[21] both of which are significantly higher than regional and national averages. Similarly, the borough has the 3rd highest proportion of obese adults (28.6%) within the London local authorities.[22]

In the year ending January 2023, there were 3,557 **domestic abuse offences** recorded by the Metropolitan Police for Barking & Dagenham, representing a rate of 16.6 per 1,000, which is the highest rate within the London boroughs. This rate was a 4.2% increase on the previous year and a 14.8% rise on the previous month. Of these offences, 780 were domestic abuse violence with an injury.[23]
It is estimated that 75.43 per 1000 children aged 0-4 years old in Barking & Dagenham live in households where a parent is suffering domestic abuse, compared with the national rate of 71.33 per 1000.[24]

Overall, in the year ending January 2023, there were 114.4 crimes per 1,000 people in Barking & Dagenham, which is higher than the rate for London (108.7 per 1,000 population).[25]
Similarly, for 2021, the borough had the 5th highest rate of first-time entrants into the youth justice system in London, with a rate of 256.0 per 100,000, which was significantly higher than the national rate (146.9 per 100,000).[26]

Between 2019/20 and 2021/22, the rate of households in **temporary accommodation** in B&D fell significantly from 20.7 to 17.8 per 1,000. However, the borough still had a significantly higher rate than both London (16.3 per 1,000) and England (4.0 per 1,000), on this measure of homelessness.[27]

In 2021, Barking & Dagenham had the **highest percentage of its economically active population unemployed of all the London boroughs** (7.6%).[28] During 2021/22, the borough also had the 3rd lowest percentage in London of people in employment (67.6%).[29] Fuel poverty in Barking & Dagenham

was the worse in London, with nearly 14,000 households in the borough (18.6%) experiencing this form of economic challenge, in 2020.[30] In 2021/22, the borough also had the 7th highest percentage of the working population claiming out of work benefits (8.7%).[31]

## Our Vision: What do we want to achieve together in Barking and Dagenham?

By 2028, residents in Barking and Dagenham will have improved health and wellbeing, with a reduction in the gap in health inequalities between Barking and Dagenham residents and people living elsewhere.

Our residents will have increased resilience, empowered to thrive, not just survive, in the face of adversity and will have opportunities to achieve their full potential.

Our residents will benefit from coproduction and partnerships around their needs and priorities.

| |
|---|
| **1. Do you agree with this vision?** |
| **2. If not, what would you add/take away?** |

# Themes

The strategy will be based on three themes. The following sets the vision for each of these themes, but this strategy will focus on the actions for the Health and Well Being Board over the next five years.

***Best Start in Life***
Every baby, child, young person and their families gets the best start; is heathy, happy and achieves; thrives in inclusive schools, settings and communities; are safe and secure, free from neglect, harm and exploitation; and grow up to be successful young adults.

***Living Well***
Our residents will be empowered to thrive and not just survive in the face of adversity and will have opportunities to achieve their full potential.

***Ageing Well***
Our residents will be empowered to manage their health, including health behaviours, recognising, and acting on symptoms, and managing any long-term conditions.

Our services will allow our residents to have an early diagnosis of health conditions and be provided with appropriate care to manage their condition.

Health and wellbeing will be an asset and enabler for our residents, with health, social care and community services that seamlessly support accessing opportunities (educational, employment, social) and living independently for as long as possible.

| |
|---|
| **3. Do the themes and related visions fit to what you think are relevant to your health and wellbeing?** |
| **4. If not, what should we be including?** |

# Principles

**The following are the principles which underpin the actions to:**

**Addressing Health Inequalities**

Addressing avoidable differences in health experience between residents is a key underpinning principle in all our work to deliver this strategy.

These differences are a consequence of health events across the life course from pre-birth, and over 80% are unrelated to access to health services.

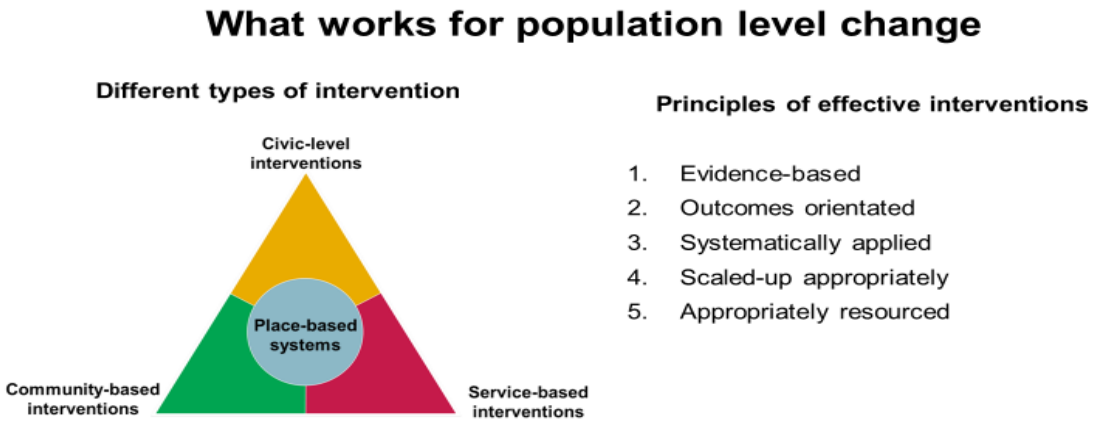
In Barking and Dagenham, residents are exposed to more negative influences on health than those in other local areas, i.e., the highest percentage of households suffering multiple deprivations (68%; Census 2021). This will be exacerbated by the 'cost-of-living crisis', with B&D residents having the fourth highest vulnerability to it out of 307 local areas[32].

There are a range of frameworks *(Addressing health inequalities through collaborative action Briefing note PHE 2021)* which exist and can be applied to addressing health inequalities through systems and at scale, depending on different audiences, contexts or priorities. However, the majority of these have the same underpinning principles of:

- Action on the determinants of health
- Whole systems working
- Evidence-based action at scale **
- Strong leadership and community involvement or asset-based approaches

**Taking place-based action**

To make a meaningful difference, effective action is required at civic, service and community levels. System leadership and planning through our new partnership arrangements will ensure action is effective and is meeting needs of our residents.




[32] LBBD Insights Hub, 2022

## Taking Action on What Makes Us Healthy

Services have a crucial role in enabling us to be healthy, however improving health and reducing health inequalities requires us to also act on the 80% of health determinants outside of healthcare. Working across partnerships which places the assets and needs of individuals and communities at the centre can enable us to make a real change on 'what makes us healthy' (Health Foundation, 2019).

## Coproduction with Communities

At the forefront of action is a genuine commitment to the value of relationships and coproduction with residents in designing or delivering changes in services, to meet the individual assets and needs of our communities.

This will take the form of working with the following range of Community-centred approaches[33] for health and wellbeing:

- **Strengthening communities** – where approaches involve building on community capacities to take action together on health and the social determinants of health.
- **Volunteer and peer roles** – where approaches focus on enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities.
- **Collaborations and partnerships** – where approaches involve communities and local services working together at any stage of planning cycle, from identifying needs through to implementation and evaluation.
- **Access to community resources** – where approaches connect people to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation.

[33] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768979/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf

**Integrated Health and Care**

Building on lessons from COVID-19 and the cost-of-living crisis, and new opportunities arising from working in a 'place' way across sectors with residents at the heart, we will work to ensure that residents can access the right support, at the right time in a way that works for them. It requires understanding the respective assets and roles across NHS, social care and community sectors, as well as our communities themselves. 'Shifting the centre of gravity' to make place-based, person centred health and care a reality can be supported by the following principles:[34]:

- ***Subsidiarity*** - System leaders committed to making decisions at the most local level, as close as possible to the communities that they affect.
- ***Building on what already works locally*** – Building on and expanding partnership already working effectively to plan and deliver joined-up, person-centred services.
- **A person-centred approach** – Co-production to plan and deliver care and support with individuals and, where they wish, with their families, to achieve the best outcomes.
- **A preventative, assets-based population health approach -** Maximising health and wellbeing, independence, and self-care in or as close to people's homes as possible in order to reduce their need for health and care services.
- **Achieving best value** – Working together to ensure delivery of care and support represents the best value, including, of securing the best possible health and wellbeing outcomes using safe and high quality services, while ensuring the sustainable use of resources.

| |
|---|
| **5. Do the principles align with those you feel are important?** |
| **6. Do you have any to add?** |

[34] Shifting the centre of gravity: making place-based, person-centred health and care a reality (local.gov.uk)

# What are we trying to achieve?

## Best start in life

We want our babies, children, and young people to:

- Get the best start, be healthy, be happy and achieve.
- Thrive in inclusive schools and settings, in inclusive communities.
- Be safe and secure, free from neglect, harm, and exploitation.
- Grow up to be successful young adults.

## Living well

We want our residents to not just survive, but to thrive and realise their potential by improving:

- Multi-agency support for those with Adverse Childhood Experiences
- Access and outcomes in education, employment & skills
- Physical & mental wellbeing

## Ageing well

We want our residents to live healthily for longer by:

- Being empowered to manage their health, including health behaviours, recognising and acting on symptoms and managing any long-term conditions.
- Having increased opportunities to have an early diagnosis of health conditions and be provided with appropriate care to manage their condition and before their condition becomes more serious.
- Being supported by health, social care and communities that ensure health and wellbeing is an asset and enabler to accessing opportunities (educational, employment, social) and living independently for as long as possible.

| |
|---|
| **7. Do these cover the areas required?** |
| **8. If not, what else is needed?** |

# How are we going to get there?

The Joint Health and Wellbeing Strategy 2019 – 23 was initially co-produced with residents and as part of this 22/23 refresh we went back to the community by One Borough Voice survey- asking them to sense check the existing priorities. We also considered engagement already carried out across the borough.

Outputs of engagement with relevant professional stakeholders and children, young people and parents/carers (as part of the Best Chance Strategy creation) have been taken into account. Outcomes children, young people and families want the most were:

- To feel proud to live in B&D
- To feel safe in all parts of the borough, including school
- Easily access the right support for their mental health
- To be satisfied with life and feel positive about the future
- Know their views are actively listened and responded to
- Have a plan for the future and feel empowered to achieve it
- Have school support them with being their best and prepare them for adulthood

Outcomes from engagement across 55 focus groups with residents and professionals within the borough for the B&Ds Domestic Abuse Commission Report, 2021 has also been reflected upon. Outcomes survivors wanted were:

- To have available professionals and services and to be clear on where to get support
- Improved awareness what a health relationship looks like for young people
- Services to be trauma informed
- Improved community awareness of domestic abuse
- Perpetrators to be held accountable for their actions
- Support to be available through community groups and spaces
- Children to be safe and have their needs met

These will inform delivery plans within this strategy and set out what we want to achieve in Barking and Dagenham, the principles detail our commitments within this.

More recently, Healthwatch spoke to adults regarding the other priorities and obtained feedback on opportunities to be healthy, impacts of health on work and training opportunities and how residents wish to be supported around any long-term conditions. Individuals fed back that:

- They'd most like to receive a diagnosis of a LTC and receive ongoing advice and support from: trained people locally and within places they frequently visit, e.g. places of worship
- The types of support/information that they'd find useful following a diagnosis and to live well with a condition is: self, peer and family support; improved experiences during service transitions and reliable online sources of support such as Diabetes, BP UK and the NHS.
- The greatest barriers to achieving change were: cost; identifying trustworthy sources of information (especially online/ social media platforms); suitable options for support.

| |
|---|
| **9. Does this match your thinking about the outcomes we should work towards?** |
| **10. If not, what would you like to add?** |

# Co-production

### Working in partnership to design and deliver support together

The strategy's focus includes a core commitment to working in creative partnerships with communities to achieve our aims - to reduce health inequalities so no-one is left behind.

We know that communities know best about having access to the right services, in the right place, at the right time. And communities know best if services are accessible for the people who need them.

We want to work with communities who face the most inequalities to achieve lasting change – with communities feeling more empowered to participate and lead themselves.

We want to develop ways that will better enable our residents and our communities to take part in thinking of and developing solutions together - that help improve health and well-being in B&D and to help us understand progress in delivering our action plans.

To help do this we are proposing that we will focus in year one on:

- Finding new and creative ways of bringing people together to share experiences, ideas and voices
- Developing a new approach to future resident and community engagement and participation in health and well-being services– working with residents and communities to do this
- Using data, to understand our population- particularly our underserved communities better and consider the relevant approaches required for working together
- Co-creating and co-developing specific actions to deliver this strategy, culminating in co-produced action plan

Our long-term aim is to develop approaches that better enable and empower local communities to shape and contribute to how the HWB strategy tackles health inequalities and improves health and well-being on an ongoing basis.

We know we cannot do this alone.

### Developing our approach to co-production

We want to develop our approach to co-production in partnership and to work with a wide range of people, professionals and organisations to do this. We are committed to making this work and the following principles will be part of how we do this:

- Involve everyone who will be taking part in co-production from the start.
- Value and reward people who take part in the co-production process.
- Ensure that there are resources to cover the cost of co-production activities.
- Ensure that co-production is supported by a strategy that describes how things are going to be communicated.

We are proposing to establish resident and community led forums that can better contribute to the development of our strategy and the monitoring of progress over time. We also propose to use these, and other approaches such as surveys; focus groups; work with specific groups of people and service users and broad resident and community engagement to strengthen our approach to co-production.

By doing this we want to build co-production into the following activities as part of what we do:

- **Co-design**, including planning of services and support
- **Co-decision making** in the allocation of resources and funding
- **Co-delivery of services** including the role of volunteers in providing services

- **Co-evaluation** of services and performance

| |
|---|
| **11. What ways would you like to be involved in improving the health and well-being of residents?** |
| **12. Do you agree with the proposed activities for co-production? What is missing / what would you add?** |

# How we will we deliver our agreed outcomes over the next 5 years?

**Priorities**

The JSNA has been complemented by other important sources (such as the 2021 Census) to formulate a set of key priorities agreed by the Place Based partnership. These relate to:

- Improving outcomes for people with long term conditions in children and adults,
- Addressing obesity and smoking in children and adults,
- Providing the best start in life for our babies, children, and young people.
- Preventing and addressing domestic abuse
- Preventing the exposure to and the consequences of adverse childhood experiences
- Addressing wider determinants of health for example unemployment, poor housing, low level of training, education, and skills development.

## Proposed Actions

### Strategic Leadership

For a place to be effective in delivering systematic system wide place or population action at scale to address health inequalities the following needs to be in place[35]:

1. A create vison and strategy with measurable goals, coordinating targeted action at all levels
2. System leadership and accountability for action on health inequalities
3. As system approach to data linkage and data and evidence driven policy and intervention development and implementation
4. Building the evidence base of what works
5. Improve system capability for action on health inequalities and wider determinates of health
6. Use of systematic assessment tool to drive multi agency cross system action on health inequalities and wider determinants.
7. Use of systematic assessment tools to drive multi-agency cross system action
8. Comprehensive engagement to magnify community voice

[35] https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report

## Delivering Priorities

**Providing the best start in life for our babies, children, and young people.**

- To be healthy, be happy and achieve by:
  - Increasing access to services including maternity, health visitors and early help provision
  - Tackling early causes of childhood neglect
  - Improve poor perinatal mental health and domestic abuse.
  - Improve uptake of breastfeeding, immunisations and two-year-old checks
  - Improve education outcomes and standards.
  - Reducing obesity
- To grow up to be successful young adults by:
  - Access good quality youth support
  - Increase feelings of safety through reducing serious violence, offending and reoffending
  - Proving supportive pathways into adult services
  - Improving local employment and training offer
  - Provide positive diverse and inclusive role models.
- To thrive in inclusive schools and settings, in inclusive communities by:
  - Access Early Help and Support For CYP and Families with SEND and Social and Emotional Support (including through transitions)
- To be safe and secure, free from neglect, harm and exploitation
  - Support good child protection and Child Death Overview Panels decisions and outcomes.
  - Develop contextual safeguarding approaches.
  - Care for children in care and care leavers

**Preventing the exposure to and the consequences of adverse childhood experiences[36].**

Action will include:

- Building resilience through, for example: parenting programmes/strengthening families; mentoring interventions; school-based programmes to develop life skills; psychological support to deal with negative impacts of ACEs; community based programmes that strengthen local resources and relations
- Alerting norms of behaviour and environments that promote ACEs.
- Developing Trauma Informed communities[37].

  Through:
  - Implementing the national 'Start for Life' programme,
  - Build on the delivery of the Healthy Child Programme
  - Setting up three locality-based Family Hubs as the focus for integrated working across the system and Family Hub networks in the borough.

[36] 2023-01-state-of-the-art-report-eng.pdf (ljmu.ac.uk)

[37] Trauma informed practice (TIP) can support individuals affected by ACEs and avoid re-traumatisation, For those affected by TIP is being used across a variety of services, including health, schools and criminal justice. There is no standard definition but it is said to be an approach which realises the widespread impact of trauma and understands potential paths for recovery, recognises the sings and symptoms of trauma in clients, families, staff and others involved with the system, responds by fully integrating knowledge about trauma into policies procedures and practices, and seeks to actively resist re-traumatisation.
*Christian CW, Committee on Child Abuse and Neglect, American Academy of Paediatrics. The evaluation of suspected child physical abuse. Paediatrics. 2015, 135(5):e1337–54*

## Living Well

**Addressing unhealthy weight and smoking in children and adults**

Action will include:

- Development of a **system wide approach needed to address unhealthy weight** including integrated support for those living with unhealthy weight, increasing access to safe open spaces for walking and cycling, opportunities for physical activity and enabling healthier diets are important contributions to a thorough obesity strategy.
- Develop system wide approach to **reducing smoking** – including stopping children starting and providing access to evidence-based stop smoking services

**Preventing and addressing domestic abuse**

Action will include:

- Deliver Barking and Dagenham Domestic Abuse Improvement Programme
- Leading the delivery of a broader Public Health Approach to addressing domestic abuse

**Addressing wider determinants of health for example unemployment, poor housing, low level of training, education, and skills development**

Action will include:

- Delivering a Health in all Policies approach (linking to the themes[38] identified within the Barking and Dagenham Together vision document 2017 – 2237) within all partners responsibilities, to enable opportunities for people to realise their potential through training, education, skills development, and good employment.
- Supporting housing policy which improves health and wellbeing
- Deliver action on air quality to improve health.
- Public sector partners will develop their roles as an anchor institution.
- Deliver the Serious Violence duty to reduce child exploitation and crime.

## Ageing Well

**Improving health and wellbeing for residents, particularly those with long term conditions.**

Action will include:

- Providing appropriate and accessible services and support for residents to prevent development of health conditions.
- Supporting residents to understand when and how to access services for the assessment and management of long-term conditions.
- Ensuring more residents with health conditions are assessed, identified and provided with condition management as early as possible.
- Development of integrated teams of teams that allow residents to receive the support and care they need to allow their health and wellbeing to enable to access opportunities and live independently for as long as possible.
- Development and delivery of a digital transformation strategy for Care and Support.

| |
|---|
| **13. Have we covered all the action areas you expect us to deliver?** |
| **14. If not, what have we missed?** |

[38] These are: employment skills and enterprise; education; regeneration; housing, health and social care; community and cohesion; environment; crime and safety; fairness; arts culture and leisure https://www.lbbd.gov.uk/sites/default/files/2022-09/Barking-and-Dagenham-Together-Borough-Manifesto.pdf

## How will we know we have been successful?

- Each priority/theme will have several **outcomes** (short medium and long term- up to 5 years).
- **Measures (Performance indicators)** will be identified against which progress with be tracked, to deliver improvements to health and wellbeing and reduce health inequalities.
- A detailed set of **delivery plans** will be developed to describe activity to achieve the agreed measures.
- Responsibility and accountability for delivering these plans with be both the Adult and Best Chance for Children and Young People Delivery Groups.

**15. What should we measure to demonstrate we have achieved our actions?**

## SUMMARY OF QUESTIONS

### Vision

1. Do you agree with this vision?
2. If not, what would you add/take away?

### Themes

3. Do the themes and related visions fit to what you think are relevant to your health and wellbeing?
4. If not, what should we me including?

### Principles

5. Do the principles align with those you feel are important?
6. Do you have any to add?

### What are we trying to achieve?

7. Do these cover the areas required?
8. If not, what else is needed?

### How are we going to get there?

9. Does this match your thinking about the outcomes we should work towards?
10. If not, what would you like to add?

### Co-production

11. What ways would you like to be involved in improving the health and well-being of residents?
12. Do you agree with the proposed activities for co-production? What is missing / what would you add?

### How will we deliver our agreed outcomes over the next 5 years?

13. Have we covered all the action areas you expect us to deliver?
14. If not, what have we missed?

### How will we know if we have been successful?

15. What should we measure to demonstrate we have achieved our actions?

## REFERENCES


[1] OHID (2023). Public Health Profiles. Deprivation Score, 2019. Available at: https://fingertips.phe.org.uk/search/deprivation#page/3/gid/1/pat/6/par/E12000007/ati/401/are/E09000002/iid/93553/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0_car-ao-0

[2] OHID (2023). Public Health Profiles. Child Poverty, Income deprivation affecting children index (IDACI). Available at: https://fingertips.phe.org.uk/search/deprivation#page/3/gid/1/pat/6/par/E12000007/ati/401/are/E09000002/iid/93094/age/169/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[3] OHID (2023). Child and Maternal Health Profile. Children in absolute low income families (under 16s). Available at: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000007/ati/302/are/E09000002/iid/93701/age/169/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[4] Office for National Statistics (ONS, 2022). How the population changed in Barking and Dagenham: Census 2021. Available at: https://www.ons.gov.uk/visualisations/censuspopulationchange/E09000002/

[5] Office for National Statistics (ONS, 2023). Census Maps. Identity. Available at: https://www.ons.gov.uk/census/maps/choropleth/identity/ethnic-group/ethnic-group-tb-6a/asian-asian-british-or-asian-welsh?lad=E09000002

[6] OHID (2023). Public Health Outcomes Framework (PHOF). A01b – Life expectancy at birth (Male, 3 year range), 2018-20. Available at: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000049/pat/6/par/E12000007/ati/402/are/E09000002/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

[7] OHID (2023). Public Health Outcomes Framework (PHOF). A01b – Life expectancy at birth (Female, 3 year range), 2018-20. Available at: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000049/pat/6/par/E12000007/ati/402/are/E09000002/iid/90366/age/1/sex/2/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

[8] OHID (2023). Mortality profile. Under 75 mortality rate from all causes (Persons, 3 year range), 2018-20. Available at: https://fingertips.phe.org.uk/profile/mortality-profile/data#page/3/gid/1938133009/pat/6/par/E12000007/ati/401/are/E09000002/iid/108/age/163/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

[9] OHID (2023). Segment tool. Available at: https://analytics.phe.gov.uk/apps/segment-tool/

[10] OHID (2023). Productive Healthy Ageing Profile. Under 75 mortality rate from all cardiovascular diseases 2020. Available at: https://fingertips.phe.org.uk/profile/healthy-ageing/data#page/3/gid/1938133253/pat/6/par/E12000007/ati/401/are/E09000002/iid/40401/age/163/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[11] OHID (2023). Child and Maternal Health Profile. Hospital admissions for asthma (under 19 years), 2020/21. Available at: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000007/ati/302/are/E09000002/iid/90810/age/220/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[12] OHID (2023). Productive Healthy Ageing Profile. Emergency hospital admissions for COPD, 2019/20. Available at: https://fingertips.phe.org.uk/profile/healthy-ageing/data#page/3/gid/1938133251/pat/6/par/E12000007/ati/401/are/E09000002/iid/92302/age/202/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[13] OHID (2023). Local Tobacco Control Profiles. Mortality rate from chronic obstructive pulmonary disease (1 year range), 2020. Available at: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132887/pat/6/par/E12000007/ati/402/are/E09000002/iid/1204/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[14] OHID (2023). Local Tobacco Control Profiles. Smoking Prevalence in adults (18+) - current smokers, 2021. Available at: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000007/ati/402/are/E09000002/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[15] OHID (2023). Local Tobacco Control Profiles. Smoking status at time of delivery, 2021/22. Available at: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132900/pat/6/par/E12000007/ati/402/are/E09000002/iid/93085/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[16] OHID (2023). Local Tobacco Control Profiles. Smoking attributable mortality (new method), 2017-19. Available at: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132887/pat/6/par/E12000007/ati/402/are/E09000002/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

[17] OHID (2023). Local Tobacco Control Profiles. Smoking attributable deaths from cancer (new method), 2017-19. Available at: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132887/pat/6/par/E12000007/ati/402/are/E09000002/iid/93749/age/202/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

[18] OHID (2023). Local Tobacco Control Profiles. Premature births (less than 37 weeks gestation), 2020. Available at: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132888/pat/6/par/E12000007/ati/402/are/E09000002/yrr/1/cid/4/tbm/1/page-options/car-do-0

[19] OHID (2023). Public Health Outcomes Framework (PHOF). C04 - Low birth weight of term babies, 2021. Available at: https://fingertips.phe.org.uk/profile/public-health-outcomes-

framework/data#page/3/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000002/iid/20101/age/235/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[20] OHID (2023). Child and Maternal Health Profile. Reception: Prevalence of obesity (including severe obesity), 2021/22. Available at: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000007/ati/302/are/E09000002/iid/90319/age/200/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[21] OHID (2023). Child and Maternal Health Profile. Year 6: Prevalence of obesity (including severe obesity), 2021/22. Available at: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000007/ati/302/are/E09000002/iid/90323/age/201/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[22] OHID (2023). Obesity Profile. Percentage of adults (aged 18+) classified as obese, 2020/21. Available at: https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/3/gid/1938133368/pat/6/par/E12000007/ati/401/are/E09000002/iid/93881/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1/page-options/car-do-0

[23] Metropolitan Police Service (2023). MPS Crime Dashboard. Monthly Crime data. Domestic Abuse. Available at: https://public.tableau.com/app/profile/metropolitan.police.service/viz/MonthlyCrimeDataNewCats/Coversheet

[24] The Children's Commissioner's Office (2023). CHLDRN – Local and national data on childhood vulnerability. Modelled prevalence of children aged 0-4 in households where parent suffering domestic abuse. Available at: https://www.childrenscommissioner.gov.uk/chldrn/

[25] Metropolitan Police Service (2023). MPS Crime dashboard. Overview of crimes. Available at: https://public.tableau.com/app/profile/metropolitan.police.service/viz/MonthlyCrimeDataNewCats/Coversheet

[26] OHID (2023). Public Health Outcomes Framework. B04 – First time entrants to the youth justice system, 2021. Available at: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000041/pat/6/par/E12000007/ati/402/are/E09000002/iid/10401/age/211/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[27] OHID (2023). Public health profiles (based on data from the Ministry of Housing, Communities & Local Government). Available at: https://fingertips.phe.org.uk/search/temporary#page/4/gid/1/pat/6/par/E12000007/ati/401/are/E09000002/iid/93735/age/-1/sex/-1/cat/-1/ctp/-1/yrr/1/cid/4/tbm/0/page-options/car-do-0_ine-yo-1:2020:-1:-1_ine-ct-113_ine-pt-0_tre-ao-0

[28] OHID (2023). Wider Determinants of Health profile. Unemployed (model based), 2021, age 16+. Available at: https://fingertips.phe.org.uk/profile/wider-determinants/data#page/3/gid/1938133042/pat/6/par/E12000007/ati/401/are/E09000002/iid/91126/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/0/page-options/car-do-0

[29] OHID (2023). Wider Determinants of Health profile. Percentage of people in employment, 2021/22. Available at: https://fingertips.phe.org.uk/profile/wider-determinants/data#page/3/gid/1938133042/pat/6/par/E12000007/ati/401/are/E09000002/iid/92313/age/204/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/0/page-options/car-do-0

[30] OHID (2023). Wider Determinants of Health profile. Fuel poverty (low income, low energy efficiency methodology), 2020. Available at: https://fingertips.phe.org.uk/profile/wider-determinants/data#page/3/gid/1938133045/pat/6/par/E12000007/ati/401/are/E09000002/iid/93759/age/-1/sex/-1/cat/-1/ctp/-1/yrr/1/cid/4/tbm/0/page-options/car-do-0

[31] OHID (2023). Public health profiles. Unemployment (Percentage of the working age population claiming out of work benefit), 2021/22. Available at: https://fingertips.phe.org.uk/search/universal%20credit#page/3/gid/1/pat/6/par/E12000007/ati/401/are/E09000002/iid/93097/age/204/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-ao-1_car-do-0

North East London Health & Care Partnership

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

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| Dr Bhawnesh Liladhar (BL) | Dental Lead |
| Matthew Cole (MCo) | Director of Public Health, LBBD |
| Dalveer Johal (DJ) | Pharmacy Services Manager, NEL LPC |
| Charlotte Pomery (CP) | Chief Participation and Place Officer, NHS NEL |
| Mike Corrigan (MC) | Operational Director Adult's Care and support, LBBD |
| Michelle Charles (MC) | Engagement and Community Communications Manager, NHS NEL |
| Dr Jason John (JJ) | Primary Care Network Director, New West |
| Dr Afzal Ahmed (AA) | Primary Care Network Director, East |
| Dr Ravi Goriparthi (RG) | Primary Care Network Director, North West |
| Sophia Murphy (SM) | Associate Director for Quality and Governance (Interim), BHRUT |
| Rhodri Rowland (RR) | Director of Community Participation and Prevention – ComSol, LDDB |
| Dr Natalya Bila (NB) | Primary Care Network Director, East One |

| **Item** | |
|---|---|
| **1.0** | **Welcome, introductions and apologies** |
| | The Chair, Dr Shanika Sharma, welcomed members/attendees to the meeting.<br>Apologies were noted as above.<br>All members joined the meeting in person. |
| **1.1** | **Declarations of conflicts of interest** |
| | Members were reminded to complete their Declaration of Interest form if they had not already done so.<br>NELFT members noted they have an interest in item 4 on PELC as a subcontractor within the provider partnership for the Urgent Treatment Centres.<br><br>No additional Conflicts of Interests were noted. |
| **1.2** | **Minutes of the meeting held on 26 January 2023** |
| | Notes from the previous meeting were agreed as an accurate record. |
| **1.3** | **Action Log** |
| | The action log was discussed and noted.<br>ACT009 – ST to update at March meeting<br>ACT010 – ST to update at March meeting<br>ACT012 – Rhodri Rowland was identified as the new Community Engagement Lead |
| **2.0** | **Health Inequalities plan 23/24** |
| | Mike Brannan (MB) joined the Board and presented the papers distributed within the pack (page 16-36) and updated the members through the North East London (NEL) Integrated Care Board (ICB) health inequalities funding proposal for 23/24, the Place-based partnership allocations and provided a progress update on workstreams<br>Highlights included:<br>• Majority of the workstreams have progressed very well so far (6 months into the programme)<br>• ICB is looking into allocating funding to places for three years which gives potential to build, develop and learn<br>• FY23/24 funding will cover 12 rather than 6 months<br><br>The Chair thanked MB on the update and the excellent work and opened the discussion for comments:<br>• The Population Health and Integration Committee had agreed funding for three years in principle but requested NHS ICB to re-look at the formulas used for the allocations and to be more transparent as it does not consider the deprivation in some areas and present this at their next committee meeting.<br>• Members agreed the move towards a population health management approach has to be consistent<br>• There is need for a discussion on capacity to deliver that the Directors of Public Health across the seven boroughs can agree as a priority that can be flexed (one size does not fit all) |

| | |
|---|---|
| | • The biggest impact on health inequalities is a strong primary care offer that reaches the communities<br>• Address the fundamental issue of quality of services that are able to provide access to those that need it. Need to get the quality agenda right (getting the basics right) and recognise that the quality issues are the biggest risk – lack of resources and good quality of universal services needs to be addressed<br>• ICB needs to be clear on what is happening at NEL level (how it will benefit each Borough) and what would be best placed at borough level.<br>• Need to take a more strategic and targeted approach to develop the plan for 23/24 and how to maximise funding for the population of B&D.<br>• The way that the core services are delivered across the entire partnership should be about reducing the health inequalities – is there need as a partnership to take time to plan and identify what the targets should be? And how to help each other to deliver as a core business?<br>• Need to look at key enablers (workforce, GPs, nursing, care workers) to create an infrastructure that manages to harness the whole system<br>• Consider having a quarterly workshop style meeting where members can discuss in detail how services can be delivered in a different way and look at forward plans<br>• Need to look at patient journey as a way of solving the problem (how many contacts did the patient have/how can the journey be reduced and made more seamless for them)<br>• Work has started on identifying the programmes at risk if they were stopped and understand what bridging funding will be required<br><br>**Action:** Workshop to be arranged to discuss key issues in more detail.<br><br>The Board noted the update. |
| **3.0** | **Collaborative updates** |
| | Selina Douglas (SD) presented the collaborative updates to members:<br>**System Diagnostics mental health and learning disabilities collaborative.**<br>Highlights included:<br>• The purpose of the diagnostic is to support the NEL Mental Health, Learning Disability and Autism (MHLDA) Collaborative to develop a clear understanding of the outcomes and quality and value we achieve in our MHLDA programmes for the money we spend<br>• Review of how the resources are allocated, review of productivity and demand and capacity for 10 years to allow NEL MHLDA Diagnostic to understand what the population is going to look at and what services are needed<br>• This report is being presented at all partnership boards across NEL. It will report into the MHLDA Collaborative and the NEL ICB Population Health and Integration Committee.<br>• The report has to be done in partnership with both Children and Adult Social Care and wider Local Authority representatives<br>• Work to be completed by 31st March and will support the planning for 23/24 and early indication on how it can be used going forward to address the differences in allocations and the way the services are delivered dependent on historic factors<br><br>Comments from the Board:<br>• Is any commitment to equalise funding? The members were advised that according to indicative information received so far there are three areas – Redbridge, Barking & Dagenham and Newham that are not reaching their targets (CAHMS access) and historically not been funded to deliver what they need to do in terms of their population. The aim as part of 23/24 planning is to work in a different way and to look at how to level up<br>• Is Diagnostics considering the wider health needs of the population (ie.Health and Inequalities)? The work taking place is in collaboration with Local Authority |

| | |
|---|---|
| | colleagues and looking at the data to think about wider social determinants to determine the whole context<br>• Members are asked to share the report/diagnostic QR code with all partners as the MHLDA Collaborative is looking for as many views as possible<br>• Members also pointed out the importance of involving patients and their journeys/experiences into the research and were advised that service user engagement will include testing emerging findings with experts by experience across mental health, learning disability and autism services and to get in touch with SD with any suggestions of groups that need to be involved<br>• SD to share the planning priorities with the Partnership/Board<br>• Members agreed the data collection is a good idea and suggested a dashboard with accurate data across the health and social care that the partnership can use to start to develop services, measure impact and to also hold each other to account on services access and on the quality of the service. It was suggested that a workshop is arranged to work on the development of the dashboard/data sharing<br><br>**Action:** SD to share the planning priorities with the Partnership/Board<br>**Action:** Mental health to be considered as a future board workshop<br><br>**Community Collaborative:**<br>The NEL Community Health Collaborative will sit alongside four other NEL collaboratives (acute care, primary care, mental health, and VCSE organisations) within NEL's integrated care system.<br>Highlights included:<br>Community Health Collaborative Principles:<br>• Champion for Community Health Services<br>• Needs to add value and not duplicate<br>• Ensure there is a consistent community offer across NEL<br>• Provide oversight of NEL wide initiatives and services<br>• Undertake deep dives across NEL as required<br><br>Comments from the Board:<br>• Members would like to see the B&D priorities led at Place first<br><br>The Board noted the updates. |
| **4.0** | **Partnership of East London Co-operatives (PELC) Care Quality Commission Inspection Update** |
| | Steve Rubery (SRu) from PELC joined the Board meeting to present the report to members. The report provides an update on the actions taken by PELC in response to the CQC's findings and seeks to give assurance in relation to the safety of PELC services.<br>Highlights included:<br>• The Care Quality Commission (CQC) visited all four urgent treatment centres (UTCs) together with PELC's headquarters for a planned inspection from 8th-10th November 2022<br>• The reports on the inspections were published on the CQC's website on Friday 13th January 2023. All four UTCs were rated as "inadequate" overall and placed into special measures. Queens UTC was rated "inadequate" in the Safe, Responsive, Effective and Well-led domains and "good" in the Caring domain. Barking and Harold Wood and KGH UTCs were rated "inadequate" in the Safe, Responsive, and Well-led domains "requires improvement" in the Effective domain and "good" in the Caring domain<br>• The CQC also imposed urgent conditions on the registration of the Queen's site and conditions on the registration of the other three sites.<br><br>Comments from the Board: |

| | |
|---|---|
| | • Assurance is needed that this situation will not happen again and how had this situation not been picked up prior to the inspection<br>• Members agreed it is important for SR to come back to the Board with an improvement plan<br>• What are the mechanisms not just in monitoring but also in culture and behaviour and that the changes implemented are sustainable?<br>• Members were advised this is a system issue not just an organisation issue and improvements can be made in partner organisations to support this including a review of the commissioning model for the 'front door'.<br>• The extended access contract run by the Federation is due to expire which could put a bigger strain on urgent care services<br>• Look at patient education campaigns to signpost local residents to alternative / appropriate services.<br>• Partnership needs to think how to look after the cohorts of residents and a plan of action as a system.<br>• Members agreed that access is a system wide problem and a system wide response is needed for any progress to be made. Need to look at the systems on offer across the borough, how to streamline and how to support.<br>• Suggestion for the Urgent Care Board to come together to work towards a 'single point of access'. If Urgent Care is managed as a 'single point of access' (instead of GP+Federation+111+Pharmacist+Urgent Care Centre +A&E) so the patient triaged at one point/sighted according to the need and visit only one place<br>• Use the challenges and opportunities of the Fuller review and bring the services in the community closer to home for residents<br>• SRu acknowledged that all points raised are valid and the challenge in the wider community is correct with people attending urgent care services that could have been treated in primary care or in community services. –<br>• The Board was advised that PELC has a new leadership team that will take the organisation forward and has reached out to BHRUT and NELFT to work as a partnership to support improvements<br><br>Chair thanked SRu for attending and offered the Board's support if needed.<br><br>The Board noted the update. |
| **5.0** | **Paediatric Integrated Nursing Service Concept paper** |
| | Gillian McNeice (GMc) joined the Board meeting to present Paediatric Integrated Nursing Service concept paper. The concept paper presents a proposal to develop a Paediatric Integrated Nursing Service model of care across Barking and Dagenham, Havering and Redbridge (BHR).<br><br>Highlights included:<br>• A new model of care has been developed by an operational working group comprising of representatives from the NHS NEL, BHRUT, NELFT and the local authorities. The existing services of community nursing (CCN), special school nursing (SSN), continuing care (CC) and various Clinical Nurse Specialist (CNS) roles will be reorganised into pathway teams located in borough-based hubs, following the 4-pathway model endorsed by DoH and RCN. This marries together a clearly defined service pathway to the differing needs of the children and their families, rather than a one size fits all.<br>• A key feature across all the pathways will be integration with primary care, building links with Primary Care Network's (PCN) in order to support a multi-disciplinary team (MDT) approach linking to secondary and tertiary care, education and social services.<br>• The proposal is to create an integrated CYP community nursing service, based on a best practice 4 pathway model for the following pathways:<br>1. short term/acute paediatric care<br>2. complex care<br>3. long term conditions |

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

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

**Appendix 1**

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

| Health Scrutiny Committee<br>Chair: Councillor Paul Robinson | | | |
|---|---|---|---|
| **Meeting** | **Agenda Items** | **Officer/ Organisation** | **Deadline to be:** |
| **24 May 2023** | Mental Health Transformation Grant | Melody Williams, Integrated Care Director (NELFT) | Monday 8 May |
| | 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 | |

This page is intentionally left blank