Barking & Dagenham

Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 14 March 2023 - 6:00 pm
Council Chamber, Town Hall, Barking

Date of publication: 6 March 2023

Fiona Taylor
Acting Chief Executive

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Membership

Cllr Maureen Worby (Chair)	LBBD (Cabinet Member for Adult Social Care and Health Integration)
Dr Ramneek Hara	NHS North East London Integrated Care Board
Elaine Allegretti	LBBD (Strategic Director, Children and Adults)
Matthew Cole	LBBD (Director of Public Health)
Louise Jackson	Metropolitan Police
Cllr Syed Ghani	LBBD (Cabinet Member for Enforcement and Community Safety)
Kathryn Halford	Barking Havering & Redbridge University NHS Hospitals Trust
Cllr Jane Jones	LBBD (Cabinet Member for Children's Social Care and Disabilities)
Cllr Elizabeth Kangethe	LBBD (Cabinet Member for Educational Attainment and School Improvement)
Sharon Morrow	NHS North East London Integrated Care Board
Elspeth Paisley	BD Collective (Lifeline Community Resources)
Nathan Singleton	Healthwatch - Lifeline Projects Ltd.
Melody Williams	North East London NHS Foundation Trust

Standing Invited Guests

Cllr Paul Robinson	LBBD (Chair, Health Scrutiny Committee)
Narinder Dail	London Fire Brigade
Anju Ahluwalia	Independent Chair of the B&D Local Safeguarding Adults Board
Vacant	London Ambulance Service
Vacant	NHS England London Region

AGENDA

1. **Apologies for Absence**

2. **Declaration of Members' Interests**

   In accordance with the Council's Constitution, Members of the Board are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. **Minutes - To confirm as correct the minutes of the meeting on 18 January 2023 (Pages 3 - 8)**

4. **Joint Local Health and Wellbeing Strategy 2023-28 Refresh Framework for Delivery (Pages 9 - 37)**

5. **Health & Wellbeing Board and ICB subcommittee Governance Options**

   Papers to Follow

6. **Joint Forward Plan (Pages 39 - 55)**

7. **The SEND Green Paper, SEND Inspection Arrangements and Government Improvement Plan**

   Papers to follow

8. **Covid-19 Update (Pages 57 - 60)**

9. **Forward Plan (Pages 61 - 67)**

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

11. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

Private Business

The public and press have a legal right to attend Council meetings such as the Health and Wellbeing Board, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

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

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Barking & Dagenham

Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

Participation and Engagement

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

Prevention, Independence and Resilience

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

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

Inclusive Growth

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

Well Run Organisation

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

MINUTES OF
HEALTH AND WELLBEING BOARD

Wednesday, 18 January 2023
(6:00 - 8:00 pm)

Present: Cllr Maureen Worby (Chair), Elaine Allegretti, Matthew Cole, Cllr Syed Ghani, Cllr Jane Jones, Cllr Elizabeth Kangethe, Sharon Morrow, Elspeth Paisley, Nathan Singleton and Melody Williams

34. Apologies for Absence

Apologies were received from the following;

Fiona Taylor, Chief Executive of Barking and Dagenham Councilutive
Kathryn Halford-Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT). Sarah Dunton deputised.
Cllr Paul Robinson, Chair of the Health Scrutiny Committee
Anju Ahluwalia, Chair of the Adult Safeguarding Board

35. Declaration of Members' Interests

There were no declarations of interest.

36. Minutes - To confirm as correct the minutes of the meeting on 8 November 2022

The minutes of the meeting held on 8 November 2022 were confirmed as correct.

37. Adult Social Care Discharge Fund

The Head of Commissioning (Adults) (HCA) updated the Board.

In September 2022, the Government announced its plan for patients; among the provisions included £500 million for the rest of the fiscal year to support safe and timely discharge from hospital into the community with a focus on patients who are ready to leave hospital but are unable to do so owing to issues with social care.

Barking and Dagenham received £1.55 million which was equally divided between the Council and the Integrated Care Board (ICB). The money related to the Better Care Fund (BCF) and was being administered under its regulations.

The funding was being monitored and, as a condition of the award, updates were being submitted to the Government every two weeks.

The HCA disclosed that the Council and the ICB were given four weeks by the Government to prepare a funding application and the deadline was 16 December 2022. As the Board did not have a meeting scheduled for December, the Chair agreed to the submission of the funding application, pending approval by the full Board at the next meeting. Input was sought from various stakeholders including social workers, residents, civil society and North East London Foundation Trust (NELFT).

The HCA explained the approach to the Board highlighting that:

- Seven beds in Kallar Lodge, that were previously closed due to staff shortages, had been brought back into use via the deployment of agency staff;
- Finance had been set aside to enable homeless patients to be discharged from hospital into short-term accommodation; and
- Additional funding was being provided to the British Red Cross to provide an enhanced homes settle and support service for more complex discharges.

Work had been undertaken with providers to establish incentives in relation to recruitment and retention of staff, and to provide funding to previously unfunded homecare and crisis intervention proposals for patients being discharged.

The HCA referred to the additional funding, separate from the BCF, to be provided by the Government in relation to the block booking of beds. The HCA cautioned that there were few beds that could be booked in Barking and Dagenham and that the criteria was strict; funding could only be used for bed-based step-down care only and there were rules relating to the types of intervention.

In response to questioning from the Board, the HCA clarified that five permanent members of staff had been recently recruited to Kallar Lodge; however, owing to the challenges of recruitment, the use of agency staff was necessary, though the HCA was confident high turnover of staff could be avoided.

The Board agreed to approve the funding application report. The Board also agreed that the Section 75 governing the Better Care Fund be amended to include the Adult Social Care Discharge Fund for 22/23.

38. Covid-19 Update

The Director of Public Health (DPH) updated the Board.

Covid-19 remained a challenge as it had circulated alongside the Flu, Scarlet Fever and Streptococcus A (Strep A) with the DPH highlighting staff absences owing to Flu.

Flu had a bigger impact in the Borough than Covid-19, though in the period running up to Christmas 2022, there had been a large increase in Covid-19 related admissions to general and acute beds.Admissions had declined since.

A new variant of Covid-19, called XBB1.5, had been identified and was becoming dominant. A Spring booster programme was being considered but it was likely that another wave of Covid-19 towards the end of Winter/ beginning of Spring 2023 would occur. Strep A infections were slowing and this was also reducing pressure.

The DPH disclosed that this was a period of excess recorded deaths when compared with previous years, and whilst Covid-19 had played a role in this, other factors such as cardiovascular conditions and cancers may have played a part. Research was being undertaken to ascertain why.

The Board noted the update.

39. Integrated Care Partnership Board - Update

The Joint Forward Plan Guidance was published on 23 December 2022. The ICB, NHS Trusts and Foundation Trusts were required to formulate a joint five year forward plan by 1 April 2023 that contained the following principles:

- Must be fully aligned with partnership ambitions;
- Supports subsidiarity by building on existing strategies and plans; and
- Delivery focuses on including specific objectives and milestones.

The DPH explained that aligning Barking and Dagenham specific objectives with North East London objectives would be a major challenge adding that the Joint Forward Plan had to be completed and in place by 1April 2023. A paper would be brought to the next Board meeting in March 2023

The Board noted that three of the clinical leads were GPs based outside of the Borough and sought clarification on how they would communicate and influence GP's within the Borough. ICB representatives responded that the roles were subject to an open application process, the appointees most closely matched the requirements and that the appointees did have experience within Barking and Dagenham. Such appointments had occurred previously under the Clinical Commissioning Group setup and that the GPs would work as part of a team enabling good practice to be shared across all Boroughs in North East London.

The Board was also informed that the place-based teams were being developed and NHS staff in North East London were being consulted on the structure.

The Board noted the update

40. Safeguarding Adult Board Annual Report 2021/22

The Chair of the Safeguarding Adults Board was unable to attend the Board meeting. Therefore, the Chair of this Board updated her colleagues. The Safeguarding Board sought to ensure that no adult faced abuse or neglect. The Chair noted that child safeguarding often attracted more attention; however, adult safeguarding was just as important since adults at risk were vulnerable.

The Chair disclosed that 1,826 reports had been raised. This was an increase on the previous year. Additionally;

- 40% of reports were dealt with as information advice and guidance;
- 26% of reports involved the reporting of persons who were already known and were under investigation;
- 66% of reports involved abuse and neglect of the elderly.

234 enquiries were undertaken under section 42 provisions- this was where a person or persons was under formal investigation due to prima facie evidence of abuse of neglect.

Board members noted that 27% of the locations of alleged abuse of adults

occurred was in care homes. The Chair clarified that this figure did not mean that abuse occurred in the care home, highlighting cases where the care home had brought abuse by family members to the attention of the Police and the Council.

The Chair also made reference to the issue of hoarding, noting the impact on family and neighbours of the hoarder. A serious case review was undertaken in relation to hoarding and, as a result, a new policy of highlighting hoarding had been implemented.

The Chair added that greater emphasis was required on quality and performance as well as joined up approaches to avoid silo approaches.

The Board heard of the measures being taken to prevent abuse and to encourage greater reporting from black and ethnic minority groups as 68% of reports related to White European adults.

There was discussion on the issue of self-neglect and when this would require an intervention, with the Chair noting that it was not always clear when such intervention was warranted, as self-neglect did not necessarily indicate an underlying mental health condition.

The Board noted the report.

41. Joint Local Health and Wellbeing Strategy (JLHWS) 2023-2028 Refresh

The DPH updated the committee.

The Integrated Care Strategy (ICS) was required to reflect the Barking and Dagenham ICS and not the other way round. Responding to questioning, the DPH explained that the ICS would replace previous plans in force before the ICB was established. The DPH then clarified that the new plan changed the way the NHS commissioned services.

The ICB Representative clarified that the Clinical Commissioning Groups (CCGs) had long term delivery plans which had now come to an end. In the Joint Forward Plan, the NHS was being asked to consider issues relating to the defunct CCG's long term plan and cited children and adolescents as well as mental health as areas that the plan would deal with. Whilst each of the seven boroughs would have their own plan, there would be areas of common interest.

The Board agreed to the direction taken in regard to the refreshing of the Joint Local Health and Wellbeing Strategy, in the context of the newly established Place- based partnership and Integrated Care System.

42. Babies, Children, Young People and Families (0-25) Partnership - Best Chance Strategy

The Strategic Director for Children and Adults (SDCA) updated the Board.

Barking and Dagenham had one of the highest rates of children and young people in the UK and the highest rate of children under the age of five. In addition to this, a high number of children lived in deprivation and child obesity was a serious problem. There was also high demand for children's social care.

The SDCA said that the Best Chance Strategy aligned with the principles of the Joint Health and Wellbeing Strategy and its priorities, especially the 'Best Start in Life.' It also had clear aspirations for early diagnosis and intervention and building resilience. The SDCA added that it sought to reduce the exposure to adverse childhood experiences and increase support for those children who had experienced them, using a trauma-informed approach.

A further paper would be brought to the Board on how the Council and stakeholder organisations would work together delivering the proposals. A dashboard consisting of key performance indicators would be drawn up and outcomes measured against it.

Information sharing and the development of integrated record keeping would be needed, and family hubs would be used to acquire information that would be used in delivering services and the strategies that underpinned them.

The ICB Representative added that the proposals had been approved by the Integrated Care Partnership Board.

The Board agreed to endorse the Barking and Dagenham Best Chance Strategy 2022 - 2025 including the proposed governance arrangements.

43. Forward Plan

The Board noted the forward plan.

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

The Chair highlighted the adverse report by the Care Quality Commission (CQC) which had resulted in all three Urgent Treatment Centres that served Barking and Dagenham residents being placed into special measures. The Chair expressed her concern and requested that it be added to the Forward Plan as an item for consideration by the Board at the next meeting on 14 March 2023.

The Chair announced that a pilot was to be undertaken by the Council that would be the equivalent of Alexa. The Chair said that a proposal would be brought to the Council's health partners inviting them to take part as it would represent a fundamental change in how the Council delivered services. The Chair requested that it be added as an item for the next meeting of the Board.

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HEALTH AND WELLBEING BOARD

14th 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: Yes**
Report Author: Jane Leaman, Consultant in Public Health, LBBD Jess Waithe, Public Health Specialist, LBBD	**Contact Details:** Jane.leaman@lbbd.gov.uk Jess.waithe@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health, LBBD	

Summary:

The current Barking and Dagenham Health and Well Being Strategy (HWBS) ends in 2023. On review, following the publication of the refreshed JSNA and the Babies, Childrens' 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 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, drawing upon a range of other relevant strategies including the NEL Integrated Care Strategy; LBBD Corporate Plan (currently in production); LBBD equality and diversity policy statement and B&D's Best Chance Strategy.

It is being developed alongside the evolving ICB joint forward plan (JFP) which needs to be published by June 30th 2023. A Local Forward Plan will be produced which will include actions required to deliver this strategy.

It is proposed this strategy is reviewed annually alongside the Joint Forward Plan.

Recommendation(s)

The Health and Wellbeing Board is recommended to (review the JHWS consultation document) discuss and agree:

1. The following areas of the strategy:
    a. Vision
    b. Principles
    c. What we are planning to achieve
    d. How we are planning to achieve delivery
        i. Plans for co-production
    e. Priorities
    f. Proposed actions
    g. How success is measured
2. The start of the consultation period, following the HWB
3. Publication of the Strategy in June 2023 (if the Joint Forward Plan has been agreed)

Reason(s)

The Health and Wellbeing Board has a statutory responsibility to publish a Health and Wellbeing Strategy.

1 Background and Context

The Health and Social Care Act 2012 requires each local council area to have a Health and Wellbeing Board (HWB), which brings together key leaders from local health and care organisations to work together to improve the health and wellbeing of local people and to reduce inequalities that are the cause of ill health.

The HWB must produce a Health and Wellbeing strategy (now known as Joint Local Health and Well Being 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.

The JLHWS sets out the vision, priorities and action agreed by the HWB to meet the needs identified within the JSNA and to improve the health, care and wellbeing of local communities and reduce health inequalities.

1.1 NHS NEL Integrated Care Strategy

The NHS NEL's Integrated Care Strategy has now been published and should be considered by the HWB in preparing this JLHWBS to ensure that they are complementary. However, there are no expectations that a JLHWBS is re written in the light of the ICB Integrated Care Strategy.

The Integrated Care Strategy built on the existing HWBS (2019- 2023) and is complement to the draft JLHWSs, identifying where needs could be better addressed at the system level. It will also bring learning from across the system to drive improvement and innovation.

System partners across North East London Health and Care Partnership have reached collective agreement on NHS NEL's ICS purpose and four priorities to focus on together as a system. The priorities and cross-cutting themes (see below) will set a clear direction for the development of the new NHS Joint Forward Plan due at the end of March 2023 (see Appendix A for what good looks like against the cross-cutting themes).

Priorities:

- To provide the best start in life for the Babies, Children and Young People of North East London
- To support everyone at risk of developing or living with a long- term condition in North East London to live a longer and healthier life
- To improve the mental health and wellbeing of the people of North East London
- To create meaningful work opportunities and employment for people in North East London now and in the future

Cross-cutting themes describing 'how' NHS NEL will work differently as an integrated care system:

- Working together as a system to tackle health inequalities including a relentless focus on equity.
- Greater focus on prevention
- Holistic and personalised care
- Co-production with residents
- A high trust environment
- Working as a learning health system

1.2 Other Relevant Plans and Assessments

1.2.1 LBBD Corporate Plan

The Council Corporate Plan is currently in development, it will set out how and what the Council will deliver against agreed priorities – many of which directly or indirectly impact on the health of residents, as well as good health of residents it will also enable the achievement of all. Therefore, the Health and Well Being Strategy is a key overarching strategy for this plan. LBBDs equality objectives for 2023-27, and the action that sits below the objectives, have been developed in line with the

Corporate Plan priorities for the same period. The key relevant objective is:

- **Addressing structural inequality:** activity aimed at addressing inequalities related to the wider determinants of health and wellbeing, including unemployment, debt, and safety. Intersection between poverty, racism and structural inequality.

1.2.2 ICB Joint Forward Plan (JFP)

Before the start of each financial year, an ICB, with its partner NHS Trusts and NHS Foundation Trusts, must prepare a 5-year joint forward plan, to be refreshed each year. The plan sets out any steps on how the ICB proposes to implement any JLHWS that relates to the ICB area, and the ICB must have regard to the Integrated Care Strategy when exercising any of its functions.

The guidance specifies ICBs and their partner trusts have a duty to prepare a first JFP before the start of the financial year 2023/24 – i.e. by 1 April. For this first year, however, the date for publishing and sharing the final plan with NHS England, their Integrated Care Partnerships and Health and Well-being Boards, is 30 June 2023. Therefore, it is expected that the process for consulting on a draft (or drafts) of the plan, should be commenced with a view to producing a version by 31 March, but consultation on further iterations may continue after that date, prior to the plan being finalised in time for publication and sharing by 30th June.

The plan itself must describe how the ICB proposes to implement this JLHWSs, and the NHS NEL ICB and partner trusts will send a draft of the JFP to the HWB when initially developing it or undertaking significant revisions or updates. The HWB must respond with its opinion and may also send that opinion to NHSE, telling the ICB and its partner trusts it has done so. If NHS NEL ICB and its partner trusts subsequently revises a draft JFP, the updated version will be sent to the HWB, and the consultation process described above repeated. The JFP must include a statement of the final opinion of the HWB.

Barking and Dagenham are also producing a Local Forward Plan which will set out how the partnership will deliver the JLHWBS.

1.2.3 ICB Annual Reports

The ICB is required as part of their annual report to review any steps they have taken to implement the NEL borough's JLHWS. In preparing this review, the ICB must consult the HWB.

1.2.4 Joint Outcomes Framework[1]

A framework will be developed nationally with a focused set of national priorities, and an approach for prioritising shared outcomes at a local level, focused on individual and population health and wellbeing. The implementation of shared outcomes will begin from April 2023.

The national government will set some delivery standards for organisations, to ensure that the public receive a consistent standard of care, via setting a Mandate for NHS England. The outcomes will sit alongside - and complement - systems' and organisations' statutory responsibilities and wider regulatory frameworks.

1.2.5 Performance Assessments

In undertaking its annual performance assessment of an ICB, NHS England must include an assessment of how well the ICB has met the duty to have regard to the relevant JSNAs and JLHWSs within its area. In conducting the performance assessment, NHS England must consult each relevant HWB for their views on the ICB's contribution to the delivery of any JLHWS to which it was required to have regard.

The Care Quality Commission (CQC) will consider outcomes agreed at place level as part of its assessment of ICSs. The CQC will also continue to develop its assessment of individual providers, to ensure their contribution to plans that improve outcomes at place and ICS level are assessed as part of the overall oversight framework. In addition to its current role in regulating and inspecting health and care providers, the CQC will also review integrated care systems including NHS care, public health, and adult social care and assess local authorities' delivery of their adult social care duties.

A performance 'dashboard' is proposed once the HWBS priorities are agreed. The Children's and Adults delivery groups are accountable to the Place based Partnership Executive and HWB for the delivery of identified success measures.

2 Shaping the Health and Wellbeing Strategy

The current Barking and Dagenham Health and Well Being Strategy ends in 2023. However, on review following the publication of the refreshed JSNA, and the Babies, Children's' and Young Peoples Plan, and as recommended in the Director of Public Health's report 2021-22, it is proposed the strategy remains but refreshed in the aftermath of the COVID- 19 pandemic and the current 'cost of living crisis', for the period 2023 -2028.

[1] https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations

But, as most issues impacting on people's health are outside of the health service, the heart of this will be tackling health inequalities supported by the value of relationships and connecting with residents in designing or delivering changes in services, to meet the individual needs and characteristics of our communities.

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, aspiring to the development of a 'system of health'.

3 Overview of Strategic Framework for Consultation

3.1 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.

3.2 Themes

The strategy will be based on three themes. The following sets the vision for each of these themes.

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 and settings, in inclusive 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 healthy 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, accessing opportunities (educational, employment, social) and living independently for as long as possible.

3.3 Key Principles for Delivery:

- Addressing health inequalities
- Place based working
- Coproduction with Communities
- Integrated Health and Care

3.4 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 healthy behaviours, recognising and acting on symptoms and managing any long-term
- 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
- Enabling them to live independently to as long as possible

3.5 How will we deliver out 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

3.6 Developing Outcomes and Delivery Plans

Coproduced with residents:

- Each theme will reflect the relevant partnership priority and will have outcomes to be delivered within the five year cycle of this strategy
- A detailed set of delivery plans will be developed to describe activity to achieve the agreed measures
- All interventions will be evidence-based, outcomes orientated, systematically applied across the borough, scaled-up appropriately and appropriately resourced to meet needs, and sustainable
- Responsibility and accountability for delivering these plans with be both the Adult and Best Chance for Children and Young People Delivery Groups
- Measures (performance indicators) will be identified against which progress with be tracked

4 Consultation and Engagement

Insight from Partnership Board members (as well as internally) relating to recent and related engagement was obtained to identify gaps and newly emerging themes (such as ‘cost of living crisis), or feed into later development of the delivery plans. A survey was also carried out, hosted on One Borough Voice, where residents were asked to ‘sense check’ the relevance of current strategy priorities that fall within current themes.

Due to the engagement work recently undertaken during the development of B&Ds Best Chance Strategy and extensive engagement and outcomes produced as part of the boroughs Domestic Abuse Commission Report, 2021- engagement for this refresh has been focussed on adult populations only.

Healthwatch, have also asked the community key questions and obtained feedback relating to priority areas: long term conditions; healthy lifestyles and employment and education (overarching responses are being summarised at time of writing).

The discussion at the March HWB marks the start of the consultation period ahead of the refreshed strategy. The time thereafter will provide an opportunity for residents, external partners and internal colleagues (including through internal governance processes) to revise the document during final stages of consultation, ahead of its finalisation and publish.

4 Mandatory Implications

A draft Equalities Impact Assessment has been shared with the Strategy Team for review.

5.1 Joint Strategic Needs Assessment

The Health and Well Being Strategy is informed by the JSNA.

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices:

Appendix A	**What success will look like for The NHS NEL Integrated Care System**
Appendix B (attached)	**JHWS Consultation Document**

Appendix A

What success will look like for The NHS NEL Integrated Care System

Health Inequalities

In addition to the specific health inequalities measures set out in relation to our four priorities below:

- Across North East London we are reducing the difference in access, outcomes and experience with a focus on people from black and minority ethnic communities, people with learning disabilities, people who are homeless, people living in poverty or deprivation and for carers.
- Healthy life expectancy is improved across NEL and the gap between our most and least deprived areas / those living in poverty and the wealthiest is reduced.
- We have improved ethnicity data collection and recording across health and care services and deliver inclusive, culturally competent, and trusted health and care services to our population.
- Our staff have access to training on health inequalities and we routinely measure and address equity in NHS waiting lists.
- We are mitigating against digital exclusion.
- Tackle racism and increase cultural competence and cultural awareness in services.

Prevention

In addition to the specific prevention measures set out in relation to our four priorities:

- We invest more in prevention as a system to reduce prevalence of long-term conditions and mental health equitably across all of our places.
- We identify and address unmet need including diagnosing more people early and increasing access to care and support particularly for our most vulnerable or underserved groups.
- We invest in our community and voluntary sector to support prevention and early intervention in a range of ways to suit our diverse population.
- Through our role as anchor institutions, we support economic development by employing local people and prioritising social value in procurement.
- We share and use data to identify the most vulnerable people living locally including those not using services and those frequently using services to provide more targeted and proactive support which better meets their needs.

Personalisation

- Staff have access to all the information they need in one place to enable them to provide seamless care to local people and can share this information safely through our IT systems.
- Local people including carers only need to tell their story once through their health and care journey.
- Local people are asked what matters to them in setting their treatment or care goals and can access a wide range of non-medical support in the community.

- Particularly vulnerable residents are identified and given additional support to access services ensuring their experience and outcomes of care are equitable.
- Our staff are equipped to deliver trauma-informed care based on the principles of physical and psychological safety; trust; choice; collaboration; empowerment; and cultural competence.
- We aim for at least one PCN in each place-based partnership to have a CYP social prescribing service, in line with local needs.

Coproduction

- We can evidence how decisions taken by our boards are informed by the views of local people.
- We helped establish a community and voluntary sector collaborative and actively support and resource its development.
- We train a wide range of health and care staff in co-production and power sharing approaches.
- We can demonstrate how we have identified and engaged underserved groups and the full diversity of our local population.
- We use existing sources of insight from local people including carers to shape our strategies and plans and resist repeatedly asking the same questions.
- We close the loop when we seek the views of carers and local people by feeding back.

High Trust environment

- Partners in the ICS feel actively engaged.
- Partners have adopted an ‘open book’ approach including how we spend our money.
- We challenge each other constructively without blame.
- We are open to new ways of working and share risk as a system.

Learning System

- We use data, evidence, and insights to build our understanding of our population and to drive our ambitions, priorities, transformation and improvements.
- We regularly review the impact we are having through evaluation of our services and transformation programmes and make changes based on this learning.
- We innovate and enable shared learning to accelerate adoption of innovation, research and best practice throughout our system.
- We support and encourage research that is focused on improving health and care for local people and involve more local people in research.

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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.

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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].

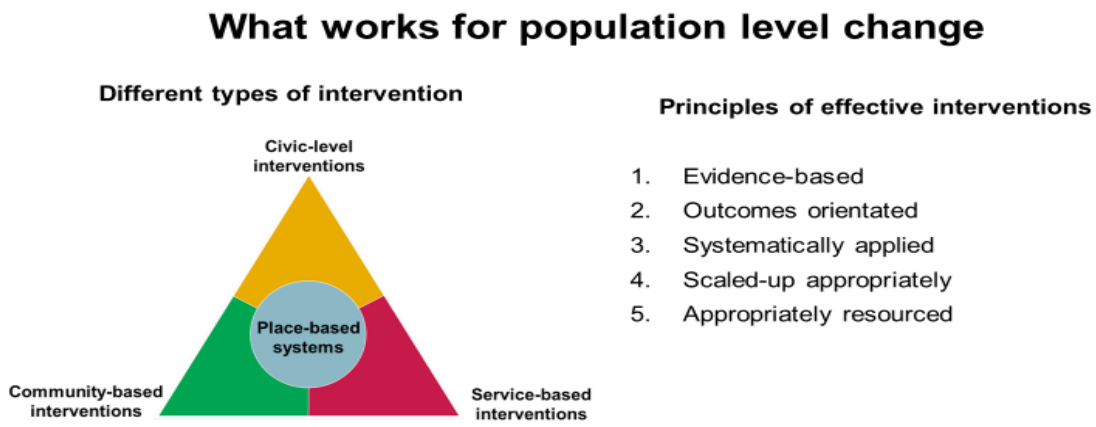
There are a range of frameworks *(Addressing health inequalities through collaborative action Briefing note PHE 2021)* which exist and can be applied to addressing health inequalities through systems and at scale, depending on different audiences, contexts or priorities. However, the majority of these 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 (the outcome of this is being summarised at time of writing).

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
- Co-creating and co-developing specific actions to deliver this strategy, culminating in co-produced action plan
- Developing a new approach to future resident and community engagement and participation in health and well-being services in Barking and Dagenham – working with residents and communities to do this

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

Ageing Well

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

Action will include:

- Providing services and support for residents to prevent development of health conditions and 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.

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.

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?

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HEALTH AND WELLBEING BOARD

14 March 2023

Title:	Joint Forward Plan
Open Report	**For Information**
Wards Affected: ALL	**Key Decision: No**
Report Author: Saem Ahmed Head of Planning and Performance NHS North East London (NEL) Sharon Morrow, Director of Partnership Impact and Delivery, Barking and Dagenham	**Contact Details:** Sharon.morrow2@nhs.net
Lead Officer: Sharon Morrow, Director of Partnership Impact and Delivery, Barking and Dagenham	

Summary

This paper provides an update on the development of the NHS North East London Joint Forward Plan. The paper sets out the relationship between the integrated care strategy and joint forward plan and the key principles that underpin it. The process for the development of the plan is described in three stages with the final plan due to be developed by June 2023.

Recommendations

The Health and Wellbeing Board is recommended to:

(i) Note the update and milestones to achieve the final Joint Forward Plan

(ii) Receive a further report at the June Health and Wellbeing Board meeting.

Reasons for report

The purpose of the report is to update the Board on the development of the NHS North East London Joint Forward Plan. The JFP should build on and reflect existing JSNAs, Joint Local Health and Wellbeing Strategies and NHS delivery plans. There is a requirement for the NHS to engage with system partners in the development of the plan.

1. Introduction

1.1 The Health & Care Act 2022 requires each Integrated Care Board (ICB) in England, and their partner NHS trusts and foundation trusts, to produce and publish a Joint Forward Plan (JFP). The purpose of the JFP is to describe how the ICB, its partner NHS trusts and foundation trusts intend to meet the physical and mental health needs of their population through arranging and/or providing NHS services addressing the four core purposes of the ICS, the universal NHS commitments and meeting the legal requirements of the guidance.

1.2 The JFP is expected to be a delivery plan for the integrated care strategy of the local Integrated Care Partnership (ICP) and relevant joint local health and wellbeing strategies (JLHWSs), whilst addressing universal NHS commitments.

1.3 Systems have significant flexibility to determine their JFP's scope as well as how it is developed and structured. ICBs and their partner trusts should review their JFP before the start of each financial year, by updating or confirming that it is being maintained for the next financial year. They may also revise the JFP in-year if they consider this necessary.

1.4 The principles underpinning the JFP are as follows:

I. The plan should be fully aligned with the ambitions of the wider system partnership

II. The plan supports subsidiarity by building on existing local strategies and plans as well as reflecting universal NHS commitments

III. The plan is delivery-focused, including specific objectives, trajectories and milestones as appropriate

1.5 Close engagement with system partners is essential to the development of the JFP. As JFPs will build on and reflect existing JSNAs, Joint Local Health and Wellbeing Strategies and NHS delivery plans, it is not anticipated that their development will require full formal public consultation, unless a significant reconfiguration or major service change is proposed. Previous local patient and public engagement exercises and subsequent action should inform the JFP.

2. Process for developing the JFP

2.1 The ICB is taking the following approach to developing the JFP for 23/24:

Step 1: (by 28 February 2023) provide a description of the major areas of transformation underway across north east London – led by the place partnerships, provider collaboratives, and NHS NEL

Step 2: (by 31 March 2023) review the alignment between the current transformation portfolio and the integrated care strategy and operating plan to identify:

- areas of strategy and plan without supporting transformation programmes;
- areas of the strategy and plan with supporting transformation programmes but without complete forward view in terms of scope or timeframe;
- elements of the transformation portfolio not aligned to delivery of the integrated care strategy or operating plan; and gaps in our transformation portfolio coverage and an approach to prioritisation

Step 3 (by 30 June 2023) based on steps 1 and 2 above, describe the pivot required to fill gaps identified in the transformation portfolio, which includes the redirection of both financial and people resources across place partnerships, provider collaboratives, and NHS NEL.

2.2 Transformation leads across have been identified across NEL to complete step 1. In Barking and Dagenham, a small planning group was brought together to bring together the local delivery priorities aligned to the following partnership priorities where there are plans in place:

1. Addressing long term conditions (adults and children) with a focus on early diagnosis and treatment
2. Addressing obesity and smoking
3. Enabling the best start in life
4. Ageing well/proactive care
5. Estates

2.3 The draft plans are being discussed through the Place Based Partnership Boards. It is expected that resident and patient engagement in the draft plan will be conducted in May 2023 and the final plan will be brought back to the B&D Health and Wellbeing Board in June.

3.0 Risks and mitigations

3.1 The planning timelines are short and there is a risk that there will be some gaps in the JFP. Plans will be kept under review and updated annually and it is expected that they will be responsive to changing needs.

3.2 There is a risk that the delivery plans are insufficiently developed to realise the opportunities through partnership working. Oversight of the further development and delivery of the local plans will be overseen by the B&D Partnership Board.

3.3 There is a risk that the resources are insufficient to deliver the ambition of the JFP. The partnership will work to optimise its collective resource around delivery of the JFP. Additional NHS investment will be in accordance with NHS NEL financial strategy.

4.0 Impact on Finance and Performance Quality

4.1 Each programme plan will set out the benefits that residents will experience by April 2024 and 2029 and how the transformation programme will reduce inequalities between residents and communities. Programme funding will also be set out in the plan.

5.0. Attachments

7.1 **Attachment 1 –** Introduction to Joint Forward Plan (January 2023)

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North East London Health & Care Partnership

NHS North East London

Update on Joint Forward Plan

4th January 2023

Saem Ahmed – Head of planning and performance

1. Introduction to Joint Forward Plan (JFP)

- The **Health & Care Act 2022** requires each Integrated Care Board (ICB) in England, and their partner NHS trusts and foundation trusts, **to produce and publish a Joint Forward Plan (JFP).** As well as setting out how the ICB intends to meet the health needs of the population within its area, the JFP is expected to be a delivery plan for the integrated care strategy of the local Integrated Care Partnership (ICP) and relevant joint local health and wellbeing strategies (JLHWSs), whilst addressing universal NHS commitments. As such, the **JFP provides a bridge between the ambitions described in the integrated care strategy developed by the ICP and the detailed operational and financial requirements contained in NHS planning submissions**.

- Joined up planning is required to address multi-year challenges such as:
    - **Addressing current operational priorities** and pressures as well as **actions that will support sustainable services going forward**, in line with the fore core purposes of the ICS.
    - Supporting **delivery of NHS commitments (performance measures) including LTP commitments, finance, workforce, activity measures and local priorities** described in the integrated care strategy and joint health and wellbeing strategies.
    - Set out how the resources of the whole system will be to effectively organise and deploy to deliver these priorities.

- Systems have **significant flexibility to determine their JFP's scope** as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner trusts.

- ICBs and their partner trusts should review their JFP before the start of each financial year, by updating or confirming that it is being maintained for the next financial year. They may also revise the JFP in-year if they consider this necessary.

- The purpose of the JFP is to describe how the ICB, its partner NHS trusts and foundation trusts intend to meet the **physical and mental health needs of their population** through arranging and/or providing NHS services addressing the **four core purposes of the ICS, the universal NHS commitments and meeting the legal requirements of the guidance.**

2a. Relationships between strategy and plans

Transformation or addressing inequalities and service redesign

Integrated Care Strategy – this sets ICP strategic priorities to meet the needs of our population

Describes the needs of our population and the strategic challenge including health inequalities	Discusses how we will address the needs of our population and address health inequalities through the 4 ICS priorities	Describe how we will work differently as a system to deliver against the 4 ICS priorities	Describe the impacts of the 4 ICS priorities on our population and workforce

Joint Forward Plan – Sets out how the integrated care strategy priorities and the NHS operational planning requirements will be met

How it will deliver on Integrated Care Strategy priorities, key NHS priorities and NHS universal commitment (performance standards)	What part of the system will be delivering the Integrated Care Strategy priorities, key NHS priorities and NHS universal commitment (performance standards)	How it will exercise its core functions to deliver the Integrated Care Strategy priorities, key NHS priorities and NHS universal commitment (performance standards)	How it will organise and develop the system to deliver the Integrated Care Strategy priorities, key NHS priorities and NHS universal commitment (performance standards)

Impact

Activity and performance trajectories

Operational Planning Guidance – Sets out what we aim to deliver in 23/24

Activity trajectory for planned and unplanned care	Cancer and elective performance trajectories	Mental Health trajectories	Out of hospital, primary care or place based trajectories

2b. Relationship of the JFP with other strategies and plans

Relationship	Progress update
NHS mandate The government's mandate to NHS England sets out our objectives, revenue and capital resource limits. This informs both our guidance on priorities and planning requirements.	• NHS priorities and operational guidance published on 23rd December 2023. • NEL is currently in the planning round for this through the system Operational Planning coordination group**.**
Integrated care strategy The Department of Health and Social Care has issued guidance on the development of integrated care strategies.	• Strategy currently under development. • At engagement stage with the wider system.
Capital Plans Before the start of each financial year, ICBs and their partner trusts must set out their planned capital resource use.	• Awaiting further guidance on this. • Further guidance to be published nationally on development of capital plans.
Joint strategic needs assessments (JSNA) JSNAs, developed by each responsible local authority and its partner ICBs, assess needs that can be met or be affected by the responsible local authority, its partner ICBs or NHS England.	• Local JSNA's have informed our Integrated Care Strategy and the development of our four system priorities.
Joint local health and wellbeing strategies Each responsible local authority and its partner ICBs will have produced a JLHWS.	• Health and Wellbeing strategies has informed our Integrated Care Strategy and we have highlighted and acknowledged the place based priorities, and identified where there are relationships between the four system priorities and the place based priorities.

3. Universal NHS requirements, core purposes and legal requirements

NHS universal commitments

	Area	Objective
Recovering our core services and improving productivity	Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
		Reduce adult general and acute (G&A) bed occupancy to 92% or below
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
		Deliver the system- specific activity target (agreed through the operational planning process)
	Cancer	Continue to reduce the number of patients waiting over 62 days
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
	Use of resources	Deliver a balanced net system financial position for 2023/24
	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
		Increase the number of adults and older adults accessing IAPT treatment
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
		Work towards eliminating inappropriate adult acute out of area placements
		Recover the dementia diagnosis rate to 66.7%
		Improve access to perinatal mental health services
	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
		Continue to address health inequalities and deliver on the Core20PLUS5 approach

Four core purposes

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

Legislative requirement

- **Describing the health services** for which the ICB proposes to make arrangements
- Duty to **promote integration**
- Duty to have **regard to wider effect of decisions**
- Financial duties
- **Implementing any JLHWS**
- Duty to **improve quality of services**
- Duty to **reduce inequalities**
- Duty to **promote involvement of each patient and the public**
- Duty to **patient choice**
- Duty to **obtain appropriate advice**
- Duty to **promote innovation**
- Duty in respect of **research**
- Duty to promote **education and training**
- Duty as to **climate change**, etc
- Addressing the particular **needs of children and young persons**
- Addressing the particular needs of **victims of abuse**

4. Key principles in development of the JFP

Principle 1: Fully aligned with the ambitions of the wider system partnership

- The JFP should reflect the collective ambitions of the ICB, local NHS partners, local authorities and wider system partners to meet the health needs of the ICB's population.
- The JFP should describe delivery of ambitions articulated in the integrated care strategy (these may be in initial or outline form)

Principle 2: Supports subsidiarity by building on existing local strategies and plans as well as reflecting universal NHS commitments

- The JFP should be a single, cohesive plan. It should address both system and place priorities and universal NHS commitments.
- The plan should respect the principle of subsidiarity and be built from existing delivery plans at system or place (where these exist). The JFP is not intended to transfer planning or delivery activity to system level where this is best delivered at place but could be used to summarise or synthesise place level plans.

Principle 3: Delivery-focused, including specific objectives, trajectories and milestones as appropriate

- JFPs should be delivery plans with well-defined, measurable goals, annual milestones and trajectories. These should align with the detailed operational plans of the ICB and NHS provider partners and relevant plans of the local authorities in the ICS area.
- Plans should be appropriately ambitious and deliverable. As published plans, ICB and partner trusts should expect to be held to account for their delivery. ICB and NHS trust and foundation trust annual reports should describe progress in delivery.

5. Consultation and engagement

- **Close engagement with system partners is essential** to the development of the JFP, there we will need to work with the following partners;
    - the ICP (ensuring this also provides the perspective of social care providers)
    - primary care providers
    - local authorities and each relevant HWB
    - other ICBs in respect of providers whose operating boundary spans multiple ICSs
    - NHS collaboratives, networks and alliances
    - the voluntary, community and social enterprise sector
    - people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives, in accordance with the requirement to consult described below.
- As JFPs will build on and **reflect existing JSNAs, JLHWSs and NHS delivery plans**, we **do not anticipate their development will require full formal public consultation, unless a significant reconfiguration** or major service change is proposed.
- Previous local patient and public engagement exercises and subsequent action should inform the JFP. The ICB and its partners will need to consider how this is managed to maximise the benefits from engagement and fulfil these statutory duties efficiently.
- The JFP **must be reviewed and either updated or confirmed annually** before the start of each financial year.
- Must also show they have **discharged their legal duty under the Public Sector Equality Duty.**
- ICBs and their partner trusts **must include in their JFP a summary of the views expressed by anyone they have a duty to consult** and explain how they have taken them into account.
- **We will develop an engagement plan to support the development of the JFP.**

6. Outline of content

Legislative requirement	Content descriptor	What do we have across NEL already?
Describing the health services for which the ICB proposes to make arrangements	• The plan should set out how the ICB will meet its population's health needs. As a minimum, it should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet the physical and mental health needs of their population. • Sets out clearly and coherently how the ICB will address each of the four core purposes of ICSs over the 5-yr planning period. • Sets out, for each of the four core purposes, measurable, achievable and time-bound goals over the 5-yr planning period. • Identifies coherent, well-resourced and well-led programmes of work to achieve the ICB's goals for each of the four core purposes over the 5-yr planning period. • Demonstrates how the Board of the ICB, and the Boards of relevant partner NHS Trusts (& FTs), will exercise effective oversight on progress against the ICB's goals in respect of the four core purposes.	• Integrated Care Strategy describes the population health need and how these needs will be met
Duty to promote integration	• Plans should describe how ICBs will integrate health services, social care and health-related services to improve quality and reduce inequalities. This could include organisational integration (e.g. provider collaboratives), functional integration (e.g. non-clinical functions), service or clinical integration (e.g. through shared pathways, multidisciplinary teams, clinical assessment processes). • The ICB has planned and completed an inclusive process for identifying the JFP's key priorities over the 5-year planning period, and this process critically informs the content of the JFP. These priorities have been determined by a mix of a) functions vested in, and statutory duties placed upon, ICBs; b) universal NHS priorities; c) local health and well-being priorities, particularly those featuring in the ICP Strategy and in JLHWSs, and the ICB's role in achieving these priorities; and d) local socio-economic priorities.	• Integrated Care Strategy describes integration across NEL through place-based partnerships and collaboratives
Duty to have regard to wider effect of decisions	• The plan should articulate how the triple aim was considered in its development. It should also describe approaches to ensure the triple aim (a) health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing), (b) quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services) and (c) sustainable and efficient use of resources by NHS bodies is embedded in decision-making and evaluation processes.	• (a) Framework for tackling health inequalities and our system agreed priorities on the Integrated Care Strategy • (b) NEL Quality Approach framework

Legislative requirement	Content descriptor	What do we have across NEL already?
Financial duties	• The plan must describe how the financial duties will be addressed. This includes ensuring that the expenditure of each ICB and its partner trusts in a financial year (taken together) does not exceed the aggregate of any sums received by them in the year.	• Financial Strategy
Implementing any JLHWS	• The plan must set out steps the ICB will take to deliver on ambitions described in any relevant JLHWSs, including identified local target outcomes, approaches and priorities.	• Integrated Care Strategy describes the population health need and including the priorities from JSNAs and HWB strategies.
Duty to improve quality of services	• The plan should contain a set of quality objectives that reflect system intelligence. It should include clearly aligned metrics (on processes and outcomes) to evidence ongoing sustainable and equitable improvement. Quality priorities should go beyond performance metrics and look at outcomes and preventing ill-health, and use the Core20PLUS5 approach to ensure inequalities are considered. Plans should align with the National Quality Board principles.	• Integrated Care Strategy discusses inequalities in relation to the Core20Plus5 for adults and children
Duty to reduce inequalities	• The plan should set out how the ICB intends to deliver on the national vision to ensure delivery of high-quality healthcare for all, through equitable access, excellent experience and optimal outcomes. • ICBs must also be mindful of, and comply with, the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010.	• NEL Quality Approach Framework
Duty to promote involvement of each patient	• The plan should describe actions to implement the Comprehensive model of personalised care, which promotes the involvement of each patient in decisions about prevention, diagnosis and their care or treatment.	• Integrated Care Strategy includes a section on personalised care may need to build on this
Duty to involve the public	• The plans should describe how: the public and communities were engaged in the development of the plan; the ICB and partner trusts will work together to build effective partnerships with people and communities, particularly those who face the greatest health inequalities, working with wider ICS stakeholders to achieve this and activity at neighbourhood and place level informs decisions by the system and how public involvement legal duties are met and assured.	• NEL Engagement Strategy

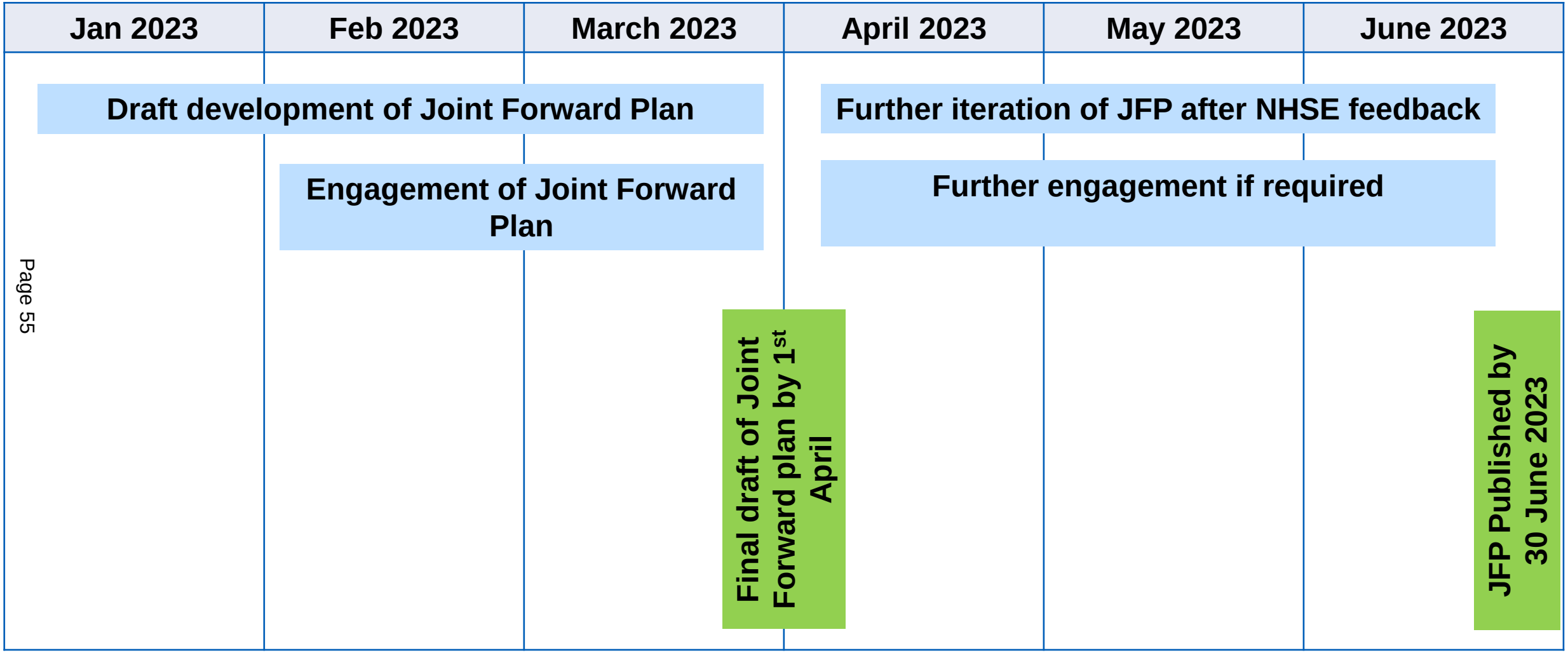
Legislative requirement	Content descriptor	What do we have across NEL already?
Duty to patient choice	• The plan should describe how ICBs will ensure that patient choice is considered when developing and implementing commissioning plans and contracting arrangements, and delivering services. The plan should also describe how legal rights are upheld and how choices available to patients are publicised and promoted.	
Duty to obtain appropriate advice	• The plan should outline the ICB's strategy for seeking any expert advice it requires, including from local authority partners and through formal governance arrangements and broader engagement.	• Describe the NEL governance arrangements including ICP committees place base partnerships and HWB boards
Duty to promote innovation	• The plan should set out how the ICB will promote local innovation, build capability for the adoption and spread of proven innovation and work with academic health science networks and other local partners to support the identification and adoption of new products and pathways that align with population health needs and address health inequalities.	• Integrated Care Strategy will include a section on research and innovation
Duty in respect of research	• The plan should set out how the ICB will facilitate and promote research, and systematically use evidence from research when exercising its functions. This could include considering research when commissioning, encouraging existing providers to support and be involved in research delivery, recognising the research workforce in workforce planning, and supporting collaboration across local National Institute for Health and Care Research (NIHR) networks. Plans should address the research needs of the ICB's diverse communities.	• Integrated Care Strategy will include a section on research and innovation • Care City – A partnership for innovation for NHS NEL
Duty to promote education and training	• The plan should describe how the ICB will apply education and training as an essential lever of an integrated workforce plan that supports the delivery of services in the short, medium and long term. • The plan should articulate the role of education and training in securing healthcare staff supply and responding to changing service models, as well as the role of trainees in service delivery.	• Integrated Care Strategy – priority around growing our own workforce within
Duty as to climate change, etc	• The plan should describe how the ICB and its partner trusts will deliver against the targets and actions in Delivering a 'Net Zero' NHS , including through aligning the JFP with existing green plans.	• NEL ICS Green Plan 2022-25
Addressing the particular needs of children and young persons	• This could include using data and gathering insights to ensure the plan identifies and sets steps for delivery of the longer-term priorities and ambitions for the ICB's population of children, young people and families.	• One of our four system priorities on our Integrated Care Strategy is Babies, children and young people

Legislative requirement	Content descriptor	What do we have across NEL already?
Addressing the particular needs of victims of abuse	• This should include related health inequalities and access to and outcomes from services. The plan should also cover the needs of staff who are victims of abuse. • This should include the use of data and lived experience to ensure the plan identifies and sets out steps for the delivery of longer-term priorities and ambitions for supporting victims, tackling perpetrators and the prevention of abuse, including through the commissioning of services.	

Recommended content	Content descriptor	What do we have across NEL already?
Workforce	• Evidence-based, integrated, inclusive workforce plans that ensure the right workforce with the right skills is in the right place to deliver operational priorities aligned to finance and activity plans.	• One of our four system priorities on our Integrated Care Strategy is Workforce. • Will have workforce plans as part of 23/24 operational planning
Performance	• Specific performance ambitions with trajectories and milestones that align with NHS operational plan submissions and pay due regard to the ambitions of the NHS Long Term Plan, as appropriate	• 23/24 operating plan will have performance trajectories
Digital/data	• Steps to increase digital maturity and ensure a core level of infrastructure, digitisation and skills. These actions should contribute to meeting the ambition of a digitised, interoperable and connected health and care system as a key enabler to deliver more effective, integrated care. This could include reducing digital inequity and inequalities and supporting net zero objectives.	• NEL Digital and Data Strategy
Estates	• Steps to create stronger, greener, smarter, better, fairer health and care infrastructure together with efficient use of resources and capital to deliver them. This should align with and be incorporated within forthcoming ICS infrastructure strategies.	• NEL Estates Strategy

Recommended content	Content descriptor	What do we have across NEL already?
Procurement/ supply chain	• Plans to deliver procurement to maximise efficiency and ensure aggregation of spend, demonstrating delivery of best value. This could include governance and development of supporting technology and data infrastructure to align or ensure interoperability with procurement systems throughout the ICS.	
Population health management	• The approach to supporting implementation of more preventative and personalised care models driven through data and analytical techniques such as population segmentation and financial demand modelling. This could include: developing approaches to better understand and anticipate population needs and outcomes (including health inequalities); using population health management approaches to understand future demand and financial risk; support redesign of integrated service models based on the needs of different groups; and putting in place the underpinning infrastructure and capability to support these approaches.	• Integrated Care Strategy include population health management and a learning health system • PHM approach already being developed across NEL
System development	• How the system organises itself and develops to support delivery. This could include: governance; role of place; role of provider collaboratives; clinical and care professional leadership; and leadership and system organisational development.	• Integrated Care Strategy describes how we arrange ourselves through collaboratives and place based partnerships
Supporting wider social and economic development	• How the ICB and NHS providers will support the development and delivery of local strategies to influence the social, environmental and economic factors that impact on health and wellbeing. This could include their role as strategic partners to local authorities and others within their system, as well as their direct contribution as planners, commissioners and providers of health services and as ‘anchor institutions’ within their communities.	• NEL Anchor Charter

7. Timeline and deadline



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HEALTH AND WELLBEING BOARD

14 March 2023

Title:	**Covid-19 update in the Borough**
Report of the Director of Public Health	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Author: Richard Johnston Performance & Intelligence Analyst	**Contact Details:** E-mail: Richard.johnston@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham	

Summary:

The Board will be presented with the latest information regarding the Covid-19 situation in the borough, including the geographic and demographic spread of the virus, the latest mortality figures and progress made with the vaccination programme.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1. Review and provide feedback on the presentation.

Reason(s)

Keeping the Health and Wellbeing Board informed of the current Covid-19 situation in the borough is vital as Covid-19 continues to pose a challenge.

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Coronavirus (COVID-19) Situation Update for the Health and Wellbeing Board

14th March 2023

Barking & Dagenham

one borough; one community; no one left behind

Key updates

Coronavirus remains a serious health risk, particularly to vulnerable populations. Coronavirus, in combination with other resurgent respiratory illnesses such as Influenza, continues to apply pressure to health services in the borough. Residents and visitors to the borough should stay cautious to help protect themselves and others.

- The all-age case rate in Barking and Dagenham remains low, but is rising at the end of the week to 15th February. From the 8th February to 15th February, the boroughs all-age case rate rose from 20.6 cases per 100k residents to 28.0 cases, which was below the London average of 29.1 cases. At the end of the week to 15th February, 15 London boroughs had a lower case rate than Barking and Dagenham, up from 7 in the previous week. It should be noted that these low all-age case rates are being observed in an environment of low pillar 1 and 2 testing levels, particularly among younger age groups.

- From the 8th February to 15th February, Barking and Dagenham's 60+ case rate nearly doubled, from 35.7 cases per 100k residents to 71.3 cases. The borough maintained its 60+ rag rating at green. 20 London boroughs have a lower 60+ case rate than Barking and Dagenham, up from 5 in the previous week. Over the same period, the London 60+ case rate rose for the fourth consecutive week, from 55.3 cases per 100k residents to 68.5 cases, a 23.9% increase.

- The 7 day average rate per 100k residents who took a PCR test rose from 14.2 tests in the week to 8th February to 18.1 tests in the week to 15th February. Over the same time period, the percentage of test taking residents receiving a positive result fell from 9.9% to 9.5%.

- Despite low case rates being observed in Barking and Dagenham, the number of COVID-19 positive patients in a BHRUT G&A hospital bed is now rising. From the 8st February to 19th February, the number rose from 26 to 40. This is the fourth consecutive weekly increase, despite falling case rates over some of those weeks. Winter pressures caused in part by the increased prevalence of COVID-19 and Influenza continue to strain health care services in the borough. The number of patients in BHRUT critical care hospital beds fell from 2 on 9th February to 1 on 19th February. This number may continue to rise as the effects of higher G&A bed occupancy filter through to critical care services.

- One possible explanation for increased hospital bed occupancy is the increasing prevalence of the XBB.1.5 and CH.1.1 variants of COVID-19. The XBB.1.5 variant was first identified in a Barking and Dagenham resident on 11th January 2023. Six samples from Barking and Dagenham residents have tested positive for this new variant in total, but there are likely many more cases present in the borough. Currently, the BQ.1 strain remains dominant in Barking and Dagenham, but this is expected to change to the XBB.1.5 variant based on mutations that give the latter a growth advantage, potentially making it more contagious.

- The Autumn booster coverage percentage for all borough residents aged 50 and over was unchanged over the week to 15th February at 55.9%. This is the second week that has not seen a weekly increase in coverage since the campaigns inception. The 90+ year old group remained the group with the highest Autumn booster coverage at 61.5%.

- The 7 day average rate per 100k residents who took a PCR test rose from 14.2 tests in the week to 8th February to 18.1 tests in the week to 15th February. Over the same time period, the percentage of test taking residents receiving a positive result fell from 9.9% to 9.5%.

- In the week to 10th February, no death certificates issued in the borough mentioned COVID-19. The total number of deaths in the borough that week was 6.6 deaths below the 2015-19 average for the same week. Following a downward adjustment to the total number of deaths that occurred in the week to 3rd February, excess mortality is yet to be recorded in Barking and Dagenham in 2023. There have been 693 COVID-19 related deaths in the borough since the start of the pandemic.

Barking & Dagenham

HEALTH and WELLBEING BOARD FORWARD PLAN

March 2023

Publication Date: 13 February 2023

THE FORWARD PLAN

Explanatory note:

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

Key Decisions

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

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

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

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

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

Information included in the Forward Plan

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

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

Publicity in connection with Key decisions

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

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

The Health and Wellbeing Board's Forward Plan will be published on or before the following dates during 2022/23:

Edition	Publication date
June 2022 Edition	16 May 2022
September 2022 Edition	15 August 2022
November 2022 Edition	10 October 2022
January 2023 Edition	20 December 2022
March 2023 Edition	13 February 2023

Confidential or Exempt Information

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

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the meetings listed in this Forward Plan may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. Representations may be made to the Council about why a particular decision should be open to the public. Any such representations should be made to Yusuf Olow, Senior Governance Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (email: yusuf.olow@lbbd.gov.uk).

Key to the table

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

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

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

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

Decision taker/ Projected Date	Subject Matter Nature of Decision	Open / Private (and reason if all / part is private)	Sponsor and Lead officer / report author
Health and Wellbeing Board: 13.6.23	**Covid-19 update in the Borough** • Wards Directly Affected: All Wards		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 13.6.23	**Babies, Children, Young People and Families (0-25) Partnership - Best Chance Strategy** The Babies, Children, Young People and Families (0-25) Partnership - Best Chance Strategy sets out the Council's aims in regards to service provision for these groups going forward. Following the presentation at theJanuary 2023 meeting of the Board. A presentation will be given on the governance structure. • Wards Directly Affected: All Wards		Chris Bush, Commissioning Director, Care and Support (Tel: 020 8227 3188) (christopher.bush@lbbd.gov.uk) Christopher.Bush@lbbd.gov.uk
Health and Wellbeing Board: 13.6.23	**CQC Report on Urgent Treatment Centres** All four Urgent Treatment Centres serving Barking and Dagenham were subject to adverse reports from the Care Quality Commission (CQC). The Board will be updated on the issues that caused the CQC concern and action being taken to address them. • Wards Directly Affected: All Wards		Sharon Morrow, Director of Integrated Care, North East London Integrated Care Board sharon.morrow2@nhs.net
Health and Wellbeing Board: 13.6.23	**Introduction of Voice Recognition in provision of Council Services** Barking and Dagenham Council plan to introduce voice recognition technology, similar to Alexa, to enable to residents to access services. The Board will discuss how this can been used to deliver health and social care services. • Wards Directly Affected: All Wards		Louise Hider Davies, Head of Commissioning, Adult Care and Support. Louise.hider-davies@lbbd.gov.uk

Health and Wellbeing Board: 13.6.23	**Joint Health and Wellbeing Strategy Refresh- Final** The current Joint Health and Wellbeing Strategy is being refreshed for the period of 2023-28. The draft strategy will be brought back the Board following consultation with partners and public, for sign off ahead of publish. • Wards Directly Affected: Not Applicable		Jane Leaman, LBBD, Interim Public Health Consultant jane.leaman@lbbd.gov.uk

APPENDIX 1

Membership of Health and Wellbeing Board:

Cllr Maureen Worby (Chair), LBBD Cabinet Member for Social Care and Health Integration
Dr Ramneek Hara (Deputy Chair), NHS North East London Integrated Care Board
Elaine Allegretti, LBBD Strategic Director, Children and Adults
Cllr Syed Ghani LBBD Deputy Leader and Cabinet Member for Community Leadership and Engagement
Cllr Jane Jones LBBD Cabinet Member for Children's Social Care & Disabilities
Cllr Elizabeth Kangethe LBBD Cabinet Member for Educational Attainment and School Improvement
Melody Williams, North East London NHS Foundation Trust
Elspeth Paisley, Lifeline Community Resources (BD Collective)
Matthew Cole, LBBD Director of Public Health
Louise Jackson, Metropolitan Police
Kathryn Halford, Barking Havering and Redbridge University Hospitals NHS Trust
Sharon Morrow, NHS North East London Integrated Care Board
Nathan Singleton, Healthwatch Barking and Dagenham (CEO Lifeline Projects)

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