



North East London
Integrated Care Board

**Barking &
Dagenham**

Notice of Meeting

HEALTH & WELLBEING BOARD AND ICB SUB-COMMITTEE (COMMITTEES IN COMMON)

Tuesday, 7 November 2023 - 5:00 pm
Council Chamber, Town Hall, Barking IG11 7LU

Date of publication: 30 October 2023

Fiona Taylor
Chief Executive, LBBB
Zina Etheridge
Chief Executive,
North East London ICB

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

Membership

Name	Title	HWBB	ICB
Cllr Maureen Worby (Chair)	Cabinet Member for Adult Social Care and Health Integration, LBBD	✓	✓
Charlotte Pomery (Deputy Chair)	Executive Director, NHS North East London	✓	✓
Elaine Allegretti	Strategic Director, Children and Adults, LBBD	✓	✓
Pooja Barot	Director, Care Provider Voice		✓
Matthew Cole	Director of Public Health, LBBD	✓	✓
Selina Douglas	Executive Director of Partnerships (NELFT)		✓
Tom Ellis	Director of Strategy, Newham University Hospital	✓	
Cllr Syed Ghani	Cabinet Member for Enforcement and Community Safety, LBBD	✓	
Dr Ramneek Hara	Clinical Care Director, NHS North East London	✓	✓
Ann Hepworth	Director of Strategy and Partnerships, BHRUT	✓	✓
Louise Jackson	Chief Inspector, Metropolitan Police	✓	
Cllr Jane Jones	Cabinet Member for Children's Social Care and Disabilities, LBBD	✓	
Cllr Elizabeth Kangethe	Cabinet Member for Educational Attainment and School Improvement, LBBD	✓	
Manisha Modhvadia	Chair, Healthwatch		✓
Sharon Morrow	Director of Partnership Impact and Delivery Barking and Dagenham, NHS North East London	✓	✓
Elsbeth Paisley	Health Lead, BD Collective	✓	✓
Dr Kanika Rai	Place based Partnership Primary Care, Development Clinical Lead		✓
Dr Shanika Sharma	Primary Care Network Director – West One		✓
Nathan Singleton	Chief Executive, Healthwatch - Lifeline Projects Ltd	✓	
Fiona Taylor	Chief Executive (Place Partnership Lead), LBBD	✓	✓
Sunil Thakker	Director of Finance or nominated rep, NHS North East London		✓
Chetan Vyas	Director of Quality or nominated rep, NHS North East London		✓
Melody Williams	Integrated Care Director, NELFT	✓	

Non-voting members

Craig Nikolic	Chief Operating Officer, Together First CIC, B&D GP Federation	✓	
Dr Uzma Haque	Primary Care Network Director, North	✓	
Dr Deeksha Kashyap	Primary Care Network Director, North West	✓	
Dr Jason John	Primary Care Network Director, New West	✓	
Dr Afzal Ahmed	Primary Care Network Director, East	✓	
Dr Natalya Bila	Primary Care Network Director, East One	✓	
Dalveer Johal	NEL Local Dental Committee Representative	✓	
Shilpa Shah	NEL Local Pharmaceutical Committee Representative	✓	

Standing Invited Guests

Cllr Paul Robinson	Chair, Health Scrutiny Committee, LBBD	✓	
Andrea St. Croix	B&D Independent NHS Complaints Advocate	✓	
Narinder Dail	Borough Commander, London Fire Brigade	✓	
Anju Ahluwalia	Independent Chair Local Safeguarding Adults Board, LBBD	✓	
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 and the ICB Sub-Committee's Terms of Reference, Members of the Committees in Common 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 19 September 2023 (Pages 3 - 7)**
4. **Barking and Dagenham Safeguarding Adults Board Annual Report 2022/23 (Pages 9 - 45)**
5. **System Planning Cycle 2024/25 (Pages 47 - 59)**
6. **Business Case - Additional Capacity in Children and Young Peoples Therapy Services (Pages 61 - 73)**
7. **Feedback from the Committees in Common Development Session 26 October 2023: Localities Working - Developing the Footprints (Pages 75 - 77)**
8. **Questions from the public**
9. **Any other public items which the Chair decides are urgent**
10. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

Private Business

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

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

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Our Vision for Barking and Dagenham

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

Our Priorities

- Residents are supported during the current Cost-of-Living Crisis;
- Residents are safe, protected, and supported at their most vulnerable;
- Residents live healthier, happier, independent lives for longer;
- Residents prosper from good education, skills development, and secure employment;
- Residents benefit from inclusive growth and regeneration;
- Residents live in, and play their part in creating, safer, cleaner, and greener neighbourhoods;
- Residents live in good housing and avoid becoming homeless.

To support the delivery of these priorities, the Council will:

- Work in partnership;
- Engage and facilitate co-production;
- Be evidence-led and data driven;
- Focus on prevention and early intervention;
- Provide value for money;
- Be strengths-based;
- Strengthen risk management and compliance;
- Adopt a “Health in all policies” approach.

The Council has also established the following three objectives that will underpin its approach to equality, diversity, equity and inclusion:

- Addressing structural inequality: activity aimed at addressing inequalities related to the wider determinants of health and wellbeing, including unemployment, debt, and safety;
- Providing leadership in the community: activity related to community leadership, including faith, cohesion and integration; building awareness within the community throughout programme of equalities events;
- Fair and transparent services: activity aimed at addressing workforce issues related to leadership, recruitment, retention, and staff experience; organisational policies and processes including use of Equality Impact Assessments, commissioning practices and approach to social value.

**MINUTES OF
HEALTH & WELLBEING BOARD and
ICB SUB-COMMITTEE
(COMMITTEES IN COMMON)**

Tuesday, 12 September 2023
(5:00 - 6:18 pm)

Present: Cllr Maureen Worby (Chair), Matthew Cole, Selina Douglas, Cllr Syed Ghani, Dr Ramneek Hara, Manisha Modhvadia, Sharon Morrow, Charlotte Pomery, Dr Kanika Rai, Dr Shanika Sharma, Nathan Singleton, Fiona Taylor and Melody Williams

Invited Guests, Officers and Others Present: Alan Dawson, Annemarie Keliris, Debbie Harris, Christine Brand, Kelvin Hankins, Sarah Carter and Jackie McMillan

Apologies: Elaine Allegretti, Pooja Barot, Ann Hepworth, Cllr Jane Jones, Cllr Elizabeth Kangethe, Elspeth Paisley, Craig Nikolic and Fiona Russell

13. Declaration of Members' Interests

There were no declarations of interest.

14. Minutes (26 June 2023)

The minutes of the Health and Wellbeing Board and ICB Sub-Committee meeting held on 26 June 2023 confirmed as correct.

15. Appointment of Deputy Chair

The Health and Wellbeing Board and ICB Sub-Committee agreed to appoint Charlotte Pomery, Executive Director, NHS North East London, as Deputy Chair for the 2023/24 municipal year.

16. HWB Membership

The Chair introduced a report from the Council's Chief Executive relating to proposed changes to the membership of the Health and Wellbeing Board.

The proposals related to the reallocation of one of the two Barking and Havering and Redbridge University Hospitals NHS Trust (BHRUT) seats to Newham University Hospital (NUH), to reflect the greater role of NUH in providing patient services to local residents, and the inclusion of the local Independent NHS Complaints Advocate as a standing invited guest.

The Health and Wellbeing Board:

- (i) Approved the reallocation of one of the two BHRUT seats on the Board to NUH and note that Simon Ashton, Chief Executive Officer at NUH, was expected to take up the seat (**Note:** NUH subsequently confirmed that the seat would be filled by Tom Ellis, NUH Director of Strategy);

- (ii) Agreed that the Independent NHS Complaints Advocate for Barking and Dagenham be given 'Standing Invited Guest' status on the HWB; and
- (iii) Noted that the appropriate amendments to Part 2, Chapter 7 of the Council Constitution shall be reported to the next meeting of the Assembly.

The ICB Sub-Committee noted the report.

17. Carers Charter and Action Plan Update 2022/23

The Chair introduced a report from the Council's Commissioning Manager for Adults' Care and Support which provided the first annual update on the delivery and ongoing development of the Action Plan linked to the Carers Charter 2022-2025.

The Charter had been co-produced with unpaid carers from the Borough and was adopted by the HWB at its meeting on 12 January 2022 (Minute 40 refers). The Charter set out the Council's and its partners' commitment to carers in Barking and Dagenham and how they would be supported in their caring role. The Charter was accompanied by an Action Plan that acted as the framework for the delivery and development of services, working practices, and the identification and support of unpaid or informal carers in the Borough.

The Chair drew attention to the 2021 Census which showed that 1 in 14 of the Borough's residents, which represented approximately 14,000 individuals, were recorded as performing a caring role. However, the Council was only aware of approximately 4,000 of those individuals and whilst GP surgeries also recorded carer information, it was apparent that the majority of carers in the local community were unknown and unrecognised.

The Action Plan had been designed to represent an achievable, staggered programme of improvements and the Chair referred to several aspects, which included the greater involvement of carers in the hospital discharge pathway and signing-off of care plans, carers' assessments, training for front-line staff to raise awareness of carers and the support available to them, and support for young carers, such as respite.

Arising from the discussions, reference was also made to:

- The critical role of carers during the Covid-19 pandemic and the need to reflect their role in winter planning arrangements;
- The development of a Carers Strategy by the North East London Foundation Trust (NELFT) and the need to triangulate activities across the partnership to ensure consistent messaging and avoid duplication;
- The importance of Education, Health and Care (EHC) plans being in place for young carers and the role of Schools in identifying young carers to ensure they received the right support;
- The improvements being made in the sharing of relevant data across partner organisations; and
- The need to develop a partner-wide communications strategy that would help to identify carers and make them aware of the support available, with a particularly focus on those ethnic groups who were less likely to identify

themselves as carers.

The Health and Wellbeing Board and ICS Sub-Committee:

- (i) Noted the update on the delivery of the Carers Charter Action Plan, as detailed in Appendix 2 to the report; and
- (ii) Endorsed the sharing of relevant data by partners to support the delivery of the Action Plan.

18. Barking and Dagenham Place Based Partnership 2023/2024 Winter Planning

The NHS North East London's Director of Partnership Impact and Delivery for Barking and Dagenham (DPID) introduced a report and presentation on the winter planning preparations across the Barking and Dagenham place-based partnership, which was underpinned by the Barking and Dagenham, Havering and Redbridge (BHR) Places Urgent and Emergency Care (UEC) Improvement Plan.

The Winter Plan for 2023/24 focused on the three core areas of prevention, hospital avoidance and discharge support. Priorities and key actions had been developed through a partnership workshop and would be developed further through the Adults and Children's Delivery Groups, ensuring it was responsive and dynamic.

The DPID commented on the additional impact that the cost-of-living crisis was having on the local community and referred to a number of health and equality pilot projects that would help to address some of those issues, which had been incorporated into the Winter Plan. Another key element of the Winter Plan related to national guidance issued by the Department of Health in July, which set out the responsibilities of ICBs and NHS Trusts in terms of High Intensity Interventions (HII) that covered 10 specific aspects. It was noted that the ICB actions would be led via the Place Based Partnerships and be amalgamated into the NHS NEL Plan.

A workshop held on 9 August was well attended by partners and discussed opportunities to strengthen the partnership response to winter resilience. The workshop focused on the areas of Right Care First Time, prevention, proactive care and discharge support. Some key themes that came out of the discussion included:

- Improving the communication channels between providers – strengthening and improving access to a directory of services that enabled practitioners to refer to the full range of out of hospital services;
- Education and better communication with residents so they know how to access local community services and care for themselves and their families;
- Early preparation and taking a more proactive approach to planning – engage with residents well ahead of winter so that they feel that they have a stake in what is being offered;
- Development of a robust response for people presenting with mental health conditions in the community;
- Optimising current services and pathways e.g. integrated case management, voluntary sector support post discharge;

- Improving the discharge process – better understand the reasons for delays for B&D residents and support early discharge planning.

Stemming from the issues referred to above, the DPID referred to the draft Winter Plan and UEC Improvement Strategy and Plan which were appended to the report, the funding required to support the initiatives for 2023/24 and key risks. The Committees in Common also heard from NHS NEL officers on a range of communication campaigns aimed at raising residents' awareness of where and how to access services, changing behaviours

Members very much welcomed the Winter Plan and made a number of observations, which included:

- Taking advantage of Community Hubs, several of which were based in health-related buildings, to deliver a combined health programme and the additional role that Homes and Money Hubs may be able to play;
- The need for accurate and timely intelligence to inform plans and respond to changing circumstances;
- The need to reflect the important role of carers in addressing winter pressures;
- The work being undertaken with GPs and community pharmacists to promote awareness of the services they offer and avoid presentation at UECs;
- The importance of communications not referring to the term “inappropriate attendance” to avoid alienating those who may not have presented themselves at the correct service / location, and instead referring to “alternative options” for patients to receive a quick and appropriate response;
- The need for the 111 non-emergency contact service to be better informed of where individuals should be signposted to;
- The significant role of the Respiratory Service and wellness events in alleviating system pressures;
- The additional pressures likely to arise following the recent closure of the 120-bed Chase View Care Home;
- The use of the Better Care Fund to meet challenges;
- Healthwatch had been commissioned by BHRUT to undertake a review of discharge arrangements, which would be shared with the Committees in Common at a later date;
- The need for robust monitoring of the impact of the Winter Plan and the communications supporting it.

An issue was also raised on whether a communications plan was being developed regarding the latest Covid variant. The Council's Director of Public Health advised on the current position and undertook to circulate relevant information to partners.

The Health and Wellbeing Board and ICS Sub-Committee:

- (i) Endorsed the Winter Plan 2023/24 as set out at Appendix 1 to the report and noted that it would be updated to reflect observations made at the meeting and any other relevant factors that may arise; and
- (ii) Approved the Demand and Capacity Investment Plan contained within the Winter Plan 2023/24.

19. Urgent Action - Extension to 0-19 Integrated Healthy Child Programme Service Contract

The Council's Chief Executive advised on action she had taken on behalf of the Health and Wellbeing Board in respect of approving a variation of the contract for the provision of the integrated 0-19 Healthy Child Programme with NELFT for a period of 16 months from 1 September 2023 to 31 December 2024, as a decision on the matter was required prior to this meeting.

The **Health and Wellbeing Board and ICS Sub-Committee** noted the action taken by the Council's Chief Executive, in accordance with the Urgent Action procedure under Part 2, Chapter 16, paragraph 4 of the Council Constitution, in relation to:

- (i) Agreeing to waive tendering requirements and approve the variation of the contract for the provision of the integrated 0-19 Healthy Child Programme with NELFT for a period of 16 months from 1 September 2023 to 31 December 2024, in accordance with the strategy set out in the report; and
- (ii) Delegating authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Health Integration, to enter into the extended contract and all other necessary or ancillary agreements with NELFT to fully implement and effect the proposals.

20. Questions from the public

There were no additional questions from the public.

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

The Chair stressed the need for a more dynamic flow of information sharing amongst the various organisations, local authorities, Boards etc. to enable a better understanding of best practice and new initiatives across health-related services. Average national waiting times across health authorities and patient choice were given as examples to enable the Committees in Common to assess how the North East London area, and Barking and Dagenham in particular, compared with other areas.

The Executive Director, NHS NEL, advised that performance framework discussions were taking place and suggested that the matter could be considered in detail at the Adults and Children's Delivery Group, with a more succinct paper then presented to the Committees in Common. The Executive Director of Partnerships, NELFT, further advised that she was already discussing with partner organisations the collection and sharing of relevant local data with Place Based Partnerships and a presentation would be given at the next meeting of the Committees in Common.

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HEALTH AND WELLBEING BOARD**7 November 2023**

Title:	Barking and Dagenham Safeguarding Adults Board Annual Report 2022/23		
Report of the Independent Chair of the Safeguarding Adults Board			
Open Report	For Information		
Wards Affected: None	Key Decision: No		
Report Author: Anju Ahluwalia, Independent Chair of the Safeguarding Adults Board	Contact Details: Email: anju.ahluwalia@lbbd.gov.uk		
Sponsor: Elaine Allegretti, Strategic Director, Children and Adults			
Summary: Local Safeguarding Adult Boards (SABs) have a statutory obligation to compile and publish an Annual Report and to provide this to the Chair of the local Health and Wellbeing Board. The reports are expected to provide an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of vulnerable adults. The SAB's Annual Report 2022/23 at Appendix 1 highlights the work of the Board between April 2022 and March 2023. It sets out the key achievements, work of the partners, information around the priorities and how the SAB has worked to improve the protection of adults across Barking and Dagenham.			
Recommendation(s) The Health and Wellbeing Board and ICB Sub-Committee are recommended to note the Safeguarding Adults Board (SAB) Annual Report 2022/23 at Appendix 1 to the report and provide comments on its contents for the SAB to consider as they continue to develop their future plans.			
Reason(s) To provide an opportunity to comment on the work of the Safeguarding Adults Board prior to the publishing of the SAB Annual Report 2022/23.			

1. Introduction and Background

- 1.1 The Care Act 2014 requires that local partners must co-operate around the protection of vulnerable adults at risk of abuse or neglect.

- 1.2 The Care Act 2014 identifies six key principles that should underpin all safeguarding work. These are accountability, empowerment, protection, prevention, proportionality and partnership.
- 1.3 The Safeguarding Adults Boards is made up of three statutory partners who are the Local Authority, the Police and the NHS Integrated Care Board. The Barking and Dagenham Safeguarding Adults Board also includes representation from other key local partner organisations and these are Barking Havering Redbridge University Trust (BHRUT), North East London Foundation Trust (NELFT), the London Fire Brigade, the Probation Service, the chairs of the SAB's committees and other key officer advisors.
- 1.4 The objectives of the SAB are to:
- Ensure that local safeguarding arrangements are in place as defined by the Care Act 2014.
 - Embed good safeguarding practices, that puts people at the centre of its duties.
 - Work in partnership with other agencies to prevent abuse and neglect where possible.
 - Ensure that services and individuals respond quickly and responsibly when abuse or neglect has occurred.
 - Continually improve safeguarding practices and enhance the quality of life of adults in the local area.
- 1.5 All Safeguarding Adult Boards are required to produce an Annual Report. The Barking and Dagenham SAB have produced the Annual Report attached with contributions from all partners of the Board.

2. Proposal and Issues

- 2.1 The Annual Report includes a foreword by the Independent Chair of the Board, information about the Board structure and its committees, safeguarding data, the activity of the Board and of its partner agencies, quality assurance information, and comment on how the Board will review and set its priorities going forward in light of system wide safeguarding issues.
- 2.2. Key achievements of the Board in 2022/23 include the work of the three committees. The Performance and Assurance Committee, which is chaired by the London Borough of Barking and Dagenham, has worked to improve the engagement from all partners and is presenting meaningful data and analysis to the Board on a quarterly basis. The Safeguarding Adults Review (SAR) Committee, which is chaired by the NHS Integrated Care Board (ICB), published two Safeguarding Adult Reviews in 2022. The Committee has reviewed several cases against the SAR criteria and looked at wider learning from local and national cases. Learning has taken place across the partnership around the themes of self-neglect and hoarding, mental health, drug and alcohol dependence and services. The SAB also now has representation from the Care Provider Voice.
- 2.3 The Adult Safeguarding Adult Complex Cases Group is chaired by the Council's Principal Social Worker for Adults Social Care and Strategic Lead for

Safeguarding Adults and there is representation from all partners across the partnership as well as front line staff who are supporting service users. The group discusses complex cases where there are safeguarding risks that need to be managed across more than one agency. Professionals from any partner agency can refer a case into the meeting.

- 2.4 The Board has continued to have excellent engagement and commitment from all partners.
- 2.5 The three statutory partners (LBBD, NHS ICB and Police) all made financial contributions to support the work of the Board. The Police contributed £5,000, the NHS ICB £30,000 and the Council covered staffing costs of the Independent Chair, support staff and any other work such as SARs and learning events.

3. Consultation

The Barking and Dagenham Safeguarding Adults Board.

4. Mandatory Implications

4.1 Joint Strategic Needs Assessment

The SAB Annual Report and the work of the SAB supports the findings set out in the Barking and Dagenham Joint Strategic Needs Assessment (JSNA) in particular the themes around wellbeing, supporting vulnerable adults, supporting carers, health, long term illness and disability, mental health and social support networks.

4.2 Health and Wellbeing Strategy

The SAB Annual Report and the work of the SAB supports the Health and Wellbeing Strategy priorities and outcomes around integrated care, providing quality services, safeguarding, ageing well, physical and mental wellbeing and domestic violence.

4.3 Financial Implications

Implications completed by: Lawrence Quaye, Finance Business Partner

This report is largely for information and seeks the Health and Wellbeing Board to consider the Safeguarding Adults Board (SAB) Annual Report 2022/23. As such, there is no obvious financial implications of the report. However, it is noted that the three statutory partners (LBBD, NHS ICB and Police) all made their respective financial contributions to support the work of the Board in 2022/23.

4.4 Legal Implications

Implications completed by: Nicola Monerville, Principal Solicitor

This report is for review and consideration and the Health and Wellbeing Board is asked to provide comments on its contents for the SAB to consider as they continue to develop their future plans.

4.5 Risk Management

The SAB manages risks by having a three-year Strategic Plan in place that sets out its priorities and how partners will work together to achieve these. This Strategic Plan is reviewed annually.

5. Non-mandatory Implications

5.1 Safeguarding

The SAB has responsibility for safeguarding across the borough and this includes how the Board has worked together to protect adults who may be at risk of abuse or neglect.

Public Background Papers Used in the Preparation of the Report:

- Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

List of Appendices:

Appendix 1 - The Safeguarding Adults Board Annual Report 2022/23

Barking and Dagenham

Safeguarding Adults Board

Annual Report

2022-23

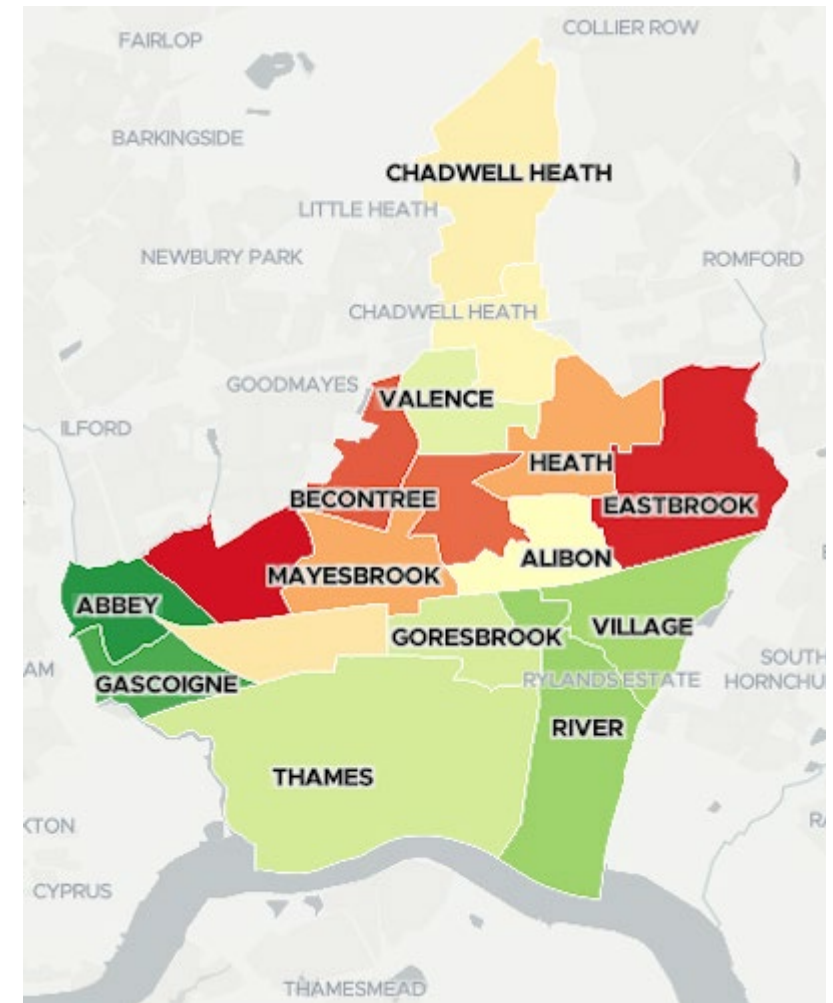
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Safeguarding Adults Board

Barking & Dagenham

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8. Quality of Care
9. Partnership Priorities
10. Further Information about Safeguarding



1. Independent Chairs Foreword and Overview

This is my first full year as the Independent Chair for Barking and Dagenham's Safeguarding Adults Board (SAB). It was important for me to echo what I wanted to achieve at the outset of starting this role which was to work with the Board and be the 'direct voice of the service users' by working with the community and meeting community groups as well as professionals, so that I could understand the lived experience and gaps in terms of adult safeguarding across the system.

This year the SAB has grown in membership and the Board has worked together on the Safeguarding Peer Review. This has been an invaluable tool for the growth of the Board and for identifying the strengths and challenges within adult safeguarding provision in Barking and Dagenham. One of the recommendations that was made was the development of an Adult Multi Agency Safeguarding Hub (MASH) that is currently being considered.

Working relationships have been enhanced across the Violence Against Women and Girls (VAWG) Group and the Safeguarding Boards, which has been possible as I am also the VAWG Independent Chair. This has created better information sharing and partnership working across the Boards.

I have had the pleasure of going out and meeting the community at locations that have included care homes, community hubs and hostels and spoken to the community about the services that have helped them and the challenges they face. I have also met with the professionals across the partnership that work within the services to get feedback and learn more about the work they do.

The Board will be reviewing its strategic objectives in line with the Safeguarding Adult Partnership Audit Tool (SAPAT) that were completed by all partners. I am proud of the way partners have worked together to support our communities in these challenging times.

One of the main aspects that has been highlighted this year has been the topic of the cost of living crisis and how this is impacting on people's lives and services. The Board understands that this is having a knock-on effect on the community as a whole and is impacting on adult safeguarding concerns, mental health, physical health, financial concerns and service demand. This is being addressed within partner organisations individually and across the partnership as a whole. There has been lots of work with the voluntary sector and local community groups to provide support within the community.

It is important to me that I am the voice of the local community within our partnership work so that we can ensure that people's lived experience is heard and our services meet their needs. I would like to take this opportunity to thank everyone across the partnership for trusting me to help direct the provision of safeguarding and allowing me to work in a different way to bring about change and help leave a legacy of better support for all.

I hope after reading this SAB Annual Report, you are reassured that the SAB is here to ensure that all individuals in Barking & Dagenham are safe from harm, neglect and abuse and that together we will continue to work to improve our services and ensure we meet the needs of the whole community.



**Anju Harmit Ahluwalia BEM
Independent Chair
Barking and Dagenham
Safeguarding Adults Board**

2. What is Safeguarding Adults?

The Care Act 2014 statutory guidance defines adult safeguarding as:

‘Protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.’

The Care Act 2014 came into force on 1st April 2015. The Act introduced new requirements for safeguarding adults and the arrangements that each locality must have in place to ensure that vulnerable people are protected from risk, abuse or neglect. The Local Authority, NHS Clinical Commissioning Groups and the Police are all statutory partners of the Safeguarding Adults Board (SAB) and other important local partners are also key players in the work of the partnership.

The Care Act identifies six key principles that should underpin all safeguarding work. These are accountability, empowerment, protection, prevention, proportionality and partnership.



3. The SAB's Vision

Every adult living in the London Borough of Barking and Dagenham has the right to live in safety, free from fear of abuse or neglect. The Safeguarding Adults Board exists to make sure that organisations, people and local communities work together to prevent and stop the risk of abuse or neglect.

In the London Borough Barking and Dagenham we want to embed a stronger and safer culture that supports adults who are at risk of harm. We know that to achieve this we have to work in partnership with the people who use local services and with the wider local community. All agencies working with adults at risk have an essential role in recognising when these people may be in need of protection. Agencies also have a responsibility to work in partnership with adults at risk, their families, their carer(s) and each other. The introduction of the Care Act 2014 has brought in many changes in Adult Social Care Services. The Safeguarding Adults Board has a statutory duty to ensure it uses its powers to develop responsibility within the community for adults who need care and protection.

The main focus of the work of the Safeguarding Adults Board is to ensure that safeguarding is consistently understood by anyone engaging with adults who may be at risk of or experiencing abuse or neglect, and that there is a common commitment to improving outcomes for them. This means ensuring the community has an understanding of how to support, protect and empower people at risk of harm. We want to develop and facilitate practice which puts individuals in control and generates a more person-centred approach and outcomes.

The Safeguarding Adults Board developed a strategic plan which sets out how we will work together to safeguard adults at risk. The strategic plan was initially developed for 2019-22 but was updated at the end of 2020/21 going into 2021/22 for the remainder of 2021/22 and beyond. The plan and priorities will be reviewed again by the Board and the revised Strategic Plan can be viewed here <https://www.lbbd.gov.uk/barking-and-dagenham-safeguarding-adults-board#tabs-3> and is referred to again in section 9.

The Safeguarding Adults Board has a responsibility to:



It may be suspected that someone is at risk of harm because:

- there is a general concern about someone's **well being**
- a person sees or hears something which could put **someone at risk**
- a person tells you or someone else that something has happened or is happening to them which could put **themselves or others at risk.**

4. The Board and Committees

The Barking and Dagenham Safeguarding Adults Board is made up of the following core statutory partners:

- The Local Authority
- The Borough Police
- The NHS Integrated Care System.

Other members of the board include:

- the Council Cabinet Member for Social Care and Health Integration
- the three Chairs of the committees
- a representative from North East London Foundation Trust (NELFT)
- a representative from Barking, Havering, Redbridge University Hospitals (BHRUT)
- a representative from the London Fire Service
- a representative from the London Probation Service
- a representative from the Council’s Community Solutions Service
- a representative from Barking and Dagenham Healthwatch

The SAB has three committees, which are chaired by different partner organisations:

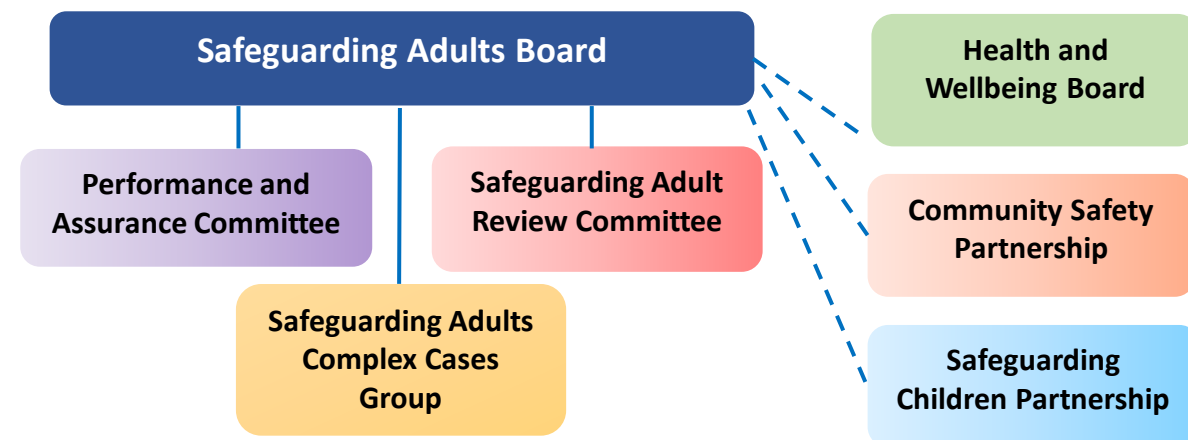
- The Performance and Quality Assurance Committee (chaired by the London Borough of Barking and Dagenham)
- The Safeguarding Adult Review Committee (chaired by NHS Integrated Care System)
- The Safeguarding Adults Complex Cases Group (chaired by the London Borough of Barking and Dagenham)

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The Independent Chair has attended the Health and Wellbeing Board to allow for further consideration and debate regarding the issues of safeguarding within the agenda. The Independent Chair also attended quarterly the Council Corporate Safeguarding Meeting with the Leader of the Council, the Lead Member for Social Care and Health Integration, the Chief Executive of the London Borough of Barking and Dagenham and the Strategic Director for Service Development and Integration, to review performance data for adult social care, including workforce data and associated risks and mitigation. This allows for open debate, discussion, challenge and demonstrates a climate of openness and transparency.

The Independent Chair also met regularly with LBB Council’s Director of People and Resilience and Adult Social Care Operations Director and other partners as well as with committee chairs and other key SAB partners.

The board is supported by the Council Cabinet Member for Social Care and Health Integration as a participant observer. This enables Councillor colleagues to be kept up to date with safeguarding adult matters. In addition, the committee chairs and officer advisors also attend board meetings.



The SAB's Statutory Responsibilities

The SAB must publish an Annual Report each year as well as having strategic plan. This Annual Report of the Barking and Dagenham SAB looks back on the work undertaken by the SAB and its committees, throughout 2022/23 and provides an account of the work of the partnership including achievements, challenges and priorities for the coming year.

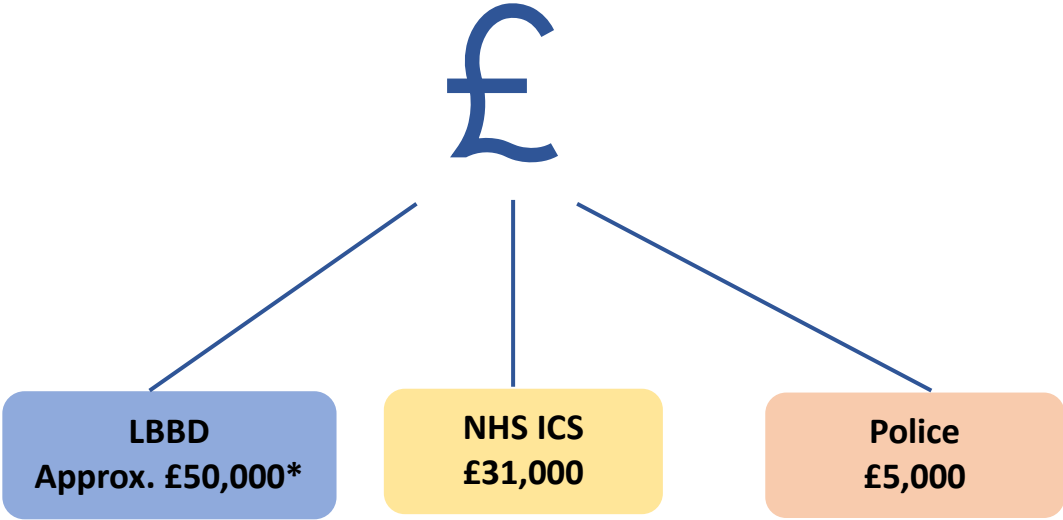
In addition, the SAB has a statutory duty to carry out Safeguarding Adult Reviews (SARs) where an adult in the Local Authority area:

- **Page 19** has died as a result of abuse or risk (either known or suspected) and there are concerns that partner organisations could have worked together more effectively to protect that adult.
- has not died but the SAB knows or suspects that an adult has experienced serious abuse or neglect.

The implementation of recommendations and action plans from a SAR must be reported in the Annual Report, including any decision not to implement any recommendation. One SAR was published in 2021/22. More information on this SAR can be found in chapter 6. Two SARs were also commissioned and continue into 2022/23.

Financial Contributions and Expenditure

Statutory partners make financial contributions to the Safeguarding Adults Board. This supports the running of the SAB including the cost of the Independent Chair, Safeguarding Adult Reviews and any multi agency learning and development activity undertaken across the partnership.



*The Council makes up any shortfall in costs covering service support, staffing etc.

5. Safeguarding Data

Safeguarding Adults Collection (SAC) data is collected and published by NHS Digital. It reports on the statutory duties of local authorities under the Care Act to safeguard adults at risk of abuse or neglect. The data is published annually and provides local and national data tables and comparative data on safeguarding activity.

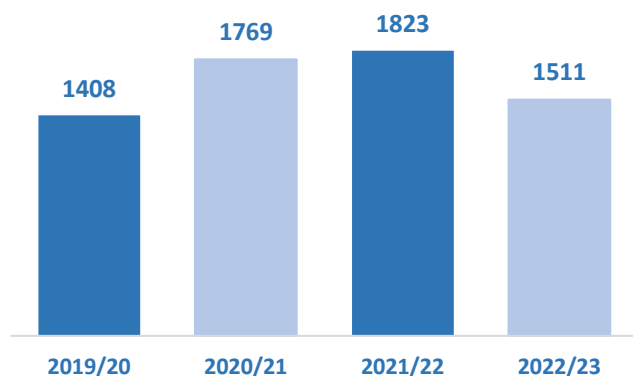
The data for Barking and Dagenham presented in this report covers period from 1st April 2022 to 31st March 2023. The latest benchmarking data covers the period from 1st April 2021 to 31st March 2022.

Safeguarding concerns raised by year

The council received 1,511 safeguarding concerns about an adult believed to be at risk of abuse or neglect after which 252 led to a Section 42 enquiry. This is equivalent to a rate of 17% and is up from 13% in 2021/22.

Nationally this rate was much higher at 30% in 2021/22 (161,926 S42 enquiries from 541,535 concerns).

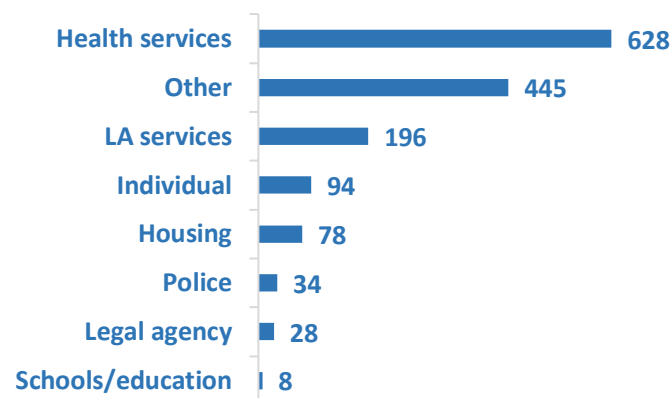
Concerns between 2019/20 to 2022/23



Source of concerns

628 of the 1,511 safeguarding concerns raised during 2022/23 were raised by health services, which include London Ambulance Service and primary health care providers. This represented 42% of all concerns in 2022/23 – higher than the equivalent in 2021/22 (38%).

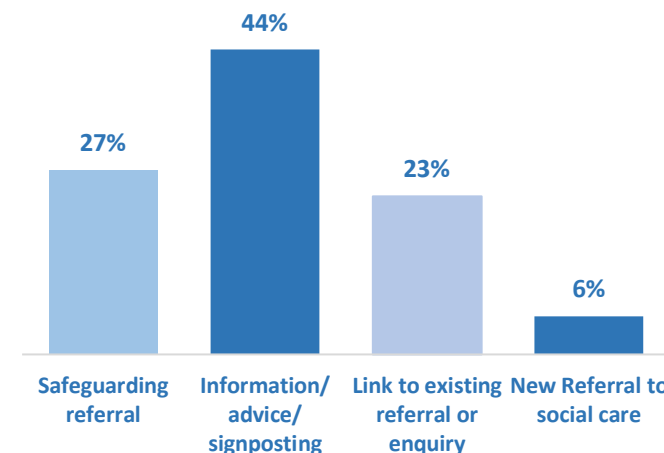
29% of concerns were raised by “other sources” and this category was noticeably lower than the equivalent level in 2021/22 (43%). Local authority services, (LBBD or otherwise) raised 196 concerns in 2022/23.



Concern outcomes

The following chart shows what other options are available and what happens when a concern does not lead to a safeguarding enquiry; 27% of concerns led to a safeguarding enquiry starting in 2022/23.

Of the 1,511 concerns received during the year, 44% resulted in information and advice while a further 23% were already linked to an existing case or enquiry. 6% of concerns progressed to a new referral to social care.



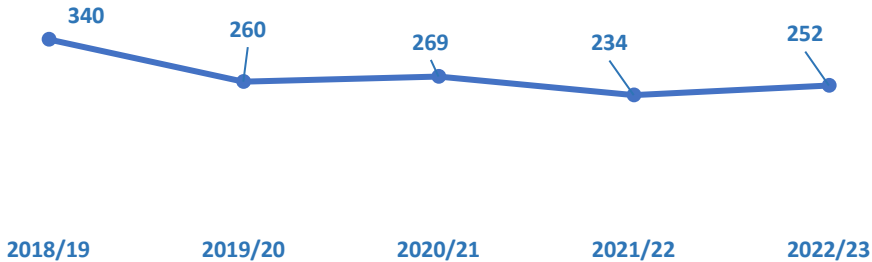
What is a Section 42 Enquiry?

Section 42 of the Care Act 2014 requires that each local authority must make enquiries if it believes an adult is experiencing, or is at risk of, abuse or neglect. When an allegation about abuse or neglect has been made, an enquiry is undertaken to find out what, if anything, has happened.

An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

Section 42 Enquiries started in year

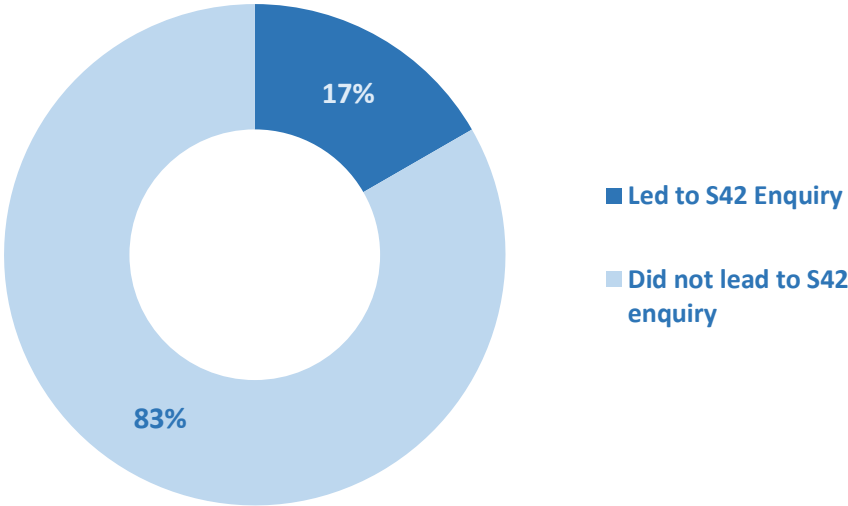
252 Section 42 enquiries started during 2022/23. This is higher than in 2021/22, when 234 enquiries started. Apart from a significant decrease four years ago, the number of Section 42 enquiries has been very consistent since then.



Concerns leading to further enquiry

The council received 1,511 safeguarding concerns about an adult believed to be at risk of abuse or neglect after which 252 led to a Section 42 enquiry. This is equivalent to a rate of 17% and is up from 13% in 2021/22.

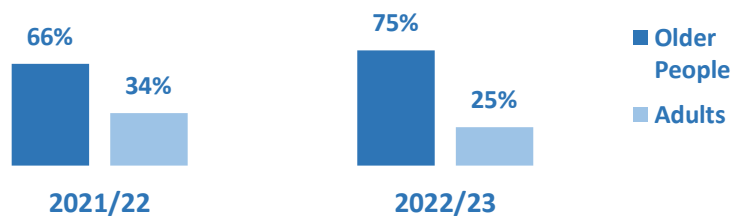
Nationally this rate was much higher at 30% in 2021/22 (161,926 S42 enquiries from 541,535 concerns).



People involved in Section 42 enquiries

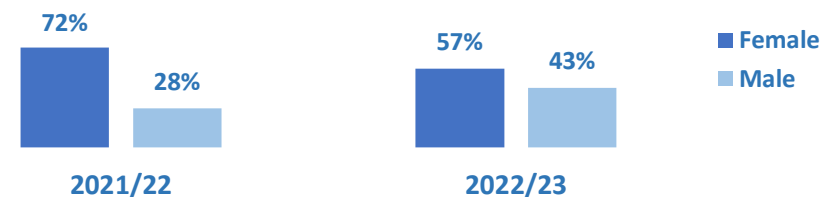
Age

The age profile for safeguarding has become older since 2021/22. 75% of section 42 enquiries in 2022/23 concerned people aged 65+ compared to 66% in the previous year.



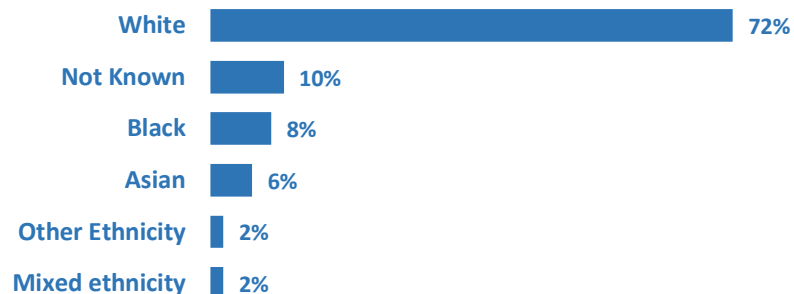
Gender

The number of women involved in Section 42 enquiries decreased over the same period and now make up 57% of the total (130 out of 227 in 2022/23) compared to 72% in 2021/22 (149 / 208).



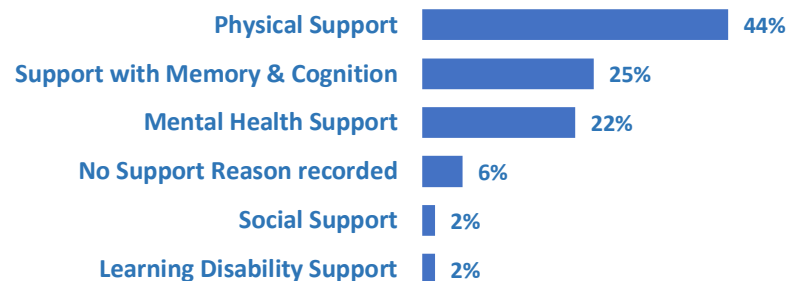
Ethnic group

Over two-thirds of Section 42 enquiries concerned White adults (72%). 6% of people were Asian and further 8% were Black African or Caribbean. The percentage of people whose ethnicity was unknown had fallen significantly from 18% in 2021/22 to 10% in 2022/23.



Primary Support Reason

In 2022/23, 44% of Section 42 enquiries concerned an adult with physical support needs (up from 38% in 2021/22). 25% needed mental health support and 24% needed support with memory and cognition. In 8% of cases support needs were not recorded, either because it was not known or the adult at risk had no identified needs.



Type and Location of Risk in Section 42 Enquiries

Type of risk in concluded S42 enquiries

The proportion of concluded section 42 enquiries that have categorised Neglect and Acts of Omission as the type of risk had increased from 37% in 2021/22 to 43% in 2022/23. Nationally, 31% of enquiries were as a result of neglect in 2021/22.

Self-neglect had risen from 9% in 2019/20 to 13% in 2020/21 but then fell from 12% in 2021/22 to 8% in 2022/23. This data is reported regularly to the SAB in order identify patterns in types of risk. Physical abuse was present in 16% of enquiries in 2022/23 and Financial Abuse was present in 14% of enquiries.

Location of risk

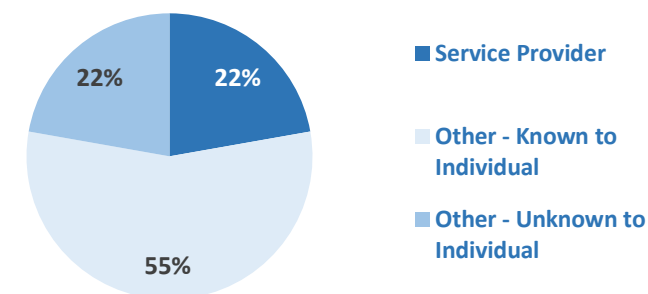
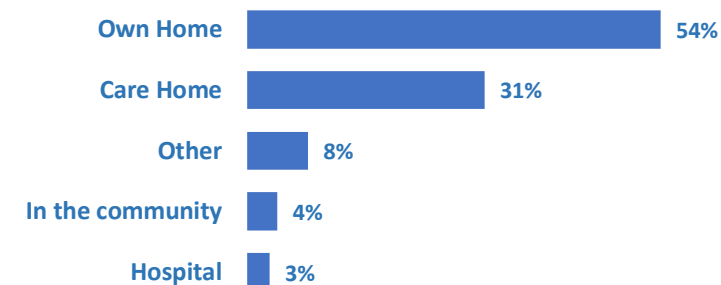
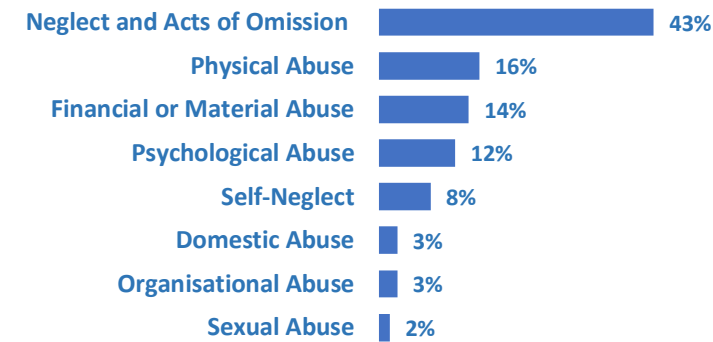
32% of enquiries took place in care homes in 2022/23 - an increase on 2021/22 (27%) and 2020/21 (16%); this level is higher than the pre-pandemic level of 25% in 2019/20.

Over half of the alleged abuse took place in the adult's own home in 2022/23 (54%). 3% of abuse or neglect took place in hospital and another 4% in other locations in the community. The proportion of enquiries where alleged risk was in an unspecified location decreased from 13% in 2021/22 to 8% in 2022/23.

Source of risk

22% of enquiries had a source of risk recorded as the service provider in 2022/23 and this percentage had increased from 18% in 2021/22 to the current level.

The proportion of enquiries where the source of risk was unknown to the individual decreased from 29% in 2021/22 to 22% in 2022/23.



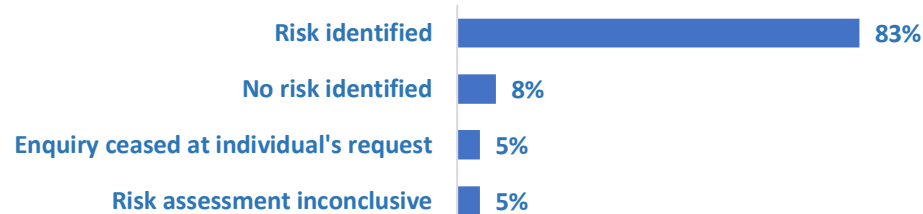
Making Safeguarding Personal

Making Safeguarding Personal is an approach that ensures the adult at risk and/or their advocate in the safeguarding enquiry, are consulted and can participate in the process and that their views are central to the final outcomes, as far as is possible. The Safeguarding Adults Board is committed to this person-centred approach.

Identifying risk

Was risk identified?

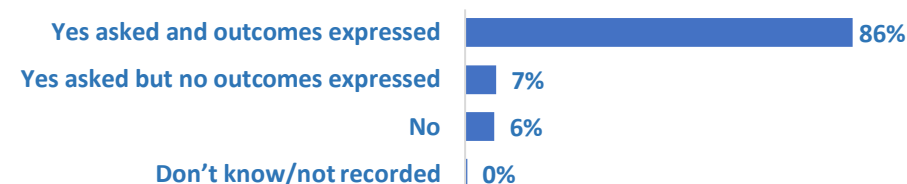
Risk was identified in 83% of concluded enquiries in 2022/23 and a further 4% risk assessment was inconclusive. There was no risk identified in 8% of enquiries and 5% ceased as the individual did not want the enquiry to continue.



What does the individual at risk want?

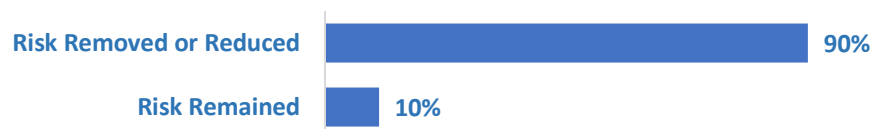
Expressing safeguarding outcomes

Out of a total of 86% of concluded enquiries, the individual at risk was asked their desired outcome of the enquiry and expressed outcomes, 7% were asked but did not express outcomes. The remaining 7% of people were either not asked, or this was not recorded.



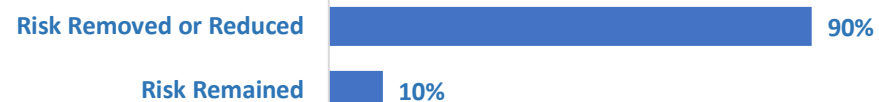
Reducing or removing risk

Where risk was identified, it was removed or reduced in a 90% of cases in 2022/23 which was a slight fall on 2021/22 (91%). Risk was removed or reduced in 91% of cases at a national level in 2021/22.



Achieving desired outcomes

In total, 96% of people expressing outcomes achieved those outcomes fully or partially (66% fully achieved, 30% partly achieved). In 2021/22, 95% of people achieved outcomes, both within LBB and nationally.



6. Safeguarding Adult Reviews

In 2022/23 the Barking and Dagenham Safeguarding Adult Board (SARs) published the SAR 'William' and SAR 'Jack' reports. The full report, findings, recommendations and learning briefings are available at this link [Safeguarding Adult Reviews \(SARs\) | London Borough of Barking and Dagenham \(lbbd.gov.uk\)](https://www.lbbd.gov.uk/safeguarding-adult-reviews-sars). Learning has been undertaken in the form of a multi agency learning event and multi agency training along with a number of other actions across partner agencies to address improvements. A multi agency SAB Self Neglect Policy has been produced.

7. The SAB's Partners

London Borough of Barking and Dagenham

Developments and Improvements in Safeguarding Adults Practice

In the past year there has been a continued focus to ensure effective and aligned working arrangements across adult care and support and the Adult Intake function. Steps taken to support this include embedding the Head of Service for Adult Intake into the Adults Care and Support Leadership Group, regular Operational Director meetings, practice operational, performance, quality meetings including joint CQC preparations.

We have continued to strengthen and increase capacity in the Adult Intake. We have created and recruited two social work Duty Manager roles and an additional social work role. We anticipate that this will improve the quality of safeguarding triaging and the safe transition of some residents to community support options.

Continued work to build on co-location to further partnerships and links across community, faith, and voluntary organisations, which is improving pathways to support as well as aligning duty rota with adult care and support teams physically to enhance collaborative working. The duty safeguarding team of the Adult Intake service is now co-located with Adults Care and Support staff. Early feedback is that this is improving relationships, information sharing and the quality of improvement conversations.

The Intake Team continues to provide direct intervention to support residents who do not meet the threshold of safeguarding enquiries. This includes home visits, wellness calls and connecting residents to community support.

A service development plan is in place for the Adult Intake Team. This is aligned to wider service priorities and objectives and includes a focus on staff wellbeing and development, case recording, quality and timeliness, pathways and relationship, performance, quality assurance and impact, targeted prevention activity and tests.

Alongside partners, Community Solutions has continued to take the lead in the welcome and support of refugees and asylum seekers. To date, we have successfully resettled 350 Homes for Ukraine refugees and we are supporting nearly 600 asylum seekers outside of acute support systems.

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Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Additional preventative and partnership safeguarding work has included:

- Re-alignment of Mental Health Vocational Support with Adult Intake function – strengthening pathways and relationships for team to access community support.
- Appointed a Social Isolation and Loneliness Support Worker on an 18-month fixed term to further strengthen connection opportunities and community partnerships for people at risk of isolation and its impacts. This offer has seen increased service demand particularly in the context of the cost-of-living crisis.
- Continued active involvement in complex cases panel, tier four case conference meeting to manage substance abuse cases, the channel panel and MARAC meetings.
- Providing effective support and coordination of response for the Ukrainian and other refugee schemes, enabling support for 300 plus sponsoring households and guests
- Co-produced new guidance on support for Barking and Dagenham residents with no recourse to public funds. Drawing on a wide range of community led engagement and research, it is developed by, and for residents. And covers a range of guidance and support aimed at helping address inequalities in areas including health, welfare, economic and mental well-being and community integration. Importantly, it reflects the real experiences and lives of over 150 people - genuine and authentic co production and support from those that have walked the walk.
- Continued to strengthen community and partner links, including co-locating adult intake with partners in physical hubs at Barking Learning Centre and Dagenham Library, the benefits of which recognised in peer review and continues to enable 65% of support requests to be met through community and information, advice and guidance.
- We have secured funding via the North East London (NEL) to tackle health inequalities in respect of marginalised groups such as residents with immigration restrictions. Alongside colleagues from the Voluntary and Community Sector, we have appointed a lead voluntary organisation to lead the support and coordination work in this area.

An Adult Safeguarding Practice Review took place through an ADASS Safeguarding Adults Peer Review in May 2022. The review focussed on the journey of the adult through services and considered arrangements are good and keep adults safe from neglect and abuse in Barking and Dagenham. Adult Intake and Adults Care and Support were supported with other statutory and private and voluntary partners to provide a full picture of local arrangements. Adult Social Care and Support and Adult Intake, put in place improvements and changes which followed the feedback received from this review.

This year an independent assessor completed an External Safeguarding Adults Practice Evaluation and made considerations which Adult Social Care and Support have included in plans to support best practice and safeguarding practice moving forward. The focus now is on more quality assurance checks, as there is a monthly cycle of learning and making improvements to our practice through regular case file evaluations, which were introduced following the Safeguarding Peer Review. Social Workers and their managers have fed back that this is supporting more authentic conversations and interventions to support adults with their wellbeing.

As part of an overarching assurance approach in January 2023 we took up the offer of five days of support by the Local Government Association via the Partners in Health and Social Care programme. Peter Hay worked with us to align and improve information flow between the SAB and frontline social work practice, improve the feedback loop between partners for s42 enquiry outcomes, agree a shared view of practice standards to create consistent practice between services and strengthen the residents voice to improve outcomes. Work on these areas is ongoing and he will continue his work with a SAB workshop in July 2024. A reduction in safeguarding concerns being raised, was noticed this year and less have progressed to Section 42(2) Care Act Safeguarding Adults Enquiries. It may be that levels of activity return to pre-academic patterns. We are working closer with Community Solutions as well as private providers and voluntary sector groups to support adults to prevent abuse and neglect. Adults may require care or support instead of safeguarding responses.

Co-production activity in Adults Care and Support has been mapped as the development of an overarching co-production strategy is underway. Through the Safeguarding Adults Conference we aim to work with adults with lived experience to deliver some key priorities in the coming year, one of which is to produce some guidance for people to continue living well in their homes.

The Metropolitan Police

Developments and Improvements in Safeguarding Adults Practice

All officers have undertaken Domestic Abuse training to ensure a better understanding of victim care and behaviours. The capturing of data and ensuring the child's voice is heard in this work.

Operation Soteria is the national response to rape investigations and was launched by the Home Office in June 2021 as a core action in the UK Government's End-to-End Rape Review, to help deliver the ambition to more than double the number of adult rape cases reaching court by May 2024. A programme called Project Bluestone was launched in 2021 to focus on supporting victims and developing a new National Operating Model for the investigation of rape and other sexual offences. The Metropolitan Police were one of the forces involved in the year 1 pathfinder undertaken between September 2021 and August 2022. The key findings were that investigators and other staff lacked sufficient specialist knowledge about sexual offending. Evidence-informed specialist investigative practice for rape and sexual offences impacts on the quality and outcome of investigations and victim engagement. Reflective practice is key to creating a whole force learning culture, which will together address the well-being of investigators, better investigations, and better service to victims. There needs to be rapid improvement in digital forensics capability and capacity through learning and workforce development. There is a direct link between officer burnout, a lack of learning and development for officers and the confidence of officers in using the right investigative strategies when conducting investigations.

Analysis of data revealed that the charge rate for offences of rape differed greatly depending on the relationship between the victim and the suspect (and the profile of relationship types varies by victim ethnicity). There were lower charges for cases involving intimate and former intimate partners. The outcome timescales, and therefore the average length of investigations, can differ widely by outcome and force.

In summary, the findings reveal that policing needs a capable, confident and reflective workforce which is equipped with evidence-informed knowledge about the impact of rape and sexual offences on victims, the contexts within which rape and other sexual offending happen, the nature of sexual offending locally, and offending strategies used by sexual offenders.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Police currently Chair the Multi Agency Risk Assessment Conference (MARAC) meeting, which supports vulnerable victims of domestic abuse. The Police are also a statutory member of the SAB and the Safeguarding Adult Review Committee and attend the SAB's Safeguarding Adults Complex Cases Group to support discussions around high risk cases and partnership working. There is now also a dedicated tri-borough Violence Against Women & Girls (VAWG) Strategic Group to drive policing activity in this area.

NHS North East London Integrated Care System

Developments and Improvements in Safeguarding Adults Practice

The Integrated Care Board (ICB) appointed a permanent Designated Professional for Safeguarding Adults for Barking & Dagenham in July 2022. The Designated Professional continues to engage with wider London and National safeguarding forums, where information is then brought back to Barking and Dagenham and shared across the system as appropriate.

The Designated Professional has continued to develop relationships across the system which has enabled greater partnership working. The Designated Professional has supported Primary Care services by delivering safeguarding adults training and updates at the most recent Protected Time Initiative (PTI) for Barking and Dagenham GPs. This was a session that refreshed practitioners around safeguarding processes in Barking & Dagenham, as well as updating them on tools and resources that they can use to support their safeguarding practice.

The Designated Professional chairs the Safeguarding Adults Review (SAR) Committee and continues to support the SAB in meeting its function to commission SARs when required. There have been two SARs that have been recently published, and the SAR Committee continues to monitor and seek assurances that recommendations and actions coming out from both SARs, are being met. As a result of SAR 'Jack', there were two learning events held to support practitioners from all partner agencies to better understand how to work more effectively with service users who have substance abuse issues. The events were well attended by practitioners from across the system. Feedback in general was that the sessions were well received and people liked the mix of theory, research, and practical experience.

LeDeR is a service improvement programme and looks to learn from the deaths of people with learning disabilities and autistic people. LeDeR reviews are carried out for all deaths of people with learning disabilities and autistic people. These reviews make recommendations to improve practice and change processes so that the lives of people with learning disabilities and autistic people, are changed for the better. There was a total of ninety-five LeDeR notifications received by NHS North East London Integrated Care Board for 2022-23. Of these ninety-five, seventeen were for Barking & Dagenham residents.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Designated Professional has continued to engage with the Local Quality Surveillance Group which is a group set up to support assurance and safeguarding work in relation to care homes, supported living schemes, homecare providers, and Primary Care providers. This meeting is held bi-monthly and is an opportunity for ICB colleagues to come together with local authority colleagues to better understand where there may be worries about care providers, and the work underway to support them. As a result of this, the Designated Professional has worked alongside the local authority Provider Quality & Improvement Team to support one particular care home provision in Barking & Dagenham where there were significant concerns raised at their last CQC inspection.

The Barking and Dagenham Community Safety Partnership (CSP) Board is also attended by the Designated Professional as well as ad hoc workshops around the newly introduced Serious Violence Duty. The Designated Professional also engages well with the Barking & Dagenham Safeguarding Adults Board (SAB) and continues to support the SAB to achieve key pieces of work, for example, the development of a forward plan for a possible Learning & Development Committee. In particular, the Designated Professional is able to gather feedback from Primary Care providers across Barking & Dagenham and is able to bring this information back to the SAB for information sharing purposes as and when required. The Designated Professional continues to chair the SAR Committee which supports the SAB in meeting its function to commission SARs as and when required. The Designated Professional also oversees the action plans that come out from published SARs to ensure that assurances are sought for actions that agencies have committed to completing.

Barking Havering and Redbridge University Hospital Trust (BHRUT)

Developments and Improvements in Safeguarding Adults Practice

Safeguarding Adults Practice was celebrated, and the Trust marked its significance during the National Safeguarding Week 2022, a week of learning events aimed at raising awareness of relevant national safeguarding adults' themes as inspired by the Ann Craft Trust. To help build staff confidence in recognising the signs of abuse and neglect, each day of the week focused on a different safeguarding theme. The themes covered included:

- Exploitation and county lines
- Self-neglect
- Creating safer organisational cultures
- Elder abuse
- Domestic abuse in tech society

Safeguarding cases were discussed at the Trust's Patient Safety Summit and at the Trust's Safeguarding Operational Group meeting. Monthly Bulletins were produced in line with current areas of development required in Safeguarding adults including:

- Learning From a Safeguarding Maternity Case Domestic Homicide (May 2022)
- Learning from a safeguarding Adult Case: Professional curiosity (June 2022)
- Importance of Discharge Planning Meetings A SAR Recommendation (Feb 2023)
- Learning from a SAR: Ensuring patients who are unable to read and write receive good care (September 2022)
- Learning from a safeguarding Adult Case: Domestic Abuse (November 2022)

The Trust has successfully maintained multi-agency attendance at the following meetings:

- Safeguarding Adult Board (SAB) meetings
- Safeguarding Adult Review (SAR) Committee meetings
- SAB Case Review
- Working Groups (BHR)
- Quality and Effectiveness working group
- Safeguarding Adults Complex Cases Group, and the
- MARAC

Safeguarding compliance to key performance indicators and activities are included in a quarterly adults safeguarding dashboard, which is presented at the Trust's Safeguarding Operational, approved at the Safeguarding Strategic and shared with Assurance Groups, Quality Governance Steering Group and at the Quality Assurance Committee (sub-group of the Trust Board). The Trust's Safeguarding Strategy, launched in April 2021, continues to deliver the agreed priorities aligned to the Safeguarding Annual Workplan and the Safeguarding Audit Schedule.

Participation in the Trust Ward Accreditation Framework scheme continued during 2022/23. The programme sets clear standards and measurements to help our staff understand where they are already delivering good patient care, and areas where they need to improve. Regular Safeguarding Team walkarounds have been introduced to support staff identifying any gaps in knowledge.

Alternative methods of delivering safeguarding and dementia training were explored in response to the suspension of classroom-based training dictated by restrictions introduced during the COVID-19 pandemic. Classroom based training was reinstated for Safeguarding Level 3 subjects during 2022/23, however the alternative methods continued to remain in place as an interim option for staff. The Safeguarding Adults training for Level 3 has been significantly strengthened in relation to Mental Capacity. In addition to this, the Trust Safeguarding Adults Adviser for MCA and DoLS delivers weekly virtual training sessions. Further changes will be introduced in April 2023, aimed at delivering Safeguarding Level 3 training for adults available only as classroom-based training.

Safeguarding training Compliance as of 31 March 2023 was:

- Level 1 – 99%
- Level 2 – 97%
- Level 3 – 92%

Cost of Living has been a key concern at national level. The Trust has swiftly responded to the challenge and implemented a number of initiatives open to staff such as virtual marketplace, school uniform vouchers, psychological, physical, financial and wellbeing support, additional shuttle buses to support staff journey between hospitals and extension of the 25% discount in the staff canteen at Queens and Kind George's Hospitals until 31st March 2023.

North East London Foundation Trust (NELFT)

Developments and Improvements in Safeguarding Adults Practice

Our corporate Safeguarding Team, comprising of Named Professionals and Specialist Advisors, operate a weekday Safeguarding Advice Service providing staff in NELFT with advice and guidance regarding concerns about our service users. This service ensures responsive and timely advice to NELFT staff requiring specialist-safeguarding advice in relation to cases and incidents. The Safeguarding Advice Service continues to be a well-used resource with 3708 contacts between April 2022 -March 2023 across the areas that NELFT covers.

The Safeguarding Team review the themes and trends from calls to the safeguarding advice service, changes to national and local policy, safeguarding learning reviews, patient safety incidents, priorities from local safeguarding children's partnerships and safeguarding adult boards to identify and share learning. The Safeguarding Team continue to work with the clinical effectiveness team to disseminate and embed learning through webinars, focused learning events, team level huddles and other means of sharing and supporting a culture of continuous improvement. To further strengthen shared safeguarding learning across the Trust, a Safeguarding Learning and Operational Group was established in May 2023. This will support the oversight of the above programme in a structured way and facilitate greater understanding of impact on practice.

Domestic abuse is identified as one of the top enquiries by staff to the safeguarding duty desk. The safeguarding team has delivered a number of training sessions during 2022/23 in relation to domestic abuse to raise awareness and train our staff to support practice in recognising, referring and signposting to specialist agencies when domestic abuse has been disclosed. Furthermore, for Barking and Dagenham NELFT staff we have engaged with the LBB Domestic Abuse lead in regards to focused awareness sessions as part of the new rollout of domestic abuse services in the borough, ensuring we connect staff who see residents in their own homes with direct information on how best to support people.

NELFT serious incident investigations and high-risk complex cases have identified a correlation between domestic and substance misuse. Guidance and local procedures that relate to the interface with substance misuse has been included in the share learning training sessions. The safeguarding team are working with the NELFT training and development team to provide further face-to-face and virtual domestic abuse training in 2023/24 that will enhance our existing domestic abuse e-learn training offer.

The management of self-neglect in complex cases has been identified as a recurrent theme in calls to the Safeguarding Advice Service, high level risk meetings and serious incident investigations. The safeguarding team has facilitated 3 trust-wide training sessions on the management of self-neglect and the interface with the mental capacity act. The focus of the training is 'think family' and has included input from the NELFT safeguarding children's team. The training has been well received by attendees. The safeguarding team and training and development department are planning to run further sessions in 2023/24. The NELFT Safeguarding Assurance Group was established in February 2023 and is chaired by the Director Quality of Governance. Exceptions are reported to NELFT SAFE Group. To strengthen leadership within the Safeguarding Team the post of Head of Safeguarding has been established and has been successfully recruited to. The Safeguarding Strategy supports NELFT to articulate how we as a Trust comply with CQC Regulation 13: Safeguarding service users from abuse and improper treatment. NELFT supports the Think Family approach within safeguarding and aims to achieve this through building supportive internal and external relationships, processes and pathways that enable the support to be tailored to need. Oversight of safeguarding training compliance for our staff remains high with over 97% of staff meeting the standards of training requirement for Adult Safeguarding (target is 90%).

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

During 2022/23 NELFT have continued to prioritise safeguarding partnership working, attendance and participation at partnership meetings at both a strategic and operational level.

The SAB is attended by the Integrated Care Director for Barking and Dagenham. NELFT continue to be represented and contribute at all safeguarding meetings.

NELFT shares completed serious Incidents reports with the SAR Subgroup routinely as part of our transparent approach to safeguarding and learning from serious incidents. This practice has led to the commissioning of SAR in respect of learning across the partnership.

NELFT have fully participated in the Safeguarding Adult Reviews commissioned by the Board.

NELFT are also an active member of the Complex Case panel of the SAB, both in terms of making referrals for those most complex of community cases and as a panel member to support the challenge, exploration of actions and alternative arrangements to safeguard our most vulnerable clients.

Developments and Improvements in Safeguarding Adults Practice

During 2022-23 the London Fire Brigade have made the following developments and improvements in our Safeguarding Adults Practice:

- Developed an electronic person at risk safeguarding referral form
- Delivering bespoke safeguarding training to 150 Senior Officers
- Revising and updating their Safeguarding Adults Policy
- Revision of the safeguarding online training for all staff (regardless of rank or role)
- Working towards the new National Fire Chiefs Council Safeguarding Fire Standards.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

During 2022-23 the London Fire Brigade continues to be a key multi-agency safeguarding partner and make safeguarding referrals to Social Services. The London Fire Brigade Central Safeguarding Team remain an actively engaged in pan London meetings and work.

The London Fire Brigade in Barking and Dagenham attend Board meeting and supports the work of the Safeguarding Adults Complex Cases Group where high risk cases are discussed. We are able to address the fire risk, provide direct support to service users and advise on hoarding in the community. We also support Safeguarding Adult Reviews where relevant.

Developments and Improvements in Safeguarding Adults Practice

In September 2022 Probation in Barking, Dagenham and Havering was part of a regional inspection by HM Inspector of Probation. Whilst BDH was assessed as requires improvement there was some real positives highlighted in terms of safeguarding and partnership work with VAWG work receiving praise.

That said, both the inspection and the tragic murder of Zara Aleena noted significant areas of improvement and work that still needs to be done. In response Probation has launched a serious of quality uplift training across the region for all frontline practitioners and managers which continues to be delivered. In terms of mandatory training for safeguarding adults all operational staff BDH is currently sitting at 100% completion rate and we continue to work on improving risk assessment practices.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Partnership working was highlighted as an area of excellence during the HMIP inspection with praise being given to the VAWG work. Nationally partnership work remains a key priority for the Probation Service. At a strategic level we prioritise participation in the local safeguarding boards, Community Safety Partnership and Reducing Reoffending Boards and safeguarding boards.

We continue to be present at the MASH management and VAWG steering groups and operationally, we have a dedicated SPOC for the Integrated MASH and MARAC. We have good engagement from partnerships in the MAPPA and continue to drive better usage to manage risks posed to individual and the wider community.

8. Quality of Care

Overview from the Council - Adult Social Care Provider Market

The pandemic tested the resilience of our social care workforce, both within the local authority and in the provider market and we provided updates in the SAB Annual Report for 21/22 in the way that we worked collaboratively with the market. Public Health, Commissioning and the Provider Quality team continued to support providers as they experienced outbreaks, and also as Public Health guidance for managing outbreaks changed.

Work of the Provider Quality and Improvement Team

In 2022 the Provider Quality and Improvement team recommenced their physical inspection regime. There were 58 visits to adult providers from April 2022-April 2023. Throughout the year, and as per the Borough's provider risk assessment process, five providers were rated as 'red' and were subject to an intensive improvement plan and heightened level of inspection and four providers were rated as red and then moved to suspension. This means that alongside an improvement plan and heightened level of inspection, these providers were suspended from taking any new service users and any service users that were supported by the provider were reviewed by social work colleagues. At the time of writing in 23/24, three of the four providers remain suspended. These providers consist of one nursing home and two homecare agencies.

The nursing home that remained suspended at the end of 22/23, Chaseview Care Home, alerted the local authority to its intention to close in April 2023. This is the only provider in the Borough that has decided to close, or has handed back its contract, since the beginning of 22/23.

Chaseview Care Home is the largest care home in the borough and supports older people and people living with dementia. It is owned by HC-One. The council suspended new placements to the home in September 2022, following concerns that were identified regarding the care of residents and the competency of staff. These were echoed by the Care Quality Commission (CQC) in a report published in November 2022 which rated the home as inadequate. The council and health partners worked closely with the home to follow an improvement plan to make significant changes to services provided to vulnerable residents who live there. HC-One introduced a taskforce to make improvements throughout the care home, including new management. The home was visited weekly by Council staff to check progress against the improvement plan and to get feedback from residents and family members. The council had seen significant progress by the home and were in regular communication with the CQC's Inspection team. However, HC-One decided to shut the home, citing financial and resourcing issues as reasons for its closure - particularly the significant financial investment they had made to the home, the impact that the focus on the home was having on other HC-One services, and the challenges faced in recruiting and retaining leadership and expertise.

We have of course been disappointed that HC-One have decided to shut Chaseview. However, the safety and wellbeing of Barking and Dagenham residents is our top priority, and we are working closely with residents, families, HC-One, health partners and other relevant councils to seek alternative homes for the residents impacted by the closure. Updates will be provided to the SAB routinely over the coming months.

Provider Engagement

We continue to meet regularly with providers through our Home Care and Care Home Forums. In 22/23 we hosted our first all provider forum for any provider registered in Barking and Dagenham.

The forum aimed to increase providers' engagement levels with the Council and for the Council to deliver an informative and practical agenda that drew awareness to current issues impacting the care sector such as safeguarding concerns, staff training and development, and council procurement and the subsequent tendering and evaluation processes. Stall holders were also present from various health and community organisations to share valuable tools and resources for providers and their service users.

Eighty-five providers attended the forum from across the provider spectrum, including homecare, care homes, supported living and mental health providers. There is a further all provider event planned in for August 2023, with the aim that these will take place every 6 months. Over the summer 2023 there will also be provider engagement events starting with LD/MH and supported living providers.

The Council work with Care Provider Voice Northeast London, who are a care provider run organisation seeking to support the social care sector. They are commissioned to provide support with recruitment and access to a peer support network. This includes a job brokerage service which supports local people into the local care sector and a central recruitment portal which provides providers with somewhere central to post vacancies. This resulted in nearly 300 job offers over the course of 2022/23 across Barking and Dagenham, Havering and Redbridge.

In addition to this the partnership provides all LBBB providers with access to Grey Matter Learning which is a health and social care learning portal for free. This ensures all providers commissioned by and registered in the borough have access to high quality training for staff. It also reduces the cost of running a business in the borough by removing the need to purchase individual training contracts.

Recruitment and retention remains an issue across health and social care providers due to ongoing Covid-19 and Brexit issues, as well as the impact of inflation, the rise in living costs and the increase in National Living Wage.

Fair Cost of Care Exercise

As with all other local authorities in the country we undertook the national Fair Cost of Care exercise which sought to establish the Fair Cost of Care for care homes and homecare agencies for adults. We approached all of our 10 65+ care homes and had a strong level of engagement with 6 homes returning completed exercises. Those who did not engage stated a number of reasons for not doing so including not seeing the benefit when they don't accept our rate currently, not believing there will be any impact as a result of the programme or not having the resources to commit to carrying out the exercise.

In addition, we approached 13 homecare providers as part of our contracted framework for 18+ domiciliary care and a further 41 18+ domiciliary care providers, all who are registered within our borough and/or have care packages with us. In total, 54 homecare providers were considered to be in-scope for the Fair Cost of Care exercise and were therefore invited to engage with the exercise and submit their Fair Cost of Care calculations. LBBB received 16 responses which were in-scope from this pool of homecare agencies.

More information about the Fair Cost of Care, the results and our response to the results can be found here: [Market Sustainability and Fair Cost of Care | London Borough of Barking and Dagenham \(lbbd.gov.uk\)](#) However, in summary, the exercise found that the Fair Cost of Care for our different types of providers was:

65+ care home places without nursing/65+ care home places without nursing, enhanced needs **£975**

65+ care home places with nursing/65+ care home places with nursing, enhanced needs **£1175 including FNC**

Over 18s homecare **£24.38**

As a result of the Fair Cost of Care exercises, we have had to set out a plan to government to show how we will be moving towards the Fair Cost of Care – this can be found on the link above. We have also provided Fair Cost of Care funding to providers to support their sustainability and we have increased our rates for 23/24 for our older adult care market rates by 16.2%. The aim of this uplift is to support providers with the increase in cost of delivering care, including paying London Living Wage which will support care workers during these challenging times and allow providers to compete with other sectors who are offering regular pay increases. This is one of the largest uplifts in North East London.

Cost of Living support

In response to the current cost of living crisis the council has worked with partners in the voluntary sector, local charities, community and faith groups to try and help support as many of our residents as we can. As part of this work we have been trying to find ways in which we can support our local providers and workers on low incomes. We were able to identify some funding to help care staff during these tough times. Local care providers with staff working or living in Barking and Dagenham were able to bid for up to £1,500 (per organisation), which could be used to help buy food vouchers, top up travel cards for staff to get to and from work, help with fuel, childcare or essentials for staff who have babies or young children (nappies, milk, food).

An online application form was created and the funding was available from March 2023. The funding was specifically identified to support care workers and not for business provision. Providers included Home Care, Supported Living, Extra Care and Care Homes.

We had a great response to the funding and were able to support over 40 providers who told us how important small pots of funding like this have been to help their staff with the everyday cost of living. We have managed to help over 800 care workers living or working in Barking and Dagenham by offering this funding opportunity. We have also been able to give additional funds to some of our main care providers to top up existing contract payments, which has helped with some of the additional costs and strain placed on them with the current cost of living.

We will continue to work with partners over the coming year to identify funding opportunities to help support as many residents and providers as possible in these uncertain times.

across health and social care providers due to ongoing Covid-19 and Brexit issues, as well as the impact of inflation, the rise in living costs and the increase in National Living Wage.

Carers Charter

The Carers Charter 2022-25 launched during Carers Week 2022 outlines the commitments of the partnership to carers locally. The Carers Charter details co-produced 'I statements' that have been used to develop a Carers Action plan and deliver positive outcomes for Carers which are monitored through the Carers Strategy Group.

Some of the work that has progressed in 2022/23 has included:

- The ICB working in partnership with the Carers support service to promote access to Carers Support through the GP screens.
- The development of training for frontline workers for awareness raising and identifying hidden carers
- A carers discharge pathway is being developed with partners across BHRUT, social care, ICB and the community and voluntary sector. This project focuses on timely information and advice to carers at the point of discharge for the cared for. The project will deliver information tools for all three boroughs that feed into the BHRUT hospitals.

Alongside the Carers Charter, Barking and Dagenham continues to commission the Barking and Dagenham [Carers Hub](#).

Direct Payment Support Service

Over the last 2 years, the local authority has been undertaking a direct payment reviews project to ensure that service users have the support available to them in their role as an employer and that they have a Personal Assistant or other service that meets their needs. As a result of this review, we have redesigned our Direct Payment Support Service to account for changes that our service users and professionals wanted within the service. Four key areas were identified to improve the service for our residents; Simplicity, Transparency, Hands-on Support & Comprehensive Reviews.

The redesigned Direct Payment Support Service is currently out to tender and will provide high quality and experienced information, practical advice, support and guidance on all aspects of Direct Payments. The service will assist residents with innovatively planning the best ways to use personal budgets whilst also maximising the support residents' access by considering services offered by voluntary sector and charity organisations. A key part of the redesigned service specification is employment and recruitment support to support our service users in their role as an employer. In addition to the support to residents, the new service will try to enhance our Personal Assistant market by helping with Personal Assistant retention and recruitment. The service will offer a Hub for Personal Assistants to advertise their availability and will fully vet Personal Assistants, allowing for speedy recruitment. The service will provide access to important training and will ensure all Personal Assistants on the Hub have undertaken Safeguarding training, giving the Council confidence in the Personal Assistants working with our residents. Approximately 28% of Adults receiving community care services are in receipt of a Direct Payment and the new Direct Payment Support Service will be available to all Adults who are either receiving or are interested in receiving a Direct Payment.

Care Technology

In 2022/23, our new Care Technology service went live in Barking and Dagenham, transferring 2,440 residents from the former Careline service to Medequip Connect whilst maintaining service continuity and avoiding any break in connection to the monitoring centre. A series of immediate benefits of the new service have been felt by residents since the new service commenced including:

- The provision of a new falls pick-up service
- Support around ambulance strikes
- 627 new residents connected and over 3000 residents supported overall
- Provision of new digital technology to approx. 1000 residents

The launch of the new Care Technology Service was an important milestone for Care and Support and the local authority. However, the current service with Medequip has presented specific constraints, in particular the extent that the service has embedded within the local health and care system. This has led to a reappraisal of our approach, including rethinking the ideal positioning of Care Technology in the wider scope of Digital Transformation, and the best vehicle to advance this agenda in the local health and social care environment. We are looking to develop a new partnership to take this work forward in 2023/24.

Supporting Discharge

We continue to work in partnership to develop and commission innovative services to support discharge and reduce re-admission to hospital. We are working with Havering, Redbridge, the Hospital Trust and NELFT to continue to develop the Barking, Havering and Redbridge Integrated Discharge Hub (IDH) to support the discharge of residents from hospital to the community. We have worked across all discharge pathways to improve the experience and outcomes for our residents and also to support the local acute hospital system with the demand increases for their bed base.

Key to the success of the IDH is the trusted assessor model which situates trusted assessors of care needs on the hospital wards to increase the efficiency of assessments for placements across care settings. We have also launched two new jointly commissioned services with the Integrated Care Board (ICB) to support discharge. The Home First project supports residents discharged home with support needs and sees therapists meet residents at home when they are discharged from hospital to assess their needs and to ensure that residents have access to a range of support to help their recovery and to reduce readmission to hospital. Secondly, we are working with commissioning authorities across BHR to support residents discharged to nursing homes through a discharge to assess approach. This uses 20 block booked beds across two homes in the NEL patch and sees residents who are discharged into these beds being supported by therapy services for a period of 6 weeks to regain a level of independence and not require a long term nursing or residential care package. Both of these services have proven to be successful over the last 18 months and are being adapted into our long term commissioning plans in 2023/24.

Over the winter of 2022/23 we utilised the Adult Social Care Discharge Fund to support innovation in discharge and ensure flow out of hospital beds. One of the main areas that this covered was reablement. We ran a reablement pilot from January 2023 to April 2023 which supported people who were being discharged through the Home First pilot. They received 6 weeks of therapy services with the aim of regaining independence and no longer requiring ongoing care. This pilot was a success with over 70% of those going through the pathway not requiring ongoing care. We are now looking at how we undertake a second phase of the pilot in 23/24 to inform our future long-term commissioning.

Using the Discharge Fund, we were also able to give our provider market recruitment support, increase capacity in our market through funding agency staff and supporting social care capacity to support hospital discharge assessments. This included grants to our provider market to support wage increases, loyalty bonuses and recruitment incentives.

Plans for 2023 - 24

During 2023/24, we will be monitoring and analysing the new initiatives set out above to determine further areas for commissioning and operations and the way that we work with health partners. Crucially we will also be preparing for the CQC regulatory framework. Significantly, 23/24 will see us focus on retendering homecare and reablement services. We are aiming to procure a reablement service which will replace our current crisis homecare provision, with the aim of supporting people at a point of care escalation, such as a hospital admission or fall, to regain their independence and no longer require ongoing care and support. This builds on the work that was undertaken in the reablement pilot referenced earlier. Alongside the procurement of homecare and reablement we will be working with the community and voluntary sector to provide social support to residents which will help to reduce isolation.

Primary Care Providers

There are currently thirty-nine GP practices across the borough. Out of these thirty-nine practices, thirty-one of them have been rated by the Care Quality Commission (CQC) as being 'good'. This means that the standard of practice from these thirty-one practices is a good level for the general population across the borough. The CQC inspect various aspects of care and service provision, and this is broken down into five categories:

- Safe
- Effective
- Caring
- Responsive
- Well-led

Five practices have been rated by the CQC as 'requiring improvement'. Practices rated as requires improvement are supported by the NHS NEL ICB Primary Care Team to improve their practice so that residents receive a better and safer service. Common areas of development include safeguarding, education and training, practice policy updates, and communication.

There are three GP practices which have been rated as 'inadequate'. The NHS NEL ICB Primary Care Team are working with these practices to draw up robust improvement plans which are reviewed regularly to ensure the quality of service from these GP practices improves. NHS NEL ICB are working closely with the CQC, as well as the GP Federation where necessary, to ensure that whilst changes and improvements are made, patients continue to receive good quality, safe care.

9. Partnership Priorities

The board regularly considers the work of the SAB in light of the changing contexts of:

- (i) health, social care and public protection nationally and locally
- (ii) objectives, views, emerging risks and financial pressures of partner organisations.

The board recognises that it needs to have oversight of safeguarding practice and performance in the borough to ensure that quality of care is not compromised or that there is avoidable harm and abuse. The SAB has a role to play in supporting the workforce across the partnership, ensuring that they have the skills and competencies to fulfill their roles. The board agreed a Three-Year Strategic Plan in 2019/22. The priorities for 2022/23 are outlined overleaf.

Priorities	How will we work to implement these?	Assurance	Learning & Development	Delivery
1. Support for Hoarding and Self Neglect	<ul style="list-style-type: none"> • Develop a hoarding and self neglect policy and guidance document. • Deliver a pathway and programme of support for service users experiencing hoarding and self neglect. • Develop practice around self-neglect, mental capacity, people’s exercise of their ‘rights to choose’. 	✓	✓	✓
2. Implement a Learning and Development Committee to deliver joint multi agency learning	<ul style="list-style-type: none"> • Develop a multi-agency audit programme. • Provide assurance around learning from SARs and LeDeR reports undertaken in Barking and Dagenham and across London. 	✓	✓	
3. Preparing for CQC regulation	<ul style="list-style-type: none"> • Implement learning from the Adult Safeguarding Peer Review. • Support the development of a Safeguarding MASH, (Multi-Agency Safeguarding Hub) in Adult Social Care, to enable safe and effective triage of all safeguarding being managed in one place. • Assurance from Community Solutions and the ‘front door’ around safeguarding referrals. • Being alert to abuse and harm which is not visible and identify indicators and communicate with others to ensure a good practice response. 	✓		✓

Priorities	How will we work to implement these?	Assurance	Learning & Development	Delivery
4. Joining up with children's social care on key cross cutting themes	<ul style="list-style-type: none"> • Transitional safeguarding. • 'Think Family' approach. • Domestic abuse. 	✓	✓	✓
5. Develop governances, safeguarding and quality interfaces with North East London Integrated Care Board (NEL ICS)	<ul style="list-style-type: none"> • Develop partnership structures to support safeguarding. • Support joint working across NEL in cross cutting issues. 	✓	✓	
6. Develop a community safeguarding offer and preventative offer for adults	<ul style="list-style-type: none"> • Develop plans for a stronger community-based and community-led offer for prevention of the escalation of social care needs. • Stronger community-focused support around safeguarding intervention and reporting. • Develop an effective process to engage with the personal experiences and hearing the voices, of people with lived experience of safeguarding. • Strengthen training and awareness of generalist staff, including for example enforcement, caretakers and protectors of the public realm. • Build better community awareness of mental wellbeing through campaigns and other mental health preventive initiatives. • Strengthen and reinforce awareness of exploitation in all its possible forms and clarity of appropriate responses to cases which become known or suspected. 	✓	✓	✓

10. Safeguarding Information

For further information about safeguarding and information about the Safeguarding Adults Board please use the following link

[Safeguarding adults at risk of abuse or neglect | London Borough of Barking and Dagenham \(lbbd.gov.uk\)](https://lbbd.gov.uk/safeguarding-adults-at-risk-of-abuse-or-neglect)

To report a safeguarding concern:

Adult Triage, Community Solutions

020 8227 2915

intaketeam@lbbd.gov.uk

safeguardingAdults@lbbd.gov.uk



**In an emergency:
Call 999 and ask for the Police**

Call 101 if you are worried but it is not an emergency.

**Out of Hours Emergency Social
Work Duty Team**

020 8594 8356

adult.edt@nhs.net



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Committees in Common of and Health Wellbeing Board and ICB Sub-Committee

7th November 2023

Title of report	System Planning Cycle 2024/25
Author	Anna Carratt Deputy Director of Strategic Development NHS North East London
Presented/Sponsored by	Sharon Morrow, Director of Partnership, Impact and Delivery – Barking and Dagenham
Contact for further information	Sharon Morrow, Director of Partnership, Impact and Delivery – Barking and Dagenham Sharon.morrow2@nhs.net
Wards affected	All
Key Decision	No
Executive summary	<p>North East London Integrated Care System (ICS) has agreed an approach and timeline for refreshing the Joint Forward Plan (JFP) for 2024/25. As part of this process, places are asked to refresh and finalise their local plans by the end of February 2024.</p> <p>The Barking and Dagenham Partnership developed local plans in the following areas: (i) long term conditions (ii) obesity and smoking; (iii) the best start in life; ageing well ; (iv) estates.</p> <p>This paper sets out the approach for refreshing the Barking and Dagenham local plans for 2024/25.</p>
Action / recommendation	<p>The Committees in Common are asked to:</p> <ul style="list-style-type: none"> • Endorse the approach to reviewing local plans • Note the reporting and governance timelines
Reasons	<p>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 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.</p>
Previous reporting	Barking and Dagenham Executive Group
Next steps/ onward reporting	Outlined in Section 3.7
Conflicts of interest	There are no conflicts of interest in relation to this report

Strategic fit	The report aligns with the following strategic objectives: <ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	Joint planning will help us to prioritise the initiatives that will improve health and wellbeing outcomes for people in Barking and Dagenham and reduce health inequalities.
Impact on finance, performance and quality	Not identified at this stage – the impact will be described in the revised plans.
Risks	Not identified at this stage

1. Introduction

- 1.1 The ICS brings both the opportunity and expectation for greater collaboration and alignment between partners – we are asked to plan as a system with one strategy, one delivery plan (in the form of the joint forward plan) and within a single system financial envelope.
- 1.2 By planning together as a system, we will move closer to:
- creating an environment that enables us to be guided by the voices of local people and of clinical and care professionals to help us find new ways of tackling entrenched problems.
 - taking a population health approach to our planning ensuring that we are addressing health inequalities as well as moving us towards our net zero goals.
 - prioritising the different initiatives and transformation programmes across NEL as a system to ensure we are delivering our ICS strategy and meeting the needs of local people.
- 1.3 This year saw the development and publication of our first Integrated Care Partnership Strategy, our first five –year delivery plan or ‘Joint Forward Plan’ and an extended two-year operating plan. Learning from planning for 23/24 we are aiming to:
- Start our annual planning cycle early to ensure there is a logical flow from the strategy through to five-year plans and then annual plans
 - Communicate the timing of planning submissions with stakeholders in advance
 - Provide clear guidelines with articulated purpose, value and benefits
 - Enable better co-ordination of local and NEL plans - agree how we are going to reconcile place versus system plans
 - Clarify role of provider collaboratives versus individual organisations
 - Ensure all our partners are involved in the JFP development - there is more to do to integrate social care
 - Create more deliberate ways of co-designing and engaging with local people within planning timeframes
- 1.5 Our system planning process will continue to evolve as we receive greater clarity on national and regional priorities and funding. We recognise there is further work we need to do as a system, in particular to

- Align our planning process with our financial recovery plan and medium-term financial strategy work
- Understand and mitigate risk
- Develop a system approach to prioritisation

2. System Planning Cycle

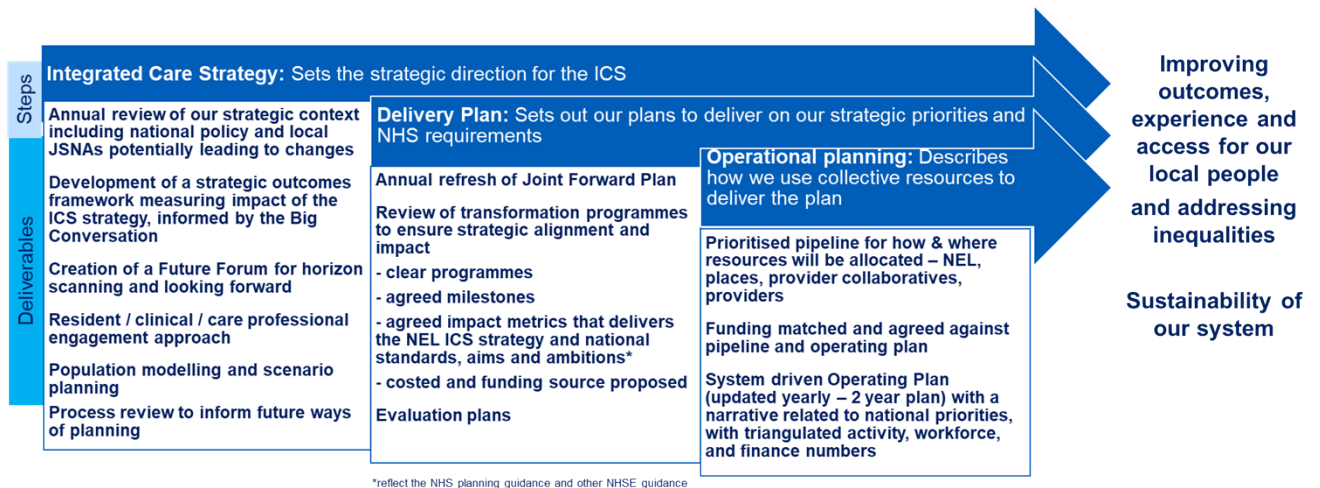
2.1 To help us work closer as a system ICS partners have co-designed a system planning cycle to ensure planning is driven by local needs and agreed ways of working, while at the same time meeting the national requirements set out by DHSE and NHS England, regarding guidance and timelines. With that in mind, the following system planning principles have been agreed across the ICS:

<p><u>Our system planning cycle will be:</u></p> <ul style="list-style-type: none"> • informed by local people and patient voices and building and expanding on existing networks to better understand health and care needs. • co-designed by partners from across the system, and include both health and care • evidence-based, using learning from across our system to inform our plans for service delivery and improvement programmes, with opportunities for innovation • include use of population health management as a tool to increase our focus on population health outcomes, prevention and equity • delivered through an open, transparent and collaborative approach which nurtures a high trust environment, where plans are shared early in the process so that broad system engagement can take place • clearly communicated to allow all partners to engage meaningfully 	<p><u>Our system planning cycle will enable NEL IC'S to:</u></p> <ul style="list-style-type: none"> • meet the needs of our growing population, for example aligning prevention programmes and sharing best practice • Sustain core services and drive greater value while reducing inequalities in access to healthcare, experience and outcomes • operate within our financial envelope and move money effectively around the system by facilitating the development of the new ICB finance environment and finance mechanisms needed to support change • develop a cohesive workforce plan that meets the need of our system • better understand the inter relationships and inter dependencies in delivering health and care as a system partnership, ensuring codesign and input from all partners • support the system in developing appropriate roles, responsibilities and an accountability framework
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2.2 The ICS system planning cycle has been divided into three steps:

- 1) integrated care strategy,
- 2) delivery plan, and
- 3) operational planning.

These are outlined below with related deliverables included below each step. These are not comprehensive but indicate some of the key activities underpinning each stage.

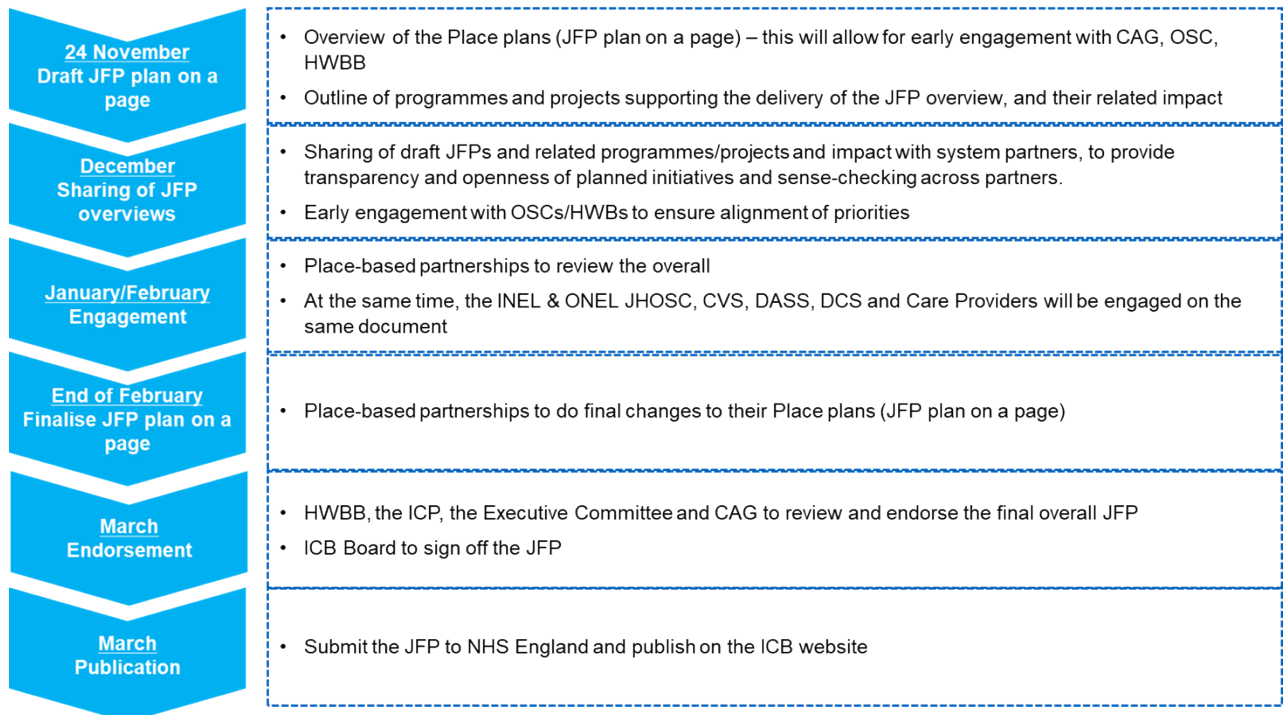


2.3 The system planning cycle has been designed with input from a wide range of system partners including at a workshop in July 2023. The final draft plan has been discussed at the ICS Executive Committee and the Integrated Care Partnership.

3.0 The development of the Joint Forward Plan

3.1 Place-based partnerships are being asked to lead the development of local plans and feed these into the Joint Forward Plan (JFP), working with place partners, the provider collaboratives and wider system partners. The high-level timeline is outlined below:

Joint forward plan development - The ask of the place-based partnerships



3.2 Barking and Dagenham Place agreed the following local plans for 2023/24, which were aligned to local partnership priorities:

- (i) Addressing long term conditions (adults and children) with a focus on early diagnosis and treatment
- (ii) Addressing obesity and smoking
- (iii) Enabling the best start in life
- (iv) Ageing well/proactive care
- (v) Estates

The Executive Committee has agreed an approach to refreshing the plans for 2024/25, which includes a review of current plans to:

- Reflect on the work that has been undertaken so far, including the successes and challenges
- Ensure they are informed by local insights – data and resident feedback
- Clarify resource requirements required to deliver the plans for 2024/25

3.4 We are aiming, through the planning process, to set out the areas where we would be seeking to reduce health inequalities and improve outcomes.

3.5 We recognise that we need to agree the priority areas where we can, as a partnership, make the most impact within the resources available, focusing on transformation and innovation opportunities through partnership working

3.6 To co-ordinate this work a partnership Planning Group has been established which will report to the Executive Group.

3.7 Timelines for delivery and governance are outlined in the table below.

Governance meeting	Timescale	Purpose
Executive Committee	22 nd November 2023	Agree priority areas
Executive Committee	17 th January 2024	Review first cut plans
Executive Committee	14 th February 2024	Agree final draft plans
Committees in Common development session	29 th February 2024	Engagement on draft plans
Committees in Common	12 th March 2024	Approval place plans
NEL Integrated Care Board	27 th March 2024	Approval ICB plans

4.0 Risks and mitigations

4.1 Risks and mitigations will be set out in the final plans.

5.0 Conclusion / Recommendations

5.1 The Committees in Common are asked to:

- Endorse the approach to review local plans
- Note the reporting and governance timelines

6.0 Attachments

6.1 Attachment 1: Barking and Dagenham Joint Forward Plan 2023/24

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Barking & Dagenham: Ageing Well (draft)

The benefits that Barking and Dagenham residents who require proactive care will experience by April 2024 and April 2029:

- April 2024:
 - Greater access to wider activities in communities to improve health & well being
 - Fewer exacerbations of ill health and a better quality of life
 - Some new models of care that have been co-designed with residents
- April 2029:
 - Fewer residents moving from moderate to severe frailty
 - A reduction in non-elective activity due to chronic ambulatory care sensitive conditions
 - 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.
 - Improving health and wellbeing for residents, particularly those with long term conditions

How this transformation programme reduces inequalities between north east London's residents and communities:

- By addressing the impact of the wider determinants of health in the development of the model of care
- By building trust with residents, connecting them to community support, and engaging the voluntary sector and residents in co-designing services around residents
- By delivering a better resident experience by ensuring residents receive integrated and personalised health in places they choose to access, resulting in a better quality of life
- By reducing avoidable exacerbation of physical and mental ill health, including in underserved groups.

Key programme features and milestones:

- To develop a new model of care across health, care and the voluntary sector that supports individuals in achieving their biopsychosocial and clinical goals. Programme objectives are:
- To develop an MDT approach for people with mild/moderate frailty and co-morbidities (Q3 23/24)
 - To connect disjointed parts of the system together by integrating PCNs with the VCSE through an emerging locality leads model (Q2 23/24)
 - To establish a high intensity user service that meets best practice guidance, focussing help for non-medical factors as well as poor physical & mental health (Q3 23/24)
 - To support carers identification training and carers support in line with the actions outlined within the Carers Charter (Q1 23/24)

Further transformation to be planned in this area:

- Over the next two years
 - Accelerate integrated care delivery at neighbourhood and place by using PHM to drive tangible change
 - Review the social prescribing model to optimise impact and integration with VCSE
 - Develop greater use of technology to support people living at home
 - Ensuring more residents with health conditions are assessed, identified and provided with condition management as early as possible.
- Over years three to five
 - Explore opportunities for integrating community hubs into the model
 - Providing support to enable independent living
 - Strengthening the NHS response to identifying and addressing domestic abuse

Leadership and governance arrangements:

- B&D Adults Delivery Group
- B&D Executive Steering Group

Key delivery risks currently being mitigated:

- Programme resource not yet aligned to delivery plan – this has been included in ICB restructure; interim project capacity being explored
- Analytics support for PHM and data sharing agreements to be agreed
- PCN engagement and capacity to expand MDT working:

Programme funding:

- Ageing Well funding TBC (network roles)
- Health inequalities funding (localities model)
- Business case to be developed for HIU service

Alignment to the integrated care strategy:

Babies, children, and young people		Mental health	X	Health inequalities	X	Personalised care	X	High-trust environment	X
Long-term conditions	X	Employment and workforce		Prevention	X	Co-production		Learning system	X

Barking & Dagenham: Best Chance for Babies, Children and Young People (Draft)



The benefits that Barking & Dagenham residents will experience by April 2024 and April 2028:

- April 2024:
 - Investment for essential services in the crucial Start for Life 1001 days (from conception to age two)
 - Setting up 3 locality based family hubs as the focus for integrated working across the system and family hub networks in the borough
 - Setting up acute paediatric care to a range of patients and families in the community and home-H@H
 - Establish a comprehensive children' community care model across BHR integrating the current community nursing (CCN), special school nursing (SSN), continuing care (CC) and various Clinical Nurse Specialist (CNS) teams into 3 pathway teams-PINS
- April 2028:
 - Working collaboratively so that every baby, child, young person and their family gets the best start, is healthy, 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.
 - Integrated family support services from pre birth through to early adulthood in their locality
 - Families only having to tell their story once and seamless pathways to the right support at the right time – focus on prevention and early intervention (including wider determinants of health such as debt, housing, employment)
 - Personalised care co-developed with them to ensure needs are met.
 - A better offer for those with social, emotional and mental health needs

How this transformation programme reduces inequalities between north east London's residents and communities:

- By improving integration of services to provide seamless support, increasing access to services closer to their home and by ensuring services meet their specific needs far more closely through a whole family, personalised approach.
- By addressing inequalities of access to services by working with our seldom heard communities to improve the offer and make services more accessible, acceptable and effective.
- By improving quality, access and support for children and young people with SEND to reduce inequalities with their peers and ensure that they are valued, visible and included in their local communities.
- By improving equity, quality, access and impact of maternity and health visiting services including continuity or care, better rates of breast feeding, improved perinatal mental health, immunisation and two year old check

Key programme features and milestones:

- 2 Family Hubs live by end June 2023, third live by end December 2023.
- Full programme of Start for Life services delivering by October 2023 – including infant feeding, parental mental health, and parenting.
- Engagement with families via parent carer panels and family feedback – constant service improvement to respond to feedback / needs.
- Redesign of the 0-19 healthy child programme service to better align to needs in the borough, focusing on prevention and early intervention, with better links to support services and Start for Life / Family hub services (go live April 2024)
- School nursing (PH and specialist) service work to ensure all children with SEND needs have access to appropriate provision.
- LMNS equity and equality work
- Within the PINS model Hospital at Home (H@H) will be a 'stand-alone' team (although fully integrated within the wider PINS team) able to provide acute paediatric care to a range of patients and families in the community and home.
- Recruit H@H Team and launch service (Q1 23/24)
- Extend the service to GPs and permit direct referral into the H@H service (Q4 24/25)

Further transformation to be planned in this area:

- Over the next two years
 - Create a subsidiary pathway for management of certain cohorts of children referred to the ophthalmology department at BHRUT, by qualified community optometrists.
 - Further needs assessment and targeting of 0-5 services to ensure vulnerable groups access effective services earlier and don't escalate.
 - Improvement of infant feeding journey from pre-birth to 2.
 - Improvement in the offer for those with social, emotional and mental health needs
- Over years three to five
 - Evaluate Start for Life / Family hubs services and build them into business as usual where indicated

Programme funding:

- Overall sum and source: (£3,781,332 - Start for Life and Family Hubs programme funding until March 2025)
- NEL ICB

Leadership and governance arrangements:

- Best Chance for Children and Young People 0-25 partnership
- Barking & Dagenham Partnership Board
- Early Help Transformation programme board

Key delivery risks currently being mitigated:

- Difficulty recruiting experienced children's nurses reducing delivery of phased targets mitigated by use of BHRUT recruitment initiatives and current staff opportunities.
- Short timescales from DfE for start for life / family hubs
- Insufficient funding for Start for Life / Family hubs full offer – service reconfiguration and input from all partners required
- Insufficient specialist school nursing capacity impacting on public health school nursing service for mainstream schools
- Increasing number of children and young people with SEND and associated EHCPs – need and demand is increasing faster than budgets and service capacity

Alignment to the integrated care strategy:

Babies, children, and young people	X	Mental health	X	Health inequalities	X	Personalised care	X	High-trust environment	
Long-term conditions	X	Employment and workforce		Prevention	X	Co-production	X	Learning system	X

Barking & Dagenham: Healthier weight (Draft)



Healthier weight / London Borough of Barking and Dagenham Public Health / Dr Mike Brannan Mike.Brannan@lbbd.gov.uk

The benefits that Barking and Dagenham residents will experience by April 2024 and April 2028:

- April 2024:
 - Weight management services more tailored to needs and preferences of families
 - Improving coordination and coherence across workstreams and stakeholders
 - Development of a Tier 3 Weight Management Service pilot
- April 2028:
 - Integrated approach to healthier weight services appropriate and accessible to residents
 - Greater promotion and access to healthier weight opportunities (e.g. activity, healthy diet)

How this transformation programme reduces inequalities between north east London's residents and communities:

- By ensuring those with an unhealthy weight are able to access support through weight management services that meet their needs and preferences
- By supporting and enabling more residents to consume a healthier diet (~1 in 2 adult residents not achieving '5 a day'; lowest in London)
- By supporting and enabling more residents to (~1 in 2 adult residents not active enough for good health; second highest in London)
- By creating environments and opportunities to make healthy eating and regular physical activity the easy choice.

Key programme features and milestones:

Healthier weight requires action across the drivers of weight and their determinants, therefore work covers:

- *Assessment and weight awareness raising* - National Child Measurement Programme
- *Weight management services* - Tier 2 (0-5, 5-12, Adults), Tier 3 pilot (CYP; FY2023-25), CVD Prevention, NHS Digital weight management, Diabetes Prevention
- *Physical activity promotion* – Community programmes, Sport and leisure services, park services, Exercise on referral, School Games, Social Prescribing
- *Healthy diet promotion* – Food Education Partnership, Good Food Economy Action Plan
- *Healthier lifestyles* – Healthy schools programme, 0-19 Universal services, Holiday Activity & Food clubs, Eat Well, Live Well, Feel Great (SEND)

Further transformation to be planned in this area:

- Over the next two years
 - Expansion of whole systems approach across wider stakeholders
 - Better targeted/tailored and more integrated weight management services
- Over years three to five
 - Coherent approach to promoting healthier weight behaviours (activity, diet)

Programme funding:

- LBBB (Public Health Grant, Education)
- NEL ICB

Leadership and governance arrangements:

- NCMP working Group
- BHR Health and Care Cabinet
- Whole Systems Approach to obesity working groups

Key delivery risks currently being mitigated:

- *Lack of coordination* – Creation of collaborative working (e.g. NCMP working group) and cross promotion
- *Commercial determinants / obesogenic environment* – Creating healthier food and activity environments and opportunities
- *Wider societal drivers (e.g. deprivation)* – Embed promotion and support for healthier weight behaviours across Place interventions

Alignment to the integrated care strategy:

Babies, children, and young people	X	Mental health		Health inequalities	X	Personalised care		High-trust environment	
Long-term conditions	X	Employment and workforce		Prevention	X	Co-production		Learning system	

Barking & Dagenham : Stop Smoking & Tobacco Control (Draft)



[Stop Smoking service (specialist and pharmacies) / [part of the system is leading on delivery] / [SRO and email address]

The benefits that Barking and Dagenham’s residents will experience by April [2024] and April [2026]:

- April 2024:
 - Improve recording of ethnicity data to ensure more accurate data on smokers
 - Increase number of quitters year on, particularly in BAME men
 - Reduction in rates in women, minimise proliferation of Shisha outlets & illegal tobacco sales
 - Reduction in vaping and shisha use in young people
- April 2026:
 - Reduction in smoking attributable hospital admissions and mortality
 - Accessible evidence-based stop smoking services

How this transformation programme reduces inequalities between north east London’s residents and communities:

- By 2024, increase access to smokers from all communities including BAME and males who have a higher smoking prevalence.
- By 2025 reduce smoking in women, especially in pregnancy hence improve the child’s best start to life.

Key program features and milestones:

LBBDD has an inhouse service delivered by Comsol:

Level 3 specialist stop smoking service. Target groups

- COPD patients
- Pregnant women and partners
- Patients with diagnosed mental health condition.
- Young smokers aged 12-15
- Routine and manual workers.

The service offers holistic support to residents addressing the wider determinants, behavioural support and pharmacotherapy. Training for pharmacies. Working with the targeted lung screening programme to reach more males.

Level 1: London digital smoking service.

Trading Standards Team work on illicit tobacco & shisha use.

Further transformation to be planned in this area:

- Over the next two years
 - Work with schools to implement NICE guidance on School-based interventions for preventing smoking.
 - Joined up working approach with Trading Standards.
- Over years three to five:
 - Deliver system wide approach to improve access by exploiting place-based arrangements e.g. provision of services in community venues .e.g. faith groups.

Programme funding:

- Overall sum and source: £400k
- Breakdown across capital, workforce / care services, programme delivery:
- Workforce £206k/programme delivery 194k

Leadership and governance arrangements:

- Director of Public Health
- Director of Community Participation & Prevention
- NEL NHS Tobacco Treatment Program Steering Group

Key delivery risks currently being mitigated:

- Service provision: review of the effectiveness of Comsol and service outcomes.

Alignment to the integrated care strategy:
Alignment to the integrated care strategy:

Babies, children, and young people	X	Mental health	X	Health inequalities	X	Personalised care	X	High-trust environment	
Long-term conditions	X	Employment and workforce		Prevention	X	Co-production		Learning system	

Barking & Dagenham: Estates (draft)



The benefits that Barking and Dagenham residents who require proactive care will experience by April 2024 and April 2026:

- April 2024:
 - Improved access to a wider range of community diagnostics
 - Better access to primary and community care service through the Beam Park Health Centre
- April 2026:
 - Access to one stop shops for health and care through integrated hubs in the community
 - Access to an integrated community, leisure and health hub for residents in the Barking Riverside area; improved access to primary

How this transformation programme reduces inequalities between north east London's residents and communities:

- By improving access to services closer to home
- By increasing capacity for more flexible, integrated service provision which enables care co-ordination and multi-disciplinary working across health, care and the VCSE
- By delivering a better resident experience through person centred estate that meets the needs of local communities

Key programme features and milestones:

To develop Barking and Dagenham infrastructure plan that will enable the partnership to deliver levels and quality of health and wellbeing services from sufficiently located, sized, and equipped premises in the short, medium and longer term as the population grows. The programme includes:

- The development of a SOC for Barking Community Hospital and Town Centre
- The development of the Barking Riverside hub business case (NHS lease agreement Q3 23/24)
- Optimisation of Beam Park health centre estate (open spring 2024)
- Mobilisation of the new Community Diagnostic centre (Q3 23/24)

Further transformation to be planned in this area:

- Over the next two years
 - Procurement of the health centre at Barking Riverside
 - Infrastructure development to support neighbourhood networks/Fuller implementation
- Over years three to five
 - Public sector partners will develop their roles as an anchor institution.
 - Deliver the Serious Violence duty to reduce child exploitation and crime

Programme funding:

- NHS capital funding
- Section 106 funding for health infrastructure

Leadership and governance arrangements:

- B&D Local Infrastructure Forum
- B&D Partnership Board

Key delivery risks currently being mitigated:

- There is insufficient internal resources to deliver the programme - business case for interim capacity to be developed
- Service models can't be agreed – ensure early involvement of clinical teams in the development
- Revenue to support new healthcare estate – work with the LA Regeneration and Planning teams to maximise the S106 contributions for health infrastructure

Alignment to the integrated care strategy:

Babies, children, and young people	X	Mental health	X	Health inequalities	X	Personalised care	X	High-trust environment	
Long-term conditions	X	Employment and workforce	X	Prevention	X	Co-production	X	Learning system	

Standard template: transformation in NEL

Cardiology in BHR Places(HFrEF & HFpEF)– SRO: Jeremy Kidd



The benefits that Barking, Havering and Redbridge residents will experience by April 2024 and 2029:

By 2024

- Reducing variation in practice for people with **heart failure**, improving care and outcomes for patients who access acute, community and primary care
- Delivering good links via integration between community and acute via multidisciplinary team (**MDT**) meetings
- Improve **cardiac rehabilitation (CR)** to include cancer pre-rehabilitation and pulmonary rehabilitation
- Strengthen **health psychology** offer to reflect multimorbidity
- Explore, develop and scale up **Heart failure@Home**
- Strengthen the **Cardiac Prevention Pathway** through behaviour change communications which will encourage people to seek advice/promote the importance of risk factor management

By 2029

- All patients with with suspected heart failure and NT-proBNP >400 ng/l will receive urgent referral for specialist assessment and echocardiography at Place
- All patients with advanced heart failures will receive Heart Failure Specialist advice or review
- Improved psychological wellbeing of patients with heart failure will increase healthy longevity, improving quality of life, preserving good mental health and cognitive function, and achieving health care savings on individual & system level.
- More people managed from the comfort of their home and improving virtual care
- Increasing number of patients will be able to self-manage their conditions

How this transformation programme reduces inequalities between BHR Places residents and communities:

- Through service standardisation- single point of access, standardised clinical management pathways across BHR Places, discharge process and information to primary care, access to advanced medications across BHR, referral criteria, use of patient literature and patient information sheet.
- HFrEF scheme will impact on these improvement areas: reduce waiting times, possible development of PHP, expansion of MDT to include renal and palliative care, additional training on EOL, UCP and relationship building with specialist palliative teams and promote education and self-care, and exercise programme
- The schemes will improve greater access to community interventions, digital solutions and health literacy support tailored to at-risk groups
- CR is part of a multilevel approach addressing barriers related to healthcare system access and improving provision, referral and participation in high risk groups

Key programme features and milestones:

- Establish Governance for 2023-24 and forward, including linkage to Place. Reporting at "End -to-End Pathways Working Group (COCPW) ongoing
- HFrEF Phase 2:
 - Review Phase 1 (Q1 23/24)
 - Ensure maximum utilisation of existing HFrEF service (from Q2 to Q4 2023/24);
 - Ensure that the service is using efficient and effective systems and technology to deliver the service
 - Ensure standard access to other services including; Dietetics/ NHS Psychological Therapies Service (IAPT)/ Health Psychology/ End of life-Co-ordinate My Care (CMC)/ Hospice/ Expert Patient Programmes (EPP) (Q1 23/24)
- HFrEF Phase 3:
 - Enhance and expand in business case HFrEF service
 - Create an innovative service that can respond and adapt to the changing needs of the local health economy (digital technology, NHS@Home)
- Business case for HFpEP in Q4 23/24
- Standardise community cardiac service with integration with acute-WX, BHRUT

Further transformation to be planned in this area:

- Over the next two to five years
 - Business case to stand up cardiac rehabilitation service for heart failure patients across BHR Places in community
 - Scoping opportunities for streamlining access to cardiac diagnostics/ ancillary for care

Programme funding:

- Current cost of HFrEF
- £750K
- Estimated cost of HFpEF
- Yet to be determined (Source= unknown)

Leadership and governance arrangements:

- Level 1: Place based Partnership
 - Level 2: LTC Board (or archetype/successor)
 - Level 3: NEL Cardiac Clinical Network
- Success will depend on Collaboratives with BHRUT/NELFT; Place is a crucial determinant and NEL Business case process.
- Given the increasing multimorbidity of LTCs, a cardiometabolic approach to risk and commitment to end-to-end pathways is important. Not viewing cardiac pathways in silos but understanding close links with Diabetes, Respiratory and CKD. Prevention including LA schemes directed at upstream.

Key delivery risks currently being mitigated:

- Workforce to staff schemes: attraction and retention which will be mitigated through skill mix, new lower band roles and continued training for practitioners (Primary/Community)
- No identified funding to progress HFpEF thereby inequalities and inequities will be sustained

Alignment to the integrated care strategy:

Babies, children, and young people		Mental health	X	Health inequalities	X	Personalised care	X	High-trust environment	X
Long-term conditions	X	Employment and workforce	X	Prevention	X	Co-production	X	Learning system	X

The benefits that NEL residents will experience by April 2024 and 2026:

By 2024

- The number of BHR residents with diabetes (T2) receiving eight care processes (8CP) in primary care increase in number (70%+); the quality of process checks improves allowing both better health and early referral when necessary (e.g. foot health or renal)
- CYP diagnosed with diabetes (T1) are supported by a Transition service (ages 12-25) that equips them for later-life and is supported by new capabilities of Insulin Pumps and Continuous Glucose Monitoring (CGM) – which are also for adult residents
- PCN leadership at Place establishes community links with residents (LA supported and via charities, faith groups and schools) that begin to address false beliefs about diabetes and promotes life-style change. This supports reduction in the at-risk of diabetes cohort (NDH) and pilots capability around diabetes remission.
- Review of pathway and referral thresholds increases workforce empowerment and resident access.

By 2026

- Improved health and wellbeing for residents, particularly those with long term conditions
- The level of 8CP delivery is high (80%+) and stable; year-on-year improvements in numbers controlled (target 70%+); QI improvements have led to improved referrals and starting to reduce care required for complications (e.g. amputations)
- CYP capacity at acute improved by Transition services whose first 'graduates' are expert-users in Pump and CGM technology which reduces hospital care and improves quality of life; advice to pregnant woman with diabetes, as well as those planning pregnancy, reduces complications including avoidable birth defects
- Place-based networks for diabetes are maturing and providing contact-points for local residents either who have diabetes, are concerned about diabetes for themselves or friends/family or generally want to live healthier.
- New capabilities of Insulin Pumps and CGM are present in acute and community; this improves quality of life, employment options and reduces emergency care; workforce skills are enhanced and NEL starts to be known as a great place to deliver diabetes care
- Residents know where, when and how to access the care they need for the assessment and management of long-term conditions; no longer have to 'feel worse' to receive care
- Residents with health conditions will be assessed, identified and provided with condition management as early as possible

How this transformation programme reduces inequalities between north east London's residents and communities:

- Primary care delivery of diabetes care was significantly impacted by Covid-19; the evidence shows that in London that residents with diabetes but who did not get Covid-19 have experienced an increased death-rate. In addition, deprivation, ethnicity and the greater incidence of key workers in East London increases the risk to residents with diabetes.
- The current service gap of no CYP Transition service was highlighted by a GIRFT peer-review of BHRUT and contrasts with BH Trust which was funded to pilot Transition services. Similarly, offering Insulin Pumps in BHR will match BHRUT to BH capabilities, while a comprehensive offer of a CGM capability across NEL has potential to radically improve the lives of residents of working-age who suffer poor diabetic control.
- Place-based community mobilisation around living with or avoiding diabetes will be critical in arresting the current growth of diabetes trajectories which will otherwise undercut our residents economic prosperity and our health economy; this work needs to be community and culturally informed.

Key programme features and milestones:

- Establish Governance for 2023-24 and forward, including linkage to Place
- Primary care (Q1-Q4)
 - Delivery of LTC LIS and transition to LTC Outcomes Framework
 - Develop PCN diabetes leadership and their mobilisation of Place networks
 - Training and QI programmes
 - Review Injectables (Q2)
- Business cases; for Transition, Insulin Pumps, CGM and Community Redesign (Q1)
- Full system diabetes pathway review and criteria
- Secondary
 - Recruit lead consultant for Transition plus other staff for team (Q3)
 - Plan Pumps and CGM programme with Community Care (Q2)
 - Start Transition, Pumps and CGM (earliest Q3 or by Q4)
 - Develop a NEL CVD Strategy (Q2 23/24)
 - Start MH (T1) service (Q2)
- Community
 - Review BHR services to equalise offer (Q1-Q3)
 - Move to new delivery model (Q4 and developed through 2024-25)
- Other; work with enablers, e.g. CEPN, CEG etc.

Further transformation to be planned in this area:

- Over next two to five years
 - Patient Education; develop resident appropriate options and healthy-living programmes that resident want to complete
 - Integration with related schemes as they develop e.g. Obesity, Hypertension, Renal
 - Providing support to enable independent living for as long as possible via the development of integrated teams

Programme funding*:

- Currently costed scheme,
- Transition service* £365k,
- Primary care; £1,800k
- Schemes being estimated
- Pumps, CGM* £600k
- Community care redesign* (too early)

* Sources of funding to be identified

Leadership and governance arrangements:

- Level 1 – BHR LTC Board (or its successor)
- Level 2 – NEL Diabetes Partnership Board
- Level 3 (operational) – Diabetes Operational Working Group (or its successor)

Success will need co-ordination or contract management with:

- Networks; NHSE London, Primary Care (local and London), CVD, Obesity, Renal, Hypertension, UCLP
- Partners; BHRUT, NELFT, PCNs, Prescribing
- Other providers; Xyla, CEG, Oviva, Federations, et al.

Key delivery risks currently being mitigated:

- Funding: low availability or funds will suppress transformation plans; mitigate through work understanding whole-system-impact and efficiencies of
- Workforce: attraction and retention could limit development; mitigate through inter-provider work and skills transfer (e.g. pumps) plus training (CEPN)

Alignment to the integrated care strategy:

Babies, children, and young people	X	Mental health	X	Health inequalities	X	Personalised care		High-trust environment	
Long-term conditions	X	Employment and workforce	X	Prevention	X	Co-production	X	Learning system	X

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Cover sheet

Document	Business Case – Additional Capacity in Children and Young Peoples Therapy Services
Version	
Author(s)	Mohammad Mohit, Assistant Director NELFT Mohammad.Mohit@nelft.nhs.uk
Presenter(s)	Elaine Allegretti, Strategic Director Children and Adults LBBB
Meeting	Barking and Dagenham Committees in Common
Date	7 th November 2023
Purpose	<p>Improving outcomes for babies, children and young people has been agreed as a system priority for the North East London Integrated Care Partnership. The Barking and Dagenham Best Chance Strategy for babies, children young people and their families identifies improving access and support to those with special educational needs and disabilities (SEND) as a system priority and partners have agreed this as a commissioning intention.</p> <p>Partners are working together through the Barking and Dagenham SEND Area Board to improve outcomes for children and young people with SEND. Improving access to therapy support has been identified as a priority – a SEND health needs assessment has pointed to a significant increase in the number of children and young people on Education, Health and Care plans (EHCP) and a deficit in therapy capacity to meet current demand. This is manifested in high caseloads and long waiting times for therapy support, particularly speech and language therapy.</p> <p>NELFT undertook a therapy demand and capacity review in Barking and Dagenham in 2022/23, initially focused on speech and language therapy (SLT) and then expanded to include occupational therapy and physiotherapy. The outputs of the SLT demand and capacity review fed into the ICB financial planning process for 2023/24 and some growth funding was</p>

	<p>ear-marked for SLT (up to circa £500K), with funding to be released subject to business case sign off.</p> <p>The business case identifies a capacity gap of 10 SLT therapists and 4 occupational health practitioners and physiotherapists. Recurrent funding of £923,797 is requested to recruit additional therapists to bridge the gap.</p> <p>The business case has been endorsed by the Best Chance Delivery Group and is included as Attachment A.</p>
Background	<p>The therapy demand and capacity work has been presented to the Barking and Dagenham SEND Area Board and the Best Chance Delivery Group, who have requested that it comes to the Committees in Common for endorsement.</p> <p>Following endorsement by the Committees in Common, the business case will be submitted to NHS North East London Investment Committee for approval, with the recommendation that funding for 2023/24 is prioritised to fund speech and language therapists and one occupational therapist and that the business case is prioritised for further investment in the 2024/25 planning round.</p>
Recommendations	<ol style="list-style-type: none"> 1. The Committees in Common are asked to endorse the business case and recommend it to the NHS North East London Investment Committee.
2. Outcomes	<ol style="list-style-type: none"> 3. <i>[To be completed following the meeting]</i>

Business Case Assurance Group: Concept paper template

Title of the scheme	SLT, OT and PT additional capacity to meet demand (D&C)
Author of this paper / job title and email address	Mohammad Mohit, Assistant Director mohammad.mohit@nelft.nhs.uk
<p>Executive Summary <i>(1 page maximum)</i> Include:</p> <ul style="list-style-type: none"> • What is the case for change? • What solution(s) is being proposed? • What is the expected impact? 	<p>Speech and Language Therapy (SLT) and Occupational Therapy & Physiotherapy is a priority for the NEL BCYP (Babies, Children and Young People) programme due to the current pressures.</p> <p>Barking and Dagenham is a deprived borough with high needs. Despite the high needs, Children therapy services have not seen an increased in funding over the last decade to meet the current needs and demand safely. The current demand outstripped the current capacity and therefore impacting on children and young people accessing therapy services in a timely way.</p> <p>The Demand and Capacity Modelling in the therapy services have reviewed the current demand and activities in order to safely meet the needs of our CYP in Barking & Dagenham. This was an intensive piece of work where the total expected activities required, sessions and hours required matched against the staffing requirement to deliver a safe service.</p> <p>Therefore, the proposal is to agree the OBC to fund the gap in funding for both SLT and OT&PT services in order safely meet the increased needs, acuity, complexity and demand/pressure on the service.</p> <p>The impact of the service being underfunded are as follows:</p> <ul style="list-style-type: none"> • Long waiting times for CYP accessing therapy services. • Poor health outcomes for CYP in Barking & Dagenham • B&D not meeting its statutory obligations on SEND and EHCP impacting on SEND inspections including reputational risks to the partnership. • Increased Health Inequalities • Cost of long-term care due to lack of timely early and preventative therapy interventions. • Workforce challenges with recruitment & retention due to high caseloads

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Sponsoring Chief Officer, Senior Responsible Officer endorsement

Please add details of the sponsoring chief officer, senior responsible officer (SRO) once they have **endorsed** the concept paper, including date of discussion and endorsement. Please note, SRO and CO must have signed this off before it is submitted.

Role	Name	Job title	Email address	Date of endorsement
Chief Officer	Charlotte Pomery	Chief Officer	Charlotte.pomery@nhs.net	
SRO	Sharon Morrow	Director of Partnership Impact and Delivery Barking & Dagenham	Sharon.morrow2@nhs.net	

Other leads

Add details of other leads (within NHS NEL and the wider integrated care system) who have taken part in discussions to develop the concept paper. Please note, these are optional but recommended.

Role	Name	Job title	Email address
Clinical lead	Dr Manjari Tanwar	Associate Medical Director	manjari.tanwar@nelft.nhs.uk
NELFT SRO	Melody Williams	Integrated Care Director	Melody.williams@nelft.nhs.uk
CYP commissioner	Ronan Fox	B&D Community Services Lead- ICB	Ronan.fox@nhs.net
LBBB commissioner	Clare Brutton	Head of Commissioning- Disabilities, LBBB	Clare.brutton@lbbd.gov.uk
Director of Education	Jane Hargreaves	Commissioning Director Education and SEND Area Board Chair	Jane.hargreaves@lbbd.gov.uk
DCO	Victoria Gatley	Designated Clinical Officer- ICB B&D, Redbridge and Havering	Victoria.gatley@nhs.net
CCL Lead	Dr Naila Nazi	Community Paediatrician and Clinical Lead for Child and Maternity Health, Place Based Partnership	Naila.nazi@nelft.nhs.uk

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(add more rows as required)

Section 1: SCHEME OVERVIEW	
Title of the scheme	SLT, OT and PT additional capacity to meet demand (D&C)
A brief overview of the scheme Include: <ul style="list-style-type: none"> • the purpose and objectives of the scheme, including benefits to residents • how the scheme supports the North East London Health and Care Partnership to reduce health inequalities • how it will deliver the objective, plus any interdependencies • consideration of any impact on other existing service providers • implementation timelines and considerations 	<p>The OBC is to support the findings of the Demand and Capacity modelling that has been completed on Therapies provisions (SLT, OT and PT) to meet the current demand and high needs/acuity and complexity of CYP in Barking and Dagenham.</p> <p>The current population modelling as part of the SEND Needs Assessment in Barking & Dagenham shows a growth in the 0-25 years population of 10.3% between 2021-31. This will result in increased SEND needs requiring timely therapy (SLT, OT&PT) interventions.</p> <p>The total number of pupils in B&D (primary, secondary & special schools combined) on an EHC Plan is projected to rise from 1,041 in 2018, to 1,844 in 2025 and then to 3,015 by the year 2035. Furthermore, based on this model, the total number of pupils on SEN support over the same period is also predicted to rise from 4,917 in 2018 to 5,443 in 2025 and again to 6,255 by 2035. The number of B&D pupils on EHC Plans or SEN support is projected to rise over the period in question. The increase for EHC Plans is 189.6%, which far outstrips the GLA projected increases for school age cohorts within the borough. However, the projected increase in the number of school pupils in the borough accessing SEN support is predicted to increase by 27.2% over the same period.</p> <p>Due to the current challenges and faced with increased demand and needs in the service, a demand and capacity modelling of the service was completed to establish the gap of resources and the resource required to safely meet the needs of the CYP in Barking & Dagenham. The SLT team has a caseload of over 2900 CYP at any one time and a budgeted staffing level of 28.57 WTE (including the therapy lead) to meet the demand. This means that staff has been holding a higher caseload with complex children to deliver SLT interventions including provisions in EHC plans.</p> <p>Similarly, physiotherapy and Occupational therapy hold a caseload of over 1000 CYP combined with a staffing of qualified therapists of 3 physiotherapist and 1 occupational therapist, excluding the therapy lead.</p>

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Due to the high caseload level together with high complexity, needs and acuity of CYP, it has been challenging to meet the increased demand on the service with significant gap in commissioned resources.

The Demand and Capacity Modelling in the therapy services have reviewed the current demand and activities in order to safely meet the needs of our CYP in Barking & Dagenham. This was an intensive piece of work where the total expected activities required, sessions and hours required matched against the staffing requirement to deliver a safe service.

The OBC proposes to increase the capacity within therapy provisions in order to meet the current demand and pressure on the service. The additional therapy resources will ensure that the service is able to deliver a safe service and meet the obligations under EHCP and SEND. CYP will be able to have timely access to therapy provisions and do not have to wait longer to access services. The increased capacity in therapy provisions will ensure:

- All CYP get support that reflects their ambitions and improved their health outcomes.
- All CYP are getting timely and effective support locally, with a focus on early interventions and preventions. This means an enhanced universal offer.
- All CYP have a consistent and excellent experience with timely access to therapy interventions to meet their needs.

Therapies is a priority across NEL and to ensure that BCYP in NEL get the best start in life and the best place to grow up. SEND is a priority across NEL and in Barking & Dagenham. The proposal supports the NEL in tackling health inequalities in B&D where CYP will have timely access to therapy interventions in improving the health outcomes and wellbeing of our children and young adults and reducing the cost of long-term care. The additional funding will also ensure that CYP have got early access and support of appropriate therapeutic interventions and to reduce developmental delays due to speech, etc.

Based on the D&C, there is a gap of 10 WTE in SLT which equates to a shortfall of **£689,490**.

Speech and Language Workforce Requirement				
Staffing	Banding	Budgeted WTE	Requirement based on D&C	GAP/Variances
Integrated Therapy Lead	8a	1	1	0
Pathway Leads/Senior SLT	7	8.37	12.37	-4
SLT	6	9.4	15.4	-6
SLT	5	5	5	0
SLT Assistant	4	4.8	4.8	0
Total		28.57	38.57	-10

For Occupational and Physiotherapy, there is a gap of 4 WTE with a shortfall of **£234,307**.

OT and PT Workforce Requirement				
Staffing	Banding	Budgeted WTE	Requirement based on D&C	GAP/Variations
Therapy Lead	8a	1	1	0
Occupational Therapist	7	1	1	0
Occupational Therapist	6	0	1	-1
Occupational Therapist	5	0	1	-1
Physiotherapists	7	2	2	0
Physiotherapist	6	1	2	-1
Physiotherapist	5	0	1	-1
Rehab Assistants	4	2	2	0
Rehab Assistant	3	1	1	0
Total		8	12	-4

The proposal of additional funding in the Therapy services will complement the existing services which is currently under a block contract to increase its capacity to meet the current demand and pressure on the service. This will also support the health and social care economy where the additional resources will support CYP in education/schools and will enable the development of a comprehensive universal offer where all CYP can benefit. In return this will improve the health outcomes of our CYP and will be aligned to the NEL priorities and the Best Chance Strategy commitment in Barking and Dagenham.

Implementation Timeline

Once the funding has been approved, the new roles will be established, and the service can start the recruitment process straight away. It is critical to start the recruitment process immediately due to the current national challenges with therapies recruitment. However, in B&D, we have been able to successfully recruit into these roles by ensuring that there is a clear career development pathway, ability of staff to work within an integrated health services including Neurodivergent pathways.

It is expected that with the approved funding and depending on the notice period, staff will start in Q4. This is on the premise that recruitment process starts in October 23. Interviews to take place in Nov-Dec.

Strategic Fit

Mark an X against the following national and local system priorities that this concept paper supports which you will be required to expand on in section 2 below:

National:

- | | |
|--|---|
| • improving outcomes in population health and healthcare; | X |
| • tackling inequalities in outcomes, experience and access; | X |
| • enhancing productivity and value for money; and | X |
| • helping the NHS to support broader social and economic development | X |

North East London:

- | | |
|---|---|
| • To work with and for all the people of north east London to create meaningful improvements in health, wellbeing and equity; | X |
| • Children and young people – to make NEL the best place to grow up; | X |
| • Mental health – to improve the mental health and well-being of the people of NEL | |
| • Employment and workforce – to create meaningful work opportunities for people in NEL | |
| • Long-term conditions – to support everyone living with a long-term condition in NEL to live a longer, healthier life | |

Other

Section 2: SCHEME INFORMATION

The information entered below should be concise – one to three sentences per point is sufficient. The aim is to support the Business Case Assurance Group to conclude that the concept should be taken forward for development into a full business case.

Strategic

Please summarise:

- the rationale for this concept and how it supports NHS NEL to deliver its priorities and strategic objectives (this should underpin the strategic fit indicated above)

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- the health, wellbeing, and equity benefits expected as a result of this concept quality and equality impact assessments undertaken (see appendix A – EIA screening tool)
- discussions with partner organisations and other stakeholders in the development of the concept, and feedback received
- if the proposal is not NEL-wide, the reasons for this
- how this concept supports NHS NEL to meet its green plan
- any impact on other existing service providers
- risks or issues if this concept was not to progress

The proposal fits with the strategic direction of the NEL priorities. The proposal will ensure that CYP are having timely access to therapy provision in Barking and Dagenham without long wait. It will also improve the health outcomes of our younger population and tackling health inequalities. It fits within the Core20 plus 5 agenda in improving the health of BCYP. The proposal is also aligned with the Barking and Dagenham Best Chance Strategy and the NEL BCYP and NHSE priority area.

The proposal has been discussed with the Best Chance Delivery Group membership, The SEND Area Delivery Group, the Director of Education, NELFT, the ICB and the DCO. There is an acknowledgement of historic gap in therapy provisions in B&D where commissioned resources did not meet service demand and current pressures. Covid-19 has made these challenges and pressures more apparent where we are seeing an increased number of children with speech delays and therefore impacting on their development.

There is no impact on existing service providers. The proposal will instead increase the capacity of the current health offer which will benefit the CYP in Barking & Dagenham and the Placed Based Partnership.

By providing additional staffing resources this will ensure that NEL ICB in B&D will:

- improve outcomes for CYP with complex needs by ensuring that they receiving timely assessments/reassessments.
- Tackle inequalities in outcomes, experience and access, through working with the local partners NELFT/LBBD/NELICS will continue to explore any inequalities in experience and waiting times and aim to work with key partners.

There are several critical risks if the proposal is not progressed. They are:

- Increased wait time and CYP not accessing timely support.
- Not meeting statutory obligations under SEND and increased Tribunal cases.
- Not meeting EHCP provisions and delays
- Increased backlog of cases including inappropriate referral for ASD diagnostic, therefore impacting on other part of the health system
- Increased complaints and reputational risks
- Poor Health Outcomes for our BCYP, increased Health Inequalities and increased cost of long term care

Economic

Please summarise:

- how this concept offers optimum value for money, which might include financial return on investment or qualitative benefits
- the social and economic benefits to the wider ICS (for example, relating to community development, environment, employment)
- any other options considered to meet the need to which this concept responds and why they have been discounted

The proposal is economically viable as it will complement the current service and provision in order to bridge the gap. The ask is for additional clinical capacity in the current service to meet the current demand and pressures in the service. By investing and bridging the current gap, this will ensure that CYP are accessing timely therapy provisions and reducing avoidable developmental delays which will otherwise have long term health implications. Therefore, investing in the therapy services where there will be enough capacity in the system will ensure that the service can have a comprehensive universal offer as well as Targeted and Specialist provisions and by doing this, it will reduce the cost of long-term care.

Commercial (Contracts)

Please summarise:

- where relevant, if there are existing suppliers (including NHS Providers) of services within NEL that can deliver this concept
- where relevant, the procurement route being considered (if known at this stage)
- where relevant, current contracts affected by this concept

NELFT is the current provider of SLT, OT and PT in Barking and Dagenham. The service is commissioned under a Block Contract. The D&C modelling has been completed and the proposal is to bridge the resource gap in the existing service in order to meet the current pressures, acuity, complexity and demand on the service.

There is no requirement for a procurement process.

Financial

Please summarise:

- the estimated financial investment required (including whether recurrent or non-recurrent, duration, and any funding stream identified at this stage)
- any estimated contributions from system partners, either financial or in-kind
- any workforce changes or requirements expected from this concept

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- any estimated direct and indirect system financial impacts expected from this concept
- any other financial impact expected from this concept at this stage

The table below illustrates the financial investment required on a recurrent basis to meet the current demand based on the Demand and Capacity modelling. The local data and population modelling show the growth and the needs of the population in B&D and higher support for CYP with SEN and EHCPs.

Based on the D&C, there is a gap of 10 WTE in SLT which equates to a shortfall of **£689,490**.

SLT Costing for 10 WTE			
Band	Post	WTE	Total Annual Cost
7	0	4.00	303,733
6	0	6.00	385,757
Total		10.00	689,490

The additional funding will increase the staffing of SLT with a caseload of approx. 3000 CYP from 28.57 WTE to 38.57 WTE.

For Occupational and Physiotherapy, there is a gap of 4 WTE with a shortfall of **£234,307**.

OT and PT Costing for 4 WTE			
Band	Post	WTE	Total Annual Cost
6	0	2.00	128,586
5	0	2.00	105,721
Total		4.00	234,307

The current qualified staffing in OT and PT do not represent the number per capita CYP in B&D needing OT and PT support. The team consists of only 1 qualified OT and 3 qualified PT for the whole cohort of CYP requiring OT and PT interventions including MSK provisions in Barking & Dagenham. The current caseloads of approx. 1000 CYP. The proposal is to increase the clinical capacity with 2 additional qualified OT and PT respectively in order to meet the current demand on the service.

The total shortfall in the commissioned capacity across SLT, OT and PT (£689,490 + £234,307) is **£923,797**

Management

Please summarise:

- how residents will be involved in the further development of the concept
- the timeline for this concept (subject to the approval of a full business case) going live

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- expected KPIs and key outcomes for this concept once implemented, as the basis for measuring success

Patients experience and engagement is at the forefront in further developing and enhancing the service, provisions and offers. The service will lead on co-producing and co-designing the care pathways and offers with our patients, CYP and patient representatives. There is already engagement within the service with the patient experience team and young carers.

We are estimating for recruitment to start in Oct 23 subject to approval and for start to start coming into posts in Q4 and Q1 (24/25). This will be subject to recruitment and onboarding of staff depending on notice period, etc.

The key expected KPIs for the service are:

1. Waiting times and Length of Time for CYP to be seen- RTT targets and categorisation of P1, P2 & P3
2. Number of CYP accessing universal offer and not requiring Targeted and specialist support (Early Intervention & Prevention)
3. Education workshops
4. Patient Experience and CYP meeting the goal attainment as per the therapy plan
5. Friend and Family Test (FFTs)

If you have identified any Conflicts of interest in relation to this concept paper, please list below, including mitigations:

Name and role	Conflicts	Mitigating actions
N/A	N/A	N/A

Document version control (for use by SRO)

Add rows as required	Version #	Status	Date	Notes
The status for the final entry should read: 'Submission for review and endorsement'	V1.2	In draft	19.09.23	
	V1.3	Draft Review	20.09.23	

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Once signed off by the sponsoring chief officer and SRO, concept papers should be submitted to nelondonicb.nelpmoteam@nhs.net to be considered by the Business Case Assurance Group

Business Case Assurance Group (BCAG) outcome	
Date of meeting	Outcome and notes

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COMMITTEES IN COMMON OF HEALTH AND WELLBEING BOARD AND ICB SUB-COMMITTEE

7 November 2023

Title:	Feedback from the Committees in Common Development Session 26 October 2023: Localities Working – Developing the Footprints	
Report of the Strategic Director, Children and Adults		
Open Report	For Decision	
Wards Affected: All	Key Decision: No	
Report Authors: Fiona Russell, Director of Care, Community and Health Integration Sharon Morrow, Director of Partnership Impact and Delivery Barking and Dagenham	Contact Details: Tel: 07521 761891 Email: fiona.russell@lbbd.gov.uk Email: sharon.morrow@nhs.net	
Sponsor: Elaine Allegretti, LBBB Strategic Director, Children and Adults'		
Summary:		
<p>Organising services in localities has been a key mechanism for improving and integrating care and support in Barking and Dagenham for many years, such as the creation of six clusters of primary, community and social care services in 2011.</p> <p>There are currently three localities across the borough, roughly divided into East, West and North. In 2018, the Health and Wellbeing Board noted: "The residential area south of the A13 will, in time, be substantially expanded with the further development of Barking Riverside.</p> <p>The issue of creating a fourth locality was raised at the Committees in Common development session on 26 October, with several partners citing the rising demand as a driver for reconsidering the locality footprints, because resources are not best allocated across the borough to meet current and predicted need.</p> <p>As a result, it is proposed to establish a time-limited task and finish group to determine whether to create a 'fourth' locality footprint in the south of the borough. The group will review data and resident experience to make a recommendation to the Committees in Common. It is proposed this is prepared for the Committees in Common's next meeting in February.</p>		
Recommendations		
<p>The Health and Wellbeing Board and the ICB Sub-Committee are recommended to agree the establishment of a time-limited task and finish group to determine whether to create a 'fourth' locality footprint in the south of the borough.</p>		

Reason

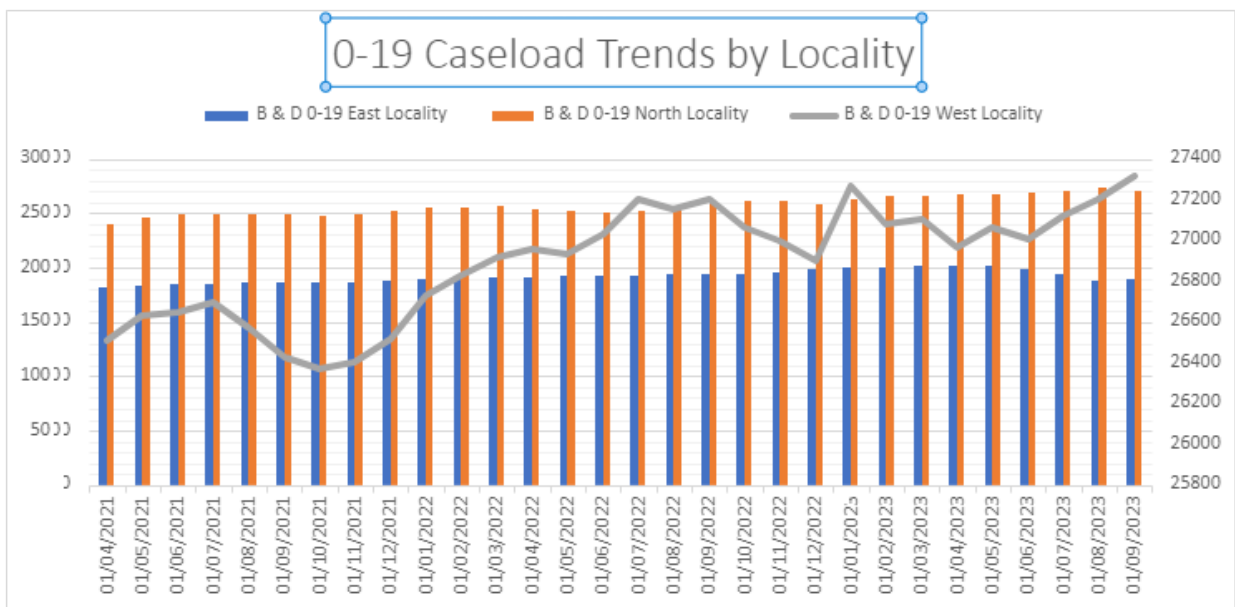
A review of the localities footprints could enable the drivers of capacity and allocations challenges to be understood and addressed more appropriately.

1. Introduction and Background

- 1.1 Organising services in localities has been a key mechanism for improving and integrating care and support in Barking and Dagenham for many years, such as the creation of six clusters of primary, community and social care services in 2011.
- 1.2 These were later reorganised into three localities, aligning with children's, adults', disabilities and community health operating models. In September 2017, the Health and Wellbeing Board received a report entitled *Integration of Health and Social Care in Barking and Dagenham: our journey so far; our current position*, which affirmed the intention that this model be the bedrock of health and social care delivery in Barking and Dagenham.
- 1.3 There are currently three localities across the borough, roughly divided into East, West and North. In 2018, the Health and Wellbeing Board noted: "The residential area south of the A13 will, in time, be substantially expanded with the further development of Barking Riverside. A fourth locality, South, is at that point intended to come on stream."

2 Proposal and Issues

- 2.1 The borough's population grew by 17.7% to 218,900 between 2011 and 2021. We are now a younger borough too – with nearly 30% of the residents now aged under 18.
- 2.2 Health and wellbeing needs is forecast to rise significantly. According to Barking, Havering and Redbridge University Trust, obesity in 18-64 year olds is set to rise from 45,216 in 2023 to 54,673 in 2033, with depression rising from 16,651 to 20,134, and diabetes from 45,216 to 54,673 over the same period.
- 2.3 The below chart shows how growth in demand is being driving in the West locality, from North East London Foundation Trust, which details the workforce capacity across all three localities over the past few years. The chart shows rising demand in the West while the other two localities remain fairly constant.



2.4 The issue of creating a fourth locality was raised at the Committees in Common development session on 26 October, with several partners citing the rising demand as a driver for reconsidering the locality footprints, because resources are not best allocated across the borough to meet current and predicted need.

2.5 As a result, it is proposed to establish a time-limited task and finish group to determine whether to create a 'fourth' locality footprint in the south of the borough. The group will review data and resident experience to make a recommendation to the Committees in Common. It is proposed this is prepared for the Committees in Common's next meeting in February.

2.6 If agreed to proceed, nominations for membership are welcome.

3 Implications

3.1 **Joint Strategic Needs Assessment** - The JSNA supports the data presented in this paper, of growing population and demand.

3.2 **Health and Wellbeing Strategy** - The strategy sets out partner ambitions to work in partnership and at place, and due investigation is proposed to determine the most appropriate infrastructure to enable the fulfilment of these ambitions.

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

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