

Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 16 January 2018 - 6:00 pm
Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

Date of publication: 8 January 2018

Chris Naylor
Chief Executive

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Membership

CLlr Maureen Worby (Chair)	LBBB (Cabinet Member for Social Care and Health Integration)
Dr Waseem Mohi (Deputy Chair)	Barking & Dagenham Clinical Commissioning Group
CLlr Sade Bright	LBBB (Cabinet Member for Equalities and Cohesion)
CLlr Laila M. Butt	LBBB (Cabinet Member for Enforcement and Community Safety)
CLlr Evelyn Carpenter	LBBB (Cabinet Member for Educational Attainment and School Improvement)
CLlr Bill Turner	LBBB (Cabinet Member for Corporate Performance and Delivery)
Anne Bristow	LBBB (Strategic Director for Service Development and Integration and Deputy Chief Executive)
Matthew Cole	LBBB (Director of Public Health)
Nathan Singleton	LifeLine Projects
Dr Jagan John	Barking & Dagenham Clinical Commissioning Group
Conor Burke	Barking & Dagenham Clinical Commissioning Group
Bob Champion	North East London NHS Foundation Trust
Dr Nadeem Moghal	Barking Havering & Redbridge University NHS Hospitals Trust
Insp. John Cooze	Metropolitan Police
Ceri Jacob (Non-voting member)	NHS England London Region

AGENDA

1. **Apologies for Absence**
2. **Declaration of Board Members' Interests**
In accordance with the Council's Constitution, Members of the Board are asked to declare any interest they may have in any matter which is to be considered at this meeting.
3. **Minutes - To confirm as correct the minutes of the meeting on 8 November 2017 (Pages 3 - 12)**

BUSINESS ITEMS

4. **Joint Strategic Needs Assessment (JSNA) 2017 (Pages 13 - 22)**
An appendix to this item is included in the 'Supporting Documents' pack.
5. **Suicide Prevention Strategy (Pages 23 - 27)**
An appendix to this item is included in the 'Supporting Documents' pack.
6. **Local Account (Pages 29 - 34)**
7. **Healthwatch: Programme of Work 2017/18 (Pages 35 - 43)**
8. **Deed of Variation for the Barking and Dagenham Section 75 Agreement for the Better Care Fund 2017-18 (Pages 45 - 66)**
An appendix to this item is included in the 'Supporting Documents' pack.

STANDING ITEMS

9. **Sub-Group Reports (Pages 67 - 76)**
10. **Chair's Report (Pages 77 - 82)**
11. **Forward Plan (Pages 83 - 91)**
12. **Any other public items which the Chair decides are urgent**
13. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

Private Business

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

14. 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; London's growth opportunity

Our Priorities

Encouraging civic pride

- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

Enabling social responsibility

- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

Growing the borough

- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough's image to attract investment and business growth

Well run organisation

- A digital Council, with appropriate services delivered online
- Promote equalities in the workforce and community
- Implement a smarter working programme, making best use of accommodation and IT
- Allow Members and staff to work flexibly to support the community
- Continue to manage finances efficiently, looking for ways to make savings and generate income
- Be innovative in service delivery

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MINUTES OF HEALTH AND WELLBEING BOARD

Wednesday, 8 November 2017
(6:00 - 8:23 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Cllr Sade Bright, Cllr Laila M. Butt, Cllr Evelyn Carpenter, Cllr Bill Turner, Anne Bristow, Conor Burke, Bob Champion, Matthew Cole, Nathan Singleton and Dr Magda Smith

Also Present: Brian Parrott, Cllr Adegboyega Oluwole and Ian Tompkins

Apologies: DI John Cooze, Ian Winter

32. Appointments

Noted the appointment of Nathan Singleton as the Healthwatch representative.

33. Declaration of Members' Interests

There were no declarations of interest.

34. Minutes - 6 September 2017.

The minutes of the meeting held on 6 September 2017 were confirmed as correct.

35. The Mayor of London's Health Inequalities Strategy

Councillors Bright and Butt arrived during this item.

Fiona Wright, Consultant in Public Health Medicine, LBBD, presented the report, which also acted as an introduction to the interactive workshop session that was undertaken during the Board meeting.

Fiona explained that the Mayor of London's aim was to reduce unfair health inequalities across London and the consultation period was underway on his draft strategy, which sets out five key aims for reducing health inequalities in London by 2027, namely Healthy Children, Healthy Minds, Healthy Places, Healthy Communities and Healthy Habits. The deadline for responses to the Mayor was 30 November 2017.

The Board was reminded of the recently published Borough Manifesto, the statutory background, other local plans including, the key ambitions of the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA), which were due to be refreshed, and sub-regional and demographic changes that were occurring. There was now an opportunity to look afresh at what could be achieved across London and in the Borough with the help of the Mayor. Fiona drew specific attention to the areas where the Borough was rating poorly including, child obesity, the proportion of people with mental illness in settled accommodation, deprivation and employment levels, more than 50% of households in 4 out of 17 wards have deficient access to nature, high levels of

criminal notifiable offences and their impact on health and wellbeing, and high smoking rates particularly in pregnant women. However, there would also be an opportunity to promote areas of good practice within the Borough in the response to the Mayor.

In response to a question from Cllr Carpenter, LBBB Cabinet Member for Educational Attainment and School Improvement, regarding early years actions, Anne Bristow, LBBB Deputy Chief Executive & Strategic Director for Service Development and Integration, said that she felt that we needed to look at more than just physical health and should investigate putting actions and interventions in place before birth. For example, we need to look at using antenatal classes for more than physical care skills, such as how to bath a baby, and also use them to teach parents about emotional needs such as how to talk to their baby. Ian Tompkins, Director of Communications & Engagement, East London Health & Care Partnership, commented that education on good health choices and health risks is important, however, we need to look at why people continue their bad practices when they know the consequences. Cllr Turner LBBB Cabinet Member for Corporate Performance and Delivery, commented on the lack of reference to what is in the Mayor's powers, where he could specifically make changes, for example there was no mention of public transport. Cllr Turner drew the Board's attention to the aims set out on pages 23 and 24 and also questioned why some diseases were targeted but not others. The Chair raised several issues including, the potential to use Town Planning as a tool for change, funding and parity of provision.

The Board:

- (i) Having considered the draft Mayor of London's Health Inequality Strategy and discussed the London wide and local implications following an interactive workshop, the Board endorsed the principle behind the five aims set out in the Strategy. However, the members of the Board raised a number of issues to be included in the response, these issues are outlined below:
 - (a) The draft Strategy was too general in places. Members of the Board felt the aims should be more targeted and should set out with more detail what the intentions and results are, this will allow the correct interventions to be put into place locally, for example:
 - Needed to have more specific targets for cross London interventions, e.g. the Mayor should set an air pollution level for all London Boroughs.
 - Specify what was within the Mayor's power to affect change, rather than what his office can influence, for example there is no mention of public transport and how the Mayor's powers could be used on the advertising of unhealthy foods and drink on TfL transport and premises.
 - Why was Tuberculosis and HIV/Aids specifically raised, but not other diseases.

- Transitory nature of our local population, which moves across borough boundaries.
 - The need for consistent messages and support levels across all partners regardless of where you are in the borough, sub regional or London area.
 - Use of the Air Toxicity Tax to benefit all of London, not just the more affluent boroughs in central London.
 - Encourage a 'children welcome here' ethos in businesses and public bodies.
 - Encourage the 'daily mile' in all schools across London.
 - History shows that residents in affluent areas have benefited more from health interventions and programmes than the more deprived areas of London and what support was being offered to address this.
- (b) Suggested that initiatives, such as bicycle hire, are not concentrated in central London but are expanded to the outer London boroughs.
- (ii) Delegated authority to the Deputy Chief Executive and Strategic Director for Service Development and Integration, to sign-off a detailed consultation response, based upon the feedback from the workshop session, on behalf of the Council in consultation with the Chair, Director of Law and Governance and the Director of Public Health;
- (iii) Encouraged partners to submit consultation responses and noted that ELHCP would also be including in their response many of the same points raised by the Board; and
- (iv) Agreed that the Mayor's final Strategy will be reviewed to inform the refresh of the Barking and Dagenham Joint Health and Wellbeing Strategy in 2018.

36. Diabetes Update Prevention and Care

Susan Lloyd, LBBD Consultant in Public Health, presented the report and explained the difference between the different types of diabetes and the actions needed to identify and treat diabetes and to reduce the secondary complications and issues which it causes.

There had been significant improvements in diabetes care in the community over the past year and the report provided details of the progress to-date and the future partnership working that would be needed to achieve the desired continued improvements. The prevention of diabetes was becoming a significant driver to reduce pressures on care and health services and the community and to improve the wellbeing of those that are, or could become affected by the condition. Next year a preventative programme would be started to identify and check individuals that had the risk factors for developing the disease and to encourage lifestyle changes that can reduce or remove their risk. A mixed commissioning approach

would also encourage closer working between primary and secondary health care. The Board was advised that the levels of type 1 were quite low compared to the national average, however, type 2 had a higher than national incidence rate with around 13,300 individuals currently being treated. In addition, there was an estimated 10,000 residents at pre-condition stage and potentially at risk of going on to develop diabetes type 2. The Borough also had significantly higher ethnic / demographic risks than the national average. Sue explained that £4.3m is spent on diabetes medication alone, which is 15% of the total prescription medication costs for the Borough, and there are also significant and indirect costs, e.g. social care and lost work attendance. Susan also clarified that an average of 10% was used as it was not possible to attribute costs because many individuals had multiple conditions. However, what was clear was that the prevention of developing diabetes and reduction of complications, such as foot amputations, would produce significant financial savings: but more importantly the life style and of individuals would be positively enhanced.

The Board noted that 27 GP Practices had been approached but so far only two had responded to the on-line services trial. Dr Waseem Mohi, Barking and Dagenham Clinical Commissioning Group (CG) stressed that the changes undertaken in one year were considerable, and were more than had been achieved in 10 years or more in other boroughs. A cohort of some 20,000 individuals with potentially controllable and pre-diabetes were being targeted. The results of the changes would be seen in five to ten years, when amputations, blindness and hospital admissions and care costs were reduced.

In response to a question from Anne Bristow as to why we were only getting half of the eight processes and what the barriers were, Dr Mohi explained that we needed incentives to push change and that was now starting to have an impact, however, it needed to be noted that GPs in the Borough have on average 1,000 more patients than national average. There was clearly a spend to save opportunity and additional funding would enable skills enhancements in health professionals that could be used to identify and prevent early condition diabetes.

The Chair commented that the ELHCP would be strongly lobbied to ensure that it provides parity of care across its area and it was suggested that a letter should be sent on behalf of the Board.

The Chair reminded the Board that the Pharmacy consultation was in progress. Residents need to be more aware of the services that health professionals, other than GPs, can provide or that may be more appropriate for their needs. The potential to use joint events, for example healthy cooking sessions by local health champions and weight taking by health professionals was suggested. NELFT suggested that if certain ethnicities are more susceptible to diabetes the potential to use faith groups as a conduit could be a useful. The Chair advised that Cllr Bright would be able to help in that area, but it was important to decide what the priorities were before seeking their help, or they could be overloaded with requests. Healthwatch suggested that they too could assist in disseminating information and in obtaining public feedback.

The Board:

Received the current position, costs and significant health issue and risks to the health and wellbeing of residents with diabetes and pre-diabetes and the action

needed to reduce the pressures on health and social care services from the effects of diabetes and:

- (i) Diabetes prevention –
Agreed that a diabetes prevention approach, which meets the needs of residents, is supported to enable the long-term reduction in significant health costs and for the poor health reduction targets to be realised;
- (ii) Diabetes care processes –
Agreed that systems and structures that embed improved diabetes care in the Borough are supported, the details of which were set out in the report;
- (iii) Requested the Deputy Chief Executive and Strategic Director for Service Development and Integration to write on behalf of the Board to the ELHCP raising the Board's concern over the inequality of provision for diabetes locally, in relation to other areas of the country, and asking the ELHCP to take the necessary action for the service provision to be balanced and funding provided to enable a spend-to-save opportunity that will allow future costs reductions to be realised.
- (iv) Agreed that focus needed to continue in regard to digital solutions, consistency of messages to communities to increase health engagement, including use of Healthwatch to do this, and in educating the young and enhancing their "*pester power*" to effect healthy lifestyle change at home, ensuring a consistent approach to health checks and service delivery across GP practices, including through the use of commissioning.

37. Annual Report of the Director of Public Health 2016-17

Matthew Cole, LBBD Director of Public Health introduced his 17th Annual Report and advised that the revised summary in the covering report would be provided on the web site. Matthew then advised that during the preparation of his Annual Report he had looked back to see what impact or positive change had been achieved and had noted that for all but four reports the focus had been on health care public health with a focus on variations in care and outcomes. However, in the last four years Public Health had been a function of the Council and the focus has increasingly been on what causes people to be ill in the first place. Matthew drew the Board's attention to several issues:

Chapter 1. The growing youth violence was a serious concern.

Chapter 2. This dealt with the growing concerns of mental health and the growing perception of year 10 children that their mental health is not good. This then raised the question of provision and the services by CAMHS and if we need to challenge what we do, how we do it, have we got the provision right or do we need to invest more at Tiers 1, 2 and 3.

Chapter 3. This was championing prevention, looking at social determinants, the drivers for change and the potential for Community Solutions to add value and opportunity to delivering health outcomes and ELHCP / STP and other organisations to provide seamless wrap around services. Recent innovation included the support to keep people in their tenancies and help individuals, particularly children, escape the cycle and effects of domestic violence. The use

of devolved powers was also a driver for change.

Chapter 4. Reviewed the evidence and analysed how the Grant had been used to contain or reduce the costs of health and social care, without negative effects on health outcomes and also the returns against expenditure. However, while data is often used to support insight and decision making, it should only be part of our tool kit: listening and talking to the population, not just patients, was equally important.

Chapter 5. This included the model for health town at Riverside and why this and learning from it could be expanded to all developments.

Mathew said that he hoped that he had had an impact on people's view of how we look at serious violent youth crime, what is driving that. This in turn lead on to learning about youth culture and causes of violence. Matthew stressed that this is a very real problem and arresting children who may be experiencing trauma associated with violence in their past and who may have progressed from victim to perpetrator, was not the answer

The Chair moved that the meeting be extended to 8.30 p.m. This was agreed by the Board.

The Chair thanked Matthew for his frank and thought-provoking report. The Chair and Cllr Butt, LBBB Cabinet Member for Enforcement and Community Safety, explained that they were now working with young people, which had increased their insight on how and why we need to work with young offenders, who were often victims themselves, and not just punish them. Identifying what they need and want, and not assuming we know, was very important. The Chair commented that the Youth Zone would soon be available to work with many young people, but we need to think about what we are doing for those on the edges of the cohort. How we support young people, so they move away from revenge mentality, was really innovative work. Cllr Butt stressed how difficult the year had been and the immense challenges that had occurred. The Chair suggested that the Board would benefit from a presentation from a group of young people that she had been working with recently on what they were doing to address issues 'on the road'.

Cllr Carpenter commended the report and particularly chapter one, which had provided insight into the issues of concern to young people and details of the THRIVE programme and the work at schools, which was noted.

Conor Burke, CCG, felt that the report was a compelling piece of work and that the learning and development of change needed to be captured and recorded for future learning.

The Board:

Received the report of the Director of Public Health and noted:

- (i) The questions the DPH posed in Appendix 1 of the report and the need for the Partners to investigate those issues and find solutions in improving the health and wellbeing of residents:
- (ii) The potential of the Council's newly created Community Solutions Service to add value and opportunity to delivering health outcomes;

- (iii) The DPH's focus on the issue of serious youth violence, especially in Chapter 1, which has been set out against the backdrop of a significant increase in serious youth violence involving assaults with knives and noxious substances and the need to break the effects of domestic violence and abuse;
- (iv) Chapter 2 set out the challenge to provide the support our children need to become more resilient to mental health issues and the day-to-day role that teachers, social workers and other professionals need to play in this;
- (v) Chapter 3 highlighted the use of devolved powers to deliver better health and care outcomes for our residents and the challenges in establishing an accountable care system based on 'place based care' that evolves our thinking beyond care to one that has concern for the causes of poor health rather than the effects;
- (vi) Chapter 4 reminded the Board that it is now the fourth year for the Public Health Grant and reviewed the evidence and analysed how the Grant has been used to contain or reducing the costs of health and social care without negative effects on health outcomes and the returns against expenditure;
- (vii) The challenges that 10,800 extra homes at Barking Riverside will provide in future health care provision and the progress made in regard to the Barking Riverside NHS Healthy New Town initiative to help "design in" health and modern care from the outset and a how the learning from many initiatives could be rolled-out to other areas of the Borough to shape places to radically improve population health, integrate health and care services, and offer new digital and virtual care fit for the future;
- (viii) Agreed that Chair would invite a group of young people that she has been working with to address a future meeting of the Board.

38. Health and Wellbeing Outcomes Framework Performance Report - Quarter 1 & 2 (2017/18)

Mathew Cole, LBB, Director of Public Health, presented the report, and advised that the Board had previously agreed an outcomes framework which prioritised key issues for the improvement of the public's health and their health and social care services. The Board also monitored this high-level dashboard on a quarterly basis. The report set out the performance for Quarter 2, which ended September 2017, or the latest data available. The report also highlighted the changes that had been made to the indicators that are included in the dashboard. Having received the overarching view of performance, including areas of concern and improvement, the Board:

- (i) Noted the performance and the areas where there were still challenges and the inclusion of two new indicators for:
 - The number of children who turn 15 months old in the reporting quarter who received a 12-month check.
 - Bowel screening – coverage of people aged 60–74 years;

- (ii) Noted the achievement of the Health Visitor Service in achieving green level indicators for all their services for two months running and commended the significant effort of the staff in achieving this; and
- (iii) Noted that the challenges of winter pressures would soon start to impact on services.

39. Better Care Fund (BCF) - Update

By Minute 23, 6 September 2017, the Board had supported the case for a target for social care related discharge delays in the order of 44 to 45 days total per month. Mark Tyson, LBB, Commissioning Director, Adults' Care and Support, reminded the Board that this was not in line with NHS England's expectations at that time of 'maintenance' from the previous year, because of their selection of a restricted three-month baseline window. NHS England's had threatened to rate the Plan as non-compliant, which would potentially have impacted on the funding available to social care through the Improved Better Care Fund. This was despite the case that had been made that a more stringent target risked unsafe discharges. In response to the NHS England view point the Council and CCG had proposed a compromise in which the difference between the current social care performance and the NHS England target would be shared between the two organisations, the details of which were set out in the report. The Plan had subsequently been accepted by NHS England.

The Board:

- (i) Noted that submission of the Better Car Fund (BCF) Plan and that the approval from NHS England had now been received;
- (ii) Noted the steps taken to ensure the Plan's compliance with NHS England requirements, particularly the redistribution of the delayed transfers of care days target between social care and health. However, the Board still had concerns about the focus on hospital discharge targets and noted that lobbying of the government would continue; and
- (iii) Noted the data on performance was expected to be published by the government on 9 November and the continuing uncertainty in the scope and criteria of the November 'review' by NHS England, the need for a sustained focus on performance, and the potential for inclusion in the national review programme should performance drop.

40. Sustainability and Transformation Plan Update and Partnership Agreement

Ian Tompkins, Director of Communications and Engagement, East London Health and Care Partnership (ELHCP), presented the report which provided an update on the development of the ELHCP and the Sustainability and Transformation Plan (STP).

Ian advised that as a Partnership, the ELHCP would be responding to the Mayor of London's Health Inequalities Strategy and he would take some of the comments made at the Board tonight back for consideration and inclusion in their response to the Mayor of London.

The Board's attention was drawn to page 55 of the agenda and the implications and current position for local devolution, transformation and integration and how the 2017-19 Integration and Better Care Fund would have a staged approach over the next two years to ensure that strong and established governance arrangements support meaningful integration and innovation. A Partnership Agreement had now been developed for the ELHCP, which it was intended would develop and implement the NEL STP. It was hoped that this Agreement will provided common understanding and commitment between the partner organisations on the range, principles and processes and objectives of the governance arrangements, which will support the development and implementation of the STP.

Ian drew the Board's attention to page 79 of the support papers pack and advised that meetings had now been set up with Healthwatch. Workshops would also be held with the voluntary and charity section to see how that important network can be strengthened and feedback from this and the housing conference in Dagenham, would be shared with the Board in due course. Other concerns such as maternity provision, emergency care and attracting and training of the workforce, and the sharing of ideas were noted.

In response to a question from Cllr Carpenter about the role of the Health and Wellbeing Boards in the structure, the Chair advised that the boards are a statutory requirement and the ELHCP has to work with the seven separate Boards. The Chair reminded the Board that the wish to have elected representative(s) involved in the ELHCP structure had already been raised on numerous occasions. Ian explained that Appendix 3, in the support papers pack, showed the current structure and gave an assurance that the Health and Wellbeing Boards will be part of the new structure as they have both a statutory role and important local knowledge.

The Board noted the update and that a further report would be provided in due course.

41. Integrated Care Partnership Board - Update

The Board noted the work of the Barking and Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership Board (ICPB) as set out in Appendix A, in the support papers pack. The Board also noted that joint commissioning and working that was now being undertaken.

42. Development of the Health and Wellbeing Board Sub-Structure, including the new Children's Partnership.

Mark Tyson, Commissioning Director Adults' Care and Support, presented the report on the developments of the Board's Sub-Group structure, the details of which were set out in the report and its appendices.

The Board:

(i) Children's Partnership

Agreed to the Children's Partnership being a Sub-Group of the Health and Wellbeing Board, and to the Vision and Terms of Reference for the

Children's Partnership;

- (ii) **Mental Health Sub-Group**
Noted the revised membership;
- (iii) **Integrated Care Steering Group**
Noted the review of this Group; and,
- (iv) **Health and Wellbeing Board (H&WB) Substructure**
Noted that the substructure of the H&WB will be addressed in line with the new Health and Wellbeing Strategy 2018.

43. Sub-Group Reports

The Board noted the reports / notes of meetings of the:

- Mental Health Sub-Group, 16 October 2017.
- Learning Disability Partnership Board, 4 October 2017.
- Children's Partnership Board, 20 September 2017.

44. Chair's Report

The Board noted the Chair's report, which included information on:

- Older People's Week, 1 to 7 October 2017.
- End of Life Conference, September 2017.
- Community Solutions
A new key service within the Council, which had commenced full operations on 2 October 2017, which will include the following services:
 - Housing
 - Housing advice
 - Information and advice on adult social care
 - Integrated youth services
 - Children's early intervention
 - Employment and skills
 - Financial support
 - Parts of community safety dealing with anti-social behaviour
 - Libraries
- Flu Vaccination Programme.

45. Forward Plan

The Board noted the draft January 2017 edition of the Forward Plan and the 13 December deadline for changes.

HEALTH AND WELLBEING BOARD

16 January 2018

Title:	Joint Strategic Needs Assessment (JSNA) 2017		
Report of the Corporate Director of Adult & Community Services			
Open Report	For Decision		
Wards Affected: All	Key Decision:		
Report Authors:	Contact Details:		
Mark Tyrie, Senior Intelligence and Analysis Officer	0208 227 3914		
Hollie Stone, Intelligence and Analysis Officer	0208 227 5734		
Rosanna Fforde, Intelligence and Analysis Office	0208 227 2394		
Sponsor:			
Matthew Cole, Director of Public Health			
Summary:			
<p>Residents of Barking and Dagenham continue to face significant health challenges. There are high rates of smoking, inactivity and overweight and obesity, while life expectancies for both men and women are the lowest in London. Our population is anticipated to continue to grow and we need to ensure we can meet the increased demand for services. However, there are also opportunities, notably with the transformation of council and NHS services and the anticipated regeneration and growth within the borough.</p> <p>This report provides a high-level overview of key health issues affecting residents at each life course stage, together with demographic information and a consideration of the needs of vulnerable groups.</p> <p>This paper aims to:</p> <ul style="list-style-type: none"> – Allow the Health and Wellbeing Board to discharge its duties in relation to the Joint Strategic Needs Assessment (JSNA); – present updated demographic and health data in the context of key strategies and priorities for the borough; – seek the approval of the Health and Wellbeing Board for a review of the JSNA process, content and format for 2018. 			
Recommendation(s):			
<p>The Health and Wellbeing Board is recommended:</p> <ol style="list-style-type: none"> (i) To take account of the findings of the JSNA in the development of its strategies and in its appraisal of strategies developed by partner organisations (ii) To support the commissioning of services by partner organisations that align with the JSNA findings and the Joint Health and Wellbeing Strategy (iii) To support the review of the JSNA process, content and format in 2018. 			
Reason(s):			
The JSNA provides the evidence base on which strategic decisions of the Health and			

Wellbeing Board are made. It directly informs the development of the Joint Health and Wellbeing Strategy. The Health and Wellbeing Board has a statutory responsibility for the JSNA and the Council and the NHS Barking and Dagenham Clinical Commissioning Group have an equal and joint duty to prepare it.

1 Introduction

The purpose of this paper

1.1 This paper aims:

- to assure the Health and Wellbeing Board that it continues to discharge its duties in relation to the Joint Strategic Needs Assessment (JSNA)
- to summarise key health issues for each life course stage using the most up-to-date data available and to present this in the context of key strategies and priorities for the borough
- to seek the agreement of the Health and Wellbeing Board that the JSNA process, content and format should be reviewed for 2018.

Statutory background and role of JSNAs

1.2 Local authorities and Clinical Commissioning Groups (CCGs) have a joint and equal statutory responsibility to produce a JSNA via the Health and Wellbeing Board.¹

1.3 This duty was established by the Local Government and Public Involvement in Health Act 2007 for local authorities and primary care trusts, and subsequently amended by the Health and Social Care Act 2012 to reflect the creation of CCGs and Health and Wellbeing Boards.

1.4 The aim of a JSNA (see Box 1) is to provide timely, relevant information on the needs of the population to inform key strategies (most notably, the Joint Health and Wellbeing Strategy) and commissioning decisions. Its ultimate purpose in doing so is to improve the population's health and reduce health inequalities.

1.5 Although the function of a JSNA is described in the statutory guidance, the process, content and structure are not specified, recognising the need for flexibility according to the local situation. Suggested content includes demography, needs at different life course stages, the needs of vulnerable groups, wider determinants of health, and the health information needs of the community.

1.6 Similarly, the timing of updates is to be locally determined, although the JSNA must always fulfil its function as an evidence base for decision making.²

Box 1: Purpose of JSNAs

'The purpose of JSNAs and JHWSs [Joint Health and Wellbeing Strategies] is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.' Source: DH, 2013

¹ Department of Health. *JSNAs and JHWS statutory guidance*. London: DH; 2013 [<https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>].

² 'Health and wellbeing boards will need to decide for themselves when to update or refresh JSNAs and JHWSs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year; however, boards will need to assure themselves that their evidence-based priorities are up to date to inform the relevant local commissioning plans.' (p.10) Department of Health. *JSNAs and JHWS statutory guidance*. London: DH; 2013.

Our approach to the JSNA in 2017

- 1.7 In recent years, a suite of more than 90 chapters has been updated and published on the London Borough of Barking and Dagenham (LBBD) website. While detailed, extensive in scope and developed in collaboration with numerous partners, finding information from among these chapters is not always easy, and they also require considerable staff time to update. This year, a more limited update has been carried out, while we consider the optimal approach for 2018.
- 1.8 This 2017 JSNA is therefore a revision of the summary report that was presented to the Health and Wellbeing Board last year. It provides a high-level overview of key health issues affecting children, young people and adults at each life course stage, together with demographic information and a consideration of the needs of vulnerable groups.

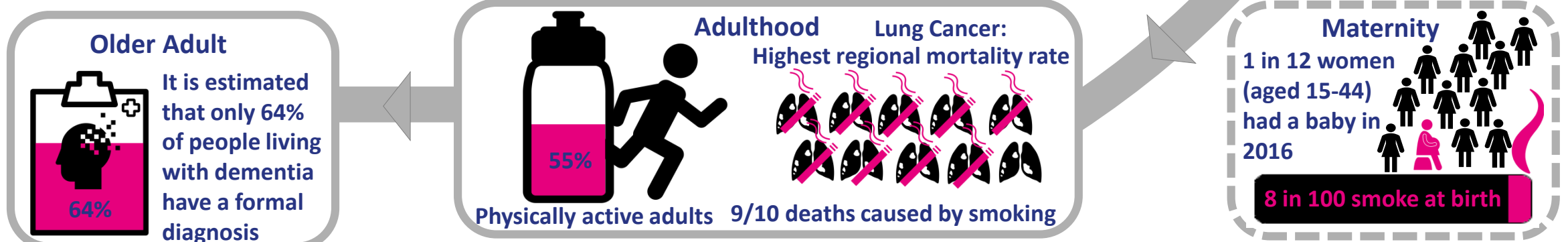
The 2018 JSNA

- 1.9 Following submission of this report to the Health and Wellbeing Board, work will begin in developing a new JSNA process for 2018.
- 1.10 The 2018 JSNA will coincide with the need to revise the Joint Health and Wellbeing Strategy and hence is a timely opportunity to consider how the utility, effectiveness and accessibility of the JSNA can be maximised.
- 1.11 It also reflects broader changes; 2017 has been a year of transformation for the Council as it has responded to straitened financial circumstances and the need for change to harness growth opportunities (see section 2.2). This has included changes for staff working directly on the JSNA; the Public Health Intelligence team is now part of a Performance and Intelligence Unit working across public health, adults' and children's social care, and community safety. In this environment, where new ways of working are being developed, the time is right to reconsider the most suitable format, content and process for the JSNA.

The structure of this paper

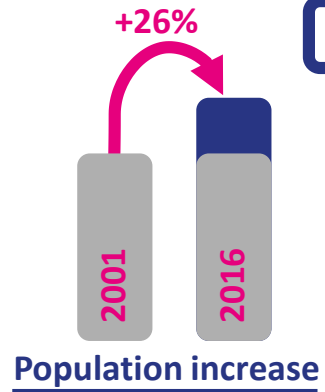
- 1.12 This paper begins by summarising the demographic features of Barking and Dagenham, including its population size and structure, trends and projections for growth, ethnicity, socio-demographic issues and deprivation.
- 1.13 It then considers two overarching indicators: life expectancy and healthy life expectancy. These summarise the health, both in terms of both morbidity and mortality, of our population.
- 1.14 The third and largest section treats each life course stage in turn, from pre-birth and early years to older adulthood. Data on key health issues for each group are presented and placed in the context of strategies and priorities for Barking and Dagenham. This section also incorporates the needs of vulnerable groups, such as looked after children, within these life course stages.

Joint Strategic Needs Assessment 2017: a snapshot

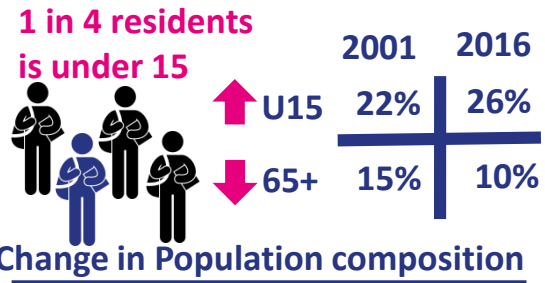


¹Modelled data, those that may have a mental health disorder ²DOT trend based on 5 data points

Population change



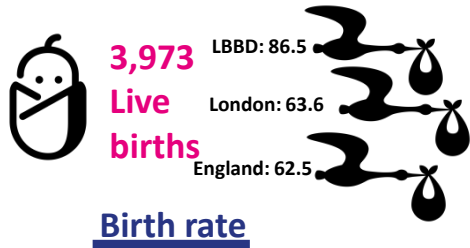
Population change



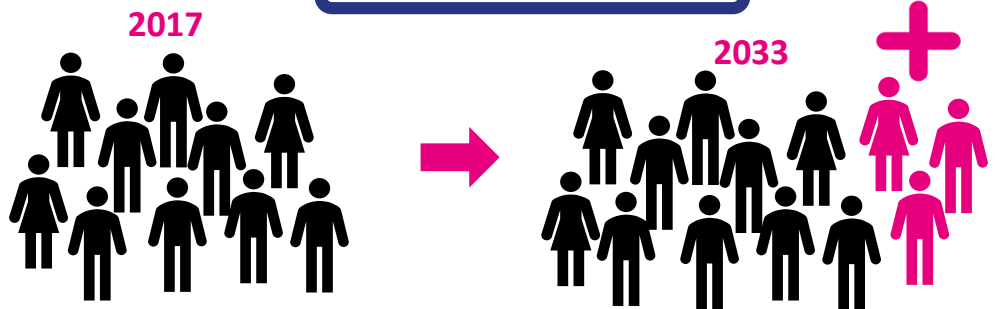
The highest birth rate in England and Wales in 2016¹

Increase in private renting

Page 18



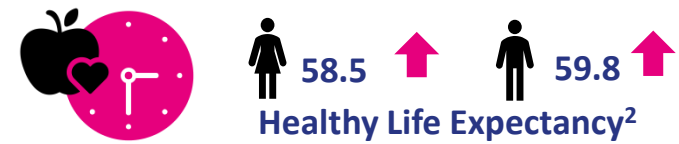
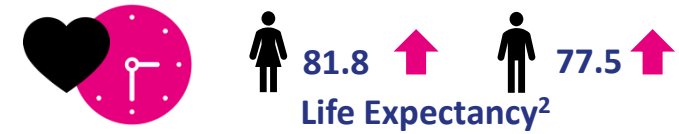
Population predictions



There is a 29% predicted rise in the overall population 2017-2033

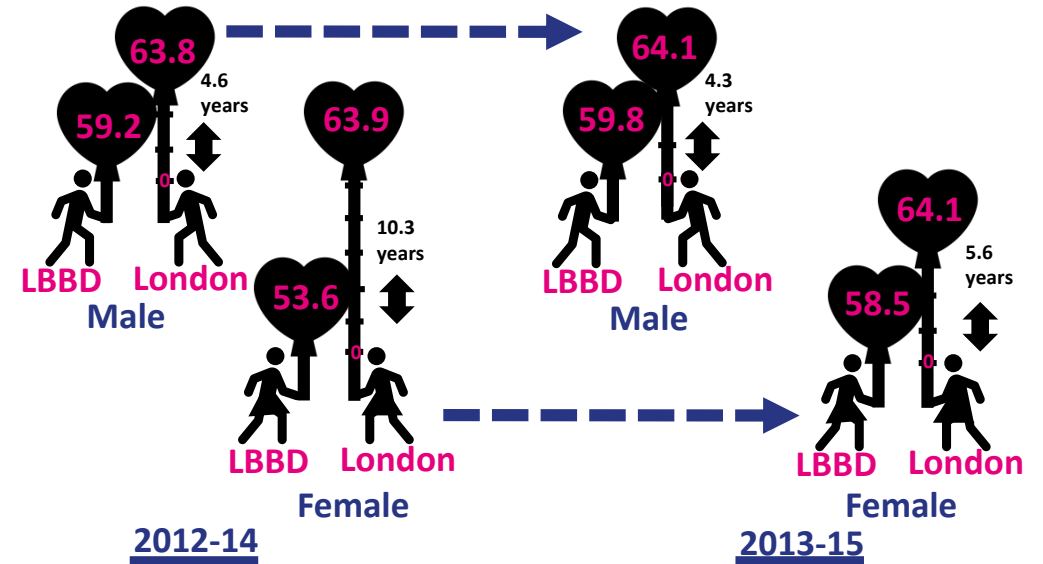
Life expectancy and healthy life expectancy

Life expectancy and healthy life expectancy



Gap in healthy life expectancy

Healthy life expectancy refers to the years lived in good health. LBBD residents live shorter lives in poorer health when compared to London



Improving healthy life expectancy to be above the London average is a target in the 2017/18 Corporate Plan.

¹ Per 1,000 women aged 15-44 ²Trend based on 5 data points

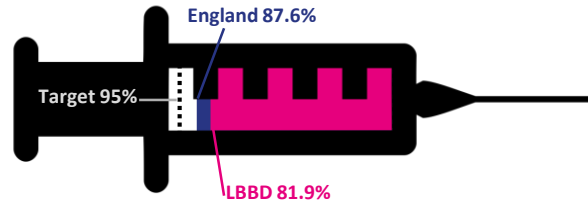
Pre-birth and early years

Level of Development



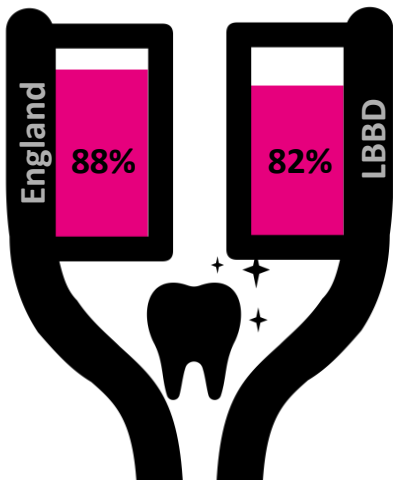
5-year olds achieving a good level of development

Immunisations



5-year olds that have had two doses of measles, mumps and rubella vaccine

Dental health



3-year olds free from dental decay

A&E attendances



A&E attendances Children aged 0-4

Primary School children

Looked after children¹

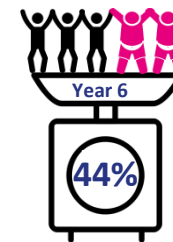
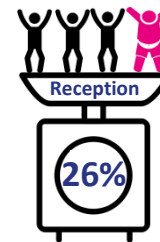


66.2 per 10,000 under 18 year olds are Looked after children

94% of LAC received a health check



Healthy weight

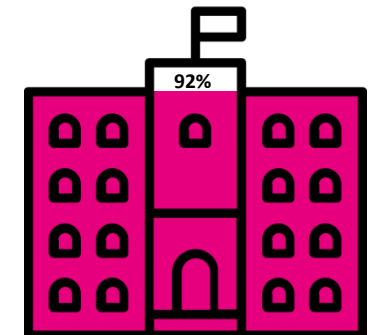


Percentage of children that are overweight or obese 2016/17

Mental Health²



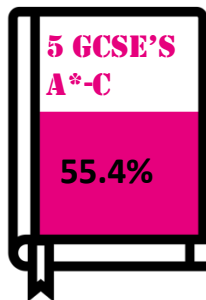
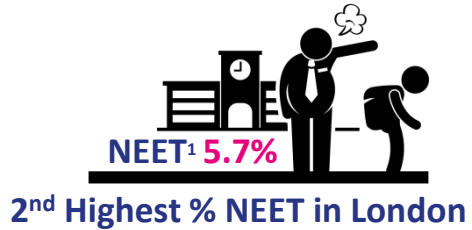
Children aged 5-16 that may have a mental disorder**



Healthy Schools London Registered

Adolescence

Training educational & socio economic outcomes



Page 20

Healthy eating & Physical activity

Average fruit/veg intake 2.8



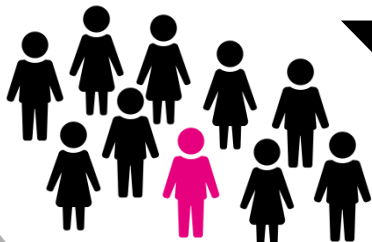
47% of school survey respondents did 'hard exercise' in the last week

Sexual and reproductive health

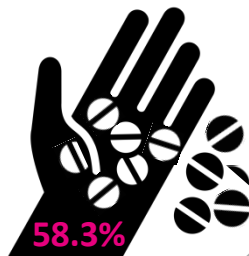
1 in 10 Year 10 students reported being sexually active.

In the last 10 years the U18 conception rate has more than halved from 65.9 to:

In 2015 over half of U18 conceptions ended in abortion².



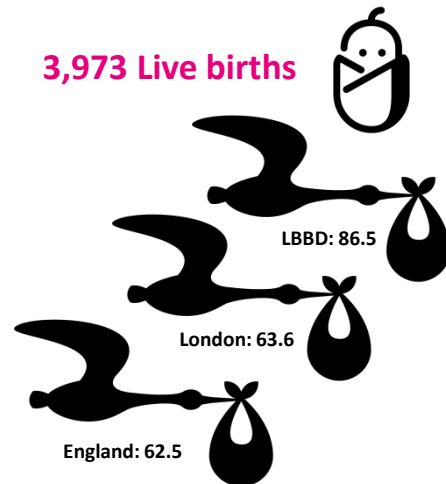
½ reported "always" using contraception



Maternity

Birth rate³

3,973 Live births



The highest birth rate in England and Wales in 2016

Breastfeeding

We do not know the breastfeeding status of 2 in 5 infants



For those with a known status: 65.5% were partially or totally breastfed



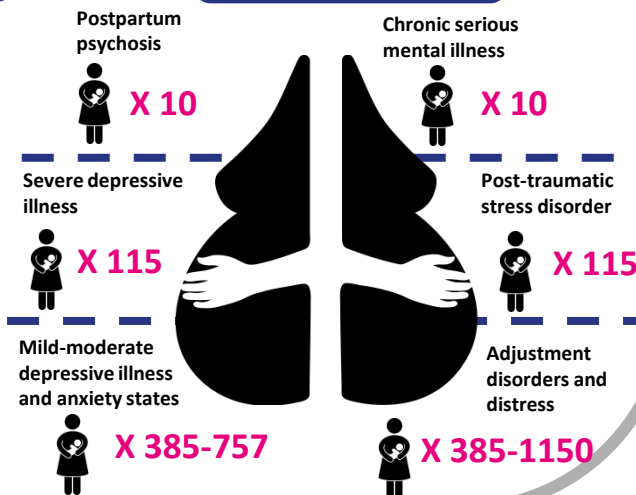
Smoking at time of delivery



8 in 100 smoke at birth

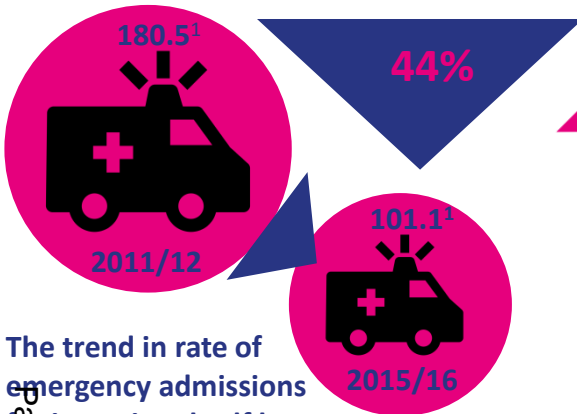
In 2016, 1 in 12 women (aged 15-44) had a baby in LBB

Mental health⁴



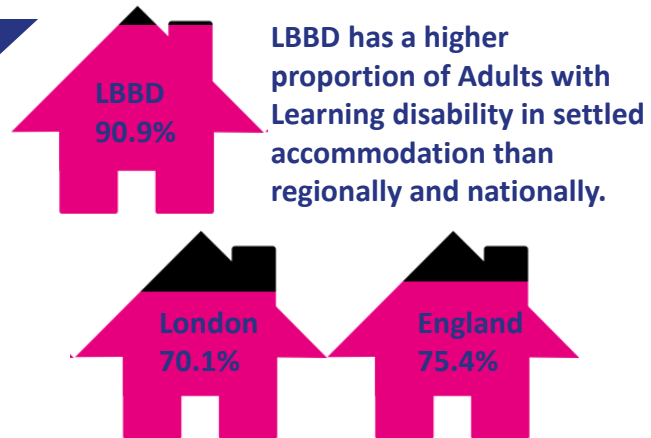
Adulthood

Mental health



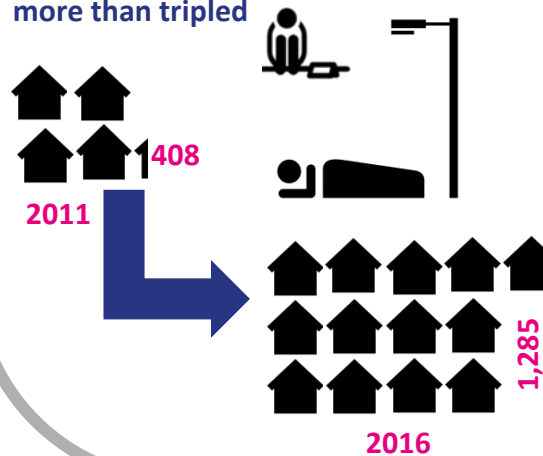
The trend in rate of emergency admissions for intentional self-harm

Learning disabilities and autism



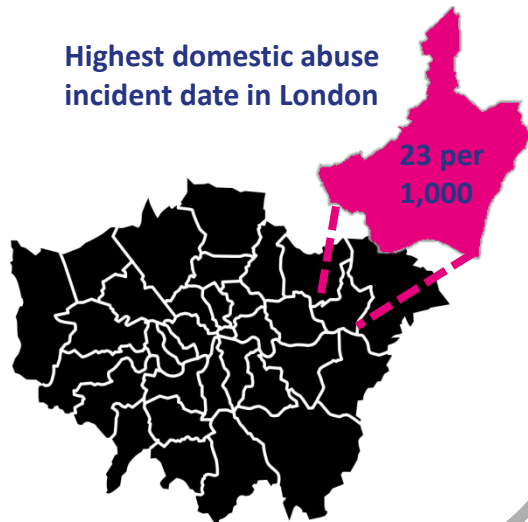
Homelessness

The number of households making a formal homeless application have more than tripled



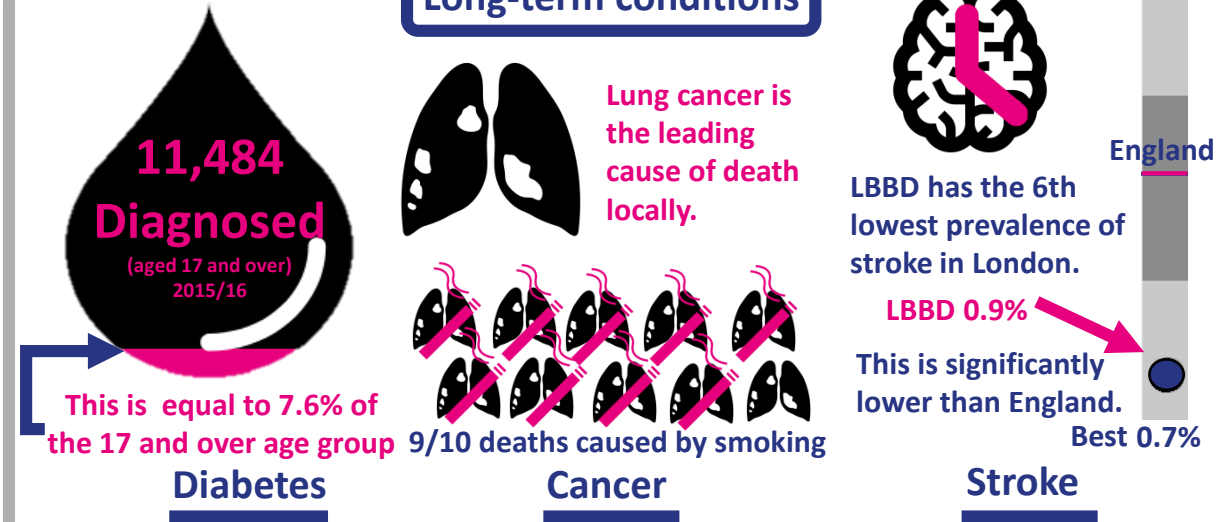
Domestic violence

Highest domestic abuse incident rate in London



Adulthood

Long-term conditions

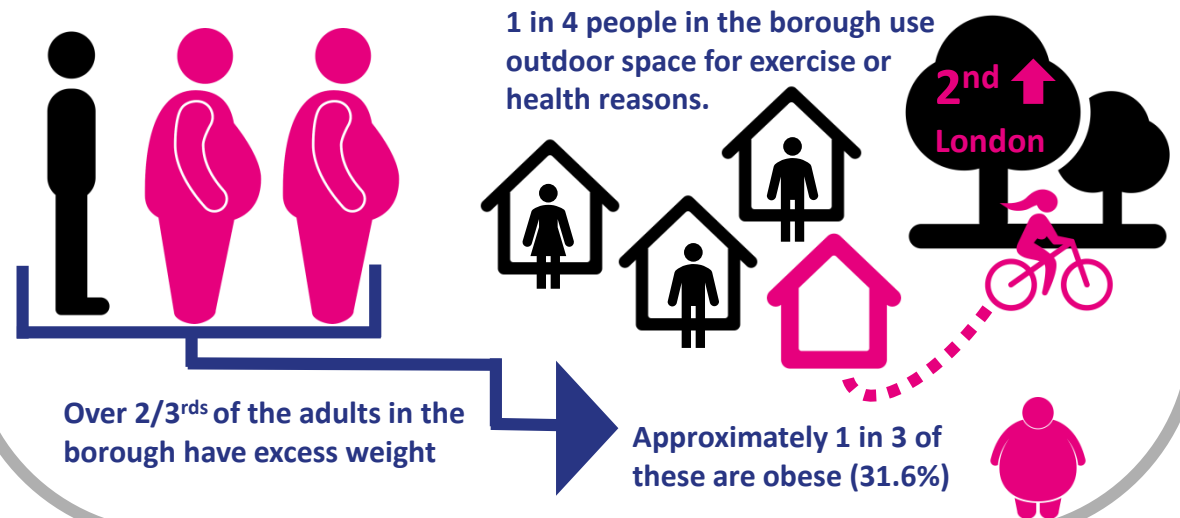


Diabetes

Cancer

Stroke

Lifestyle behaviours



¹ Rate per 100,000

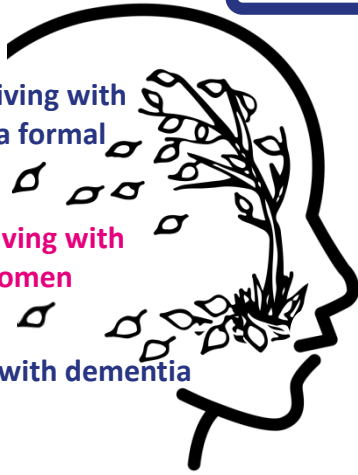
Older Adults

Mental health

64% of people living with dementia have a formal diagnosis

65% of people living with dementia are women

37% of people with dementia die in hospital



In 2017, 1 in 4 people aged 65-74 live alone¹



1 in 3 carers aged 65+ reported social isolation

In 2016, the recorded prevalence of dementia (aged 65+) was 4.32%

Page 22

Dementia

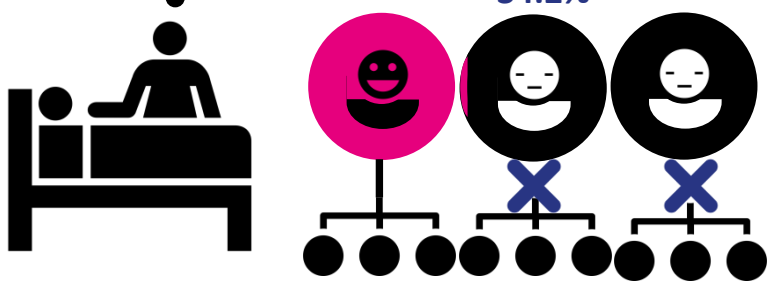
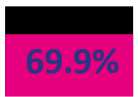
Loneliness & social isolation

Carers

Carer satisfaction with quality of life



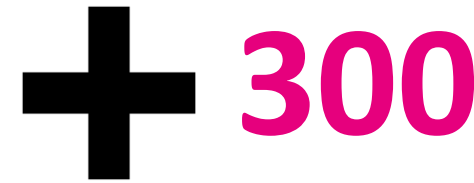
Carers that felt included or consulted about the person they care for:



34.2% of carers have as much social contact as they would like

Older Adults

Health and care system



Additional support requests for social care between 2015/16 and 2016/17²



60% of these additional support requests were for those aged 65+.



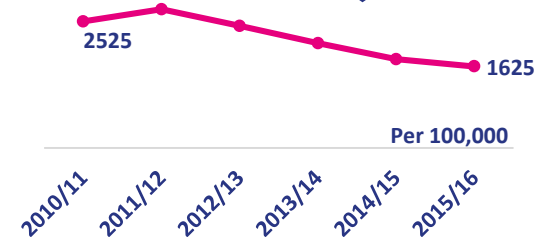
Falls



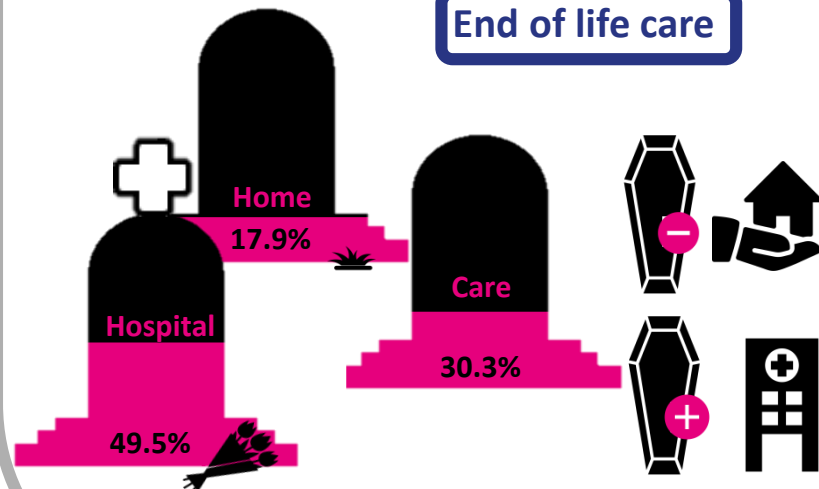
Significant reductions in emergency hospital admissions resulting from falls (aged 65 and over) in the last 5 years



-1,141 per 100,000³



End of life care



Almost half of adults aged 85+ die in hospital

Significantly fewer adults aged 85 and over die in care homes

Significantly more adults aged 85 and over die in hospital

Local vs national picture

¹projections from the Projecting Older People Population Information System 2017. ² Requests for social care support can be used as a proxy indicator of social care demand, although it should be noted that this has limitations. ³ 2011/12-2015/16, recent data suggests a reverse in trend.

HEALTH AND WELLBEING BOARD

16 January 2018

Title:	Suicide Prevention Strategy		
Report of the Health and Wellbeing Board			
Open Report		For Decision	
Wards Affected:		Key Decision:	
All wards		Yes	
Report Author: Susan Lloyd, Consultant in Public Health		Contact Details: Tel: 020 8227 2799 E-mail: sue.lloyd@lbbd.gov.uk	
Sponsor: Matthew Cole, Director of Public Health			
Summary: The London Borough of Barking and Dagenham are committed to protecting the mental health of residents, one action in this commitment is to reduce the numbers of residents in the borough who take their own lives through suicide. The Suicide Prevention Strategy, written in partnership with the London Borough of Havering, which is presented to the board is the borough's commitment to addressing the causes of suicide, and to meeting the requirements set out by Public Health England to have a Suicide Prevention Strategy in place. The two boroughs share the same Coroner and have similar rail and road network issues, so it was reasonable approach to do this work in partnership. We did, however, recognise the difference between the two borough populations and recommended actions accordingly. The report has already been to the Havering Health and Wellbeing Board, and has been approved. Redbridge opted out of jointly developing this suicide prevention strategy, and the steering group are activity working with Redbridge to develop a joint delivery plan. The Barking and Dagenham and Havering strategy was developed through a community partnership approach. The partnership approach to developing the strategy had 2 mechanisms 1) a multi-agency steering group and 2) a workshop to engage wider partners. The full details of partners who have been involved are in the Suicide Prevention Strategy. The strategy also includes actions and a proposed governance framework.			
Recommendation(s) The Health and Wellbeing Board is recommended to agree: <ol style="list-style-type: none"> 1. To approve the Barking and Dagenham, Havering Suicide Prevention Strategy 2. Require the suicide prevention steering group to act to implement the Suicide Prevention Action Plan 3. Require six monthly progress reports on the delivery of the action plan 			

Reason(s)

These actions support the vision of the Health and Wellbeing Strategy to improve the health and wellbeing of residents and reduce health inequalities at every stage at people's lives.

1. Introduction and Background

- 1.1 The London Borough of Barking and Dagenham are committed to reducing the numbers of people in the borough who take their own lives through suicide, we have been working in partnership, including with the local Coroner, to put in place a Suicide Prevention Strategy and action plan.
- 1.2 The Suicide Prevention Strategy and actions are one of the deliverables of the LBBDD mental health strategy 2016 – 2018¹. The vision of the mental health strategy - preventing ill health, promoting wellbeing, housing, and living well, working well and a new model of social support are the drivers for the strategy.
- 1.3 It is important that the deliverables of the Mental Health Strategy and the suicide prevention strategy has clear links to other mental health work in the borough including the Thrive project, the Integrated Care Partnership and the STP mental health approach.
- 1.4 The Thrive work will support the aim and objectives of the Suicide Prevention Strategy.
- 1.5 In October 2017 the Board also agreed its support for the Mayor's Health Inequalities Strategy², which includes the Thrive aspiration to become a zero-suicide city, and to reduce suicide by 10% by 2020.
- 1.6 The Suicide Prevention Strategy has been written in partnership with London Borough of Havering, and it was approved by the London Borough of Havering Health and Wellbeing Board in November 2017.

2. Proposal and Issues

- 2.1 The Suicide Prevention Strategy is the borough's commitment to address the causes of suicide and to meet the requirements set out by Public Health England to have a Suicide Prevention Strategy in place.
- 2.2 The Joint DRAFT Suicide Prevention Strategy which has been written and consulted on using a partnership approach is Appendix A to this report.
- 2.3 The Suicide Prevention Strategy was developed and written in partnership with the London Borough of Havering, reflecting local partnership working.

¹ London Borough of Barking and Dagenham (2016) Mental Health Strategy. Available at <https://modgov.lbbd.gov.uk/Internet/documents/s107637/Appendix%20A%20-%20Mental%20Health%20Strategy%202016.pdf> Accessed 8 Dec 17

² Mayor's Health Inequalities Strategy, Better Health for All Londoners. DRAFT. <https://www.london.gov.uk/what-we-do/health/have-your-say-better-health-all-londoners?source=vanityurl>

- 2.4 Redbridge opted out of jointly developing this suicide prevention strategy, and the strategy steering group are actively working with Redbridge to develop a joint delivery plan.
- 2.5 Barking and Dagenham and Havering boroughs share the same coroner and have similar rail and road network issues, therefore it was reasonable approach to do this work in partnership. We do however recognise the difference between the two borough populations.
- 2.6 The rates of suicide in Barking and Dagenham are marginally lower than rates for London and England. A total of 32 people in 3 years took their own life by suicide.
- 2.7 Every suicide affects between 6 to 60 people, the impact of suicide ripples through communities and has a negative impact.
- 2.8 There are 3 main risk factors that increase the risk of suicide, previous episodes of self-harm^{3 4}, mental illness⁵ and substance misuse⁶. The prevention and management of these issues are dealt with through other London Borough Barking and Dagenham approaches, however the Suicide Prevention Strategy takes these other approaches into account in the associated action plan.
- 2.9 The aims of the strategy are to reduce rates of suicide across Barking and Dagenham and Havering by 10% by 2020 and to ensure that people who are affected by suicide in our boroughs receive help and support.
- 2.10 Consultation on the strategy is recorded below, the Board is asked to approve the London Borough and Barking and Dagenham, and Havering Suicide Prevention Strategy.

3 Consultation

- 3.1 The partnership approach to developing the strategy was through 2 mechanisms 1) a multi-agency steering group and 2) a workshop to engage wider partners. The membership of the steering group is recorded in the strategy, as Appendix 2, and the agencies that attended the workshop are recorded in the strategy as Appendix 3.
- 3.2 The multi-agency Suicide Prevention Steering Group included representatives from London Boroughs of Barking and Dagenham and Redbridge, BHR clinical

³ London Borough of Barking and Dagenham Children Safeguarding Board
<https://www.lbbd.gov.uk/residents/children-young-people-and-families/safeguarding-at-risk-children/overview/>

⁴ London Borough of Barking and Dagenham Adult Safeguarding Board
<https://www.lbbd.gov.uk/residents/health-and-social-care/adults-care-and-support/safeguarding-adults/safeguarding-adults-overview/>

⁵ London Borough of Barking and Dagenham Mental Health Strategy (2016) available at
<https://modgov.lbbd.gov.uk/Internet/documents/s107637/Appendix%20A%20-%20Mental%20Health%20Strategy%202016.pdf> Accessed 20 Oct 17

⁶ London Borough of Barking and Dagenham Substance Misuse Strategy (2016) available at
http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwjwoJWWsf_WAhVHQBoKHXUVBYQQFggsMAE&url=http%3A%2F%2Fbarking-dagenham.limehouse.co.uk%2Ffile%2F4207419&usq=AOvVaw29YDF0TrZFhV6RgHtjp8G0 Accessed 20 Oct 17

commissioning group, the Metropolitan Police Service, the Probation Service, rail services, Barking, Havering, and Redbridge University Hospitals NHS Trust (BHRUT), North East London Foundation Trust (NELFT), and London Ambulance Service.

- 3.3 A workshop to ensure that the Suicide Prevention Strategy and Action Plan reflects the reality of needs and services in Barking and Dagenham was held on 18 October 2017.
- 3.4 Attendees at the workshop provided expertise across the life course and patient and user experience.
- 3.5 Actions and the outcome of the workshop are included in the Suicide Prevention Strategy.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

The Barking and Dagenham JSNA directs us to the Department of Health Suicide Prevention Strategy⁷.

4.2 Health and Wellbeing Strategy

The Suicide Prevention Strategy supports the mental health ambitions of the borough's Health and Wellbeing Strategy:

Primary school children:

More children are developing coping and rebound skills to manage life stresses

Adolescence:

More adolescents are developing coping and rebound skills to manage life stresses

Early adulthood:

Fewer young adults smoke and/or problematically use alcohol or illegal drugs

Established adults:

Fewer adults with depression require hospital admission because of better community care and support

More adults have better access to community based urgent care services in ways that suit their work life balance

Fewer established adults smoke and/or problematically use alcohol or illegal drugs

Older adults:

More older adults with depression are recognised in primary care and referred for treatment

More adults have better access to community based urgent care services in ways that suit their life

Fewer established adults smoke and/or problematically use alcohol or illegal drugs

More older people are actively engaged in their community.

⁷ Department of Health (2012) Suicide Prevention Strategy. Available at <https://www.gov.uk/government/publications/suicide-prevention-strategy-launched> accessed 2nd October 2017

4.3 Financial Implications

Financial Implications completed by: Katherine Heffernan, Finance Service Group Manager

This report makes recommendations for the approval and implementation of the Suicide Prevention Strategy and Action Plan of the Council. The Public Health Grant currently funds the programme.

There are no direct financial implications arising from this report but any increase in activity around the programme would need to be contained within the current budget resources of Public Health Services.

4.4 Legal Implications

Legal Implications completed by: Dr. Paul Feild Senior Governance Lawyer

The Health and Wellbeing Board is established under Section 194 of the Health and Social Care Act 2012. The primary duty of the Health and Wellbeing Board is to encourage those who arrange for the provision of health or social care services to work in an integrated manner. The authors of the Draft Suicide Prevention Strategy have identified measures and actions to be taken to reduce suicides in this borough and our neighbouring borough Havering and its best prospect to reduce the number of suicides will be through the integrated working with its partnering organisations.

Public Background Papers Used in the Preparation of the Report:

List of Appendices:

Appendix A - DRAFT suicide prevention strategy

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HEALTH AND WELLBEING BOARD

16 January 2018

Title:	Local Account 2016/17		
Report of the Cabinet Member for Adult Social Care and Health			
Open Report		For Information	
Wards Affected: All		Key Decision: No	
Report Author:		Contact Details:	
Jolene Davis, Information and Advice Manager, Adults' Commissioning		Tel: 020 8227 2828 Jolene.davis@lbbd.gov.uk	
Sponsor: Councillor Worby, Cabinet Member for Adult Social Care and Health			
Summary:			
<p>Every year the local authority produces an Adult Social Care Local Account. The Local Account is the Council's statement to the local community and service users about the quality of social care services in Barking and Dagenham.</p> <p>In the past the Local Account has been a substantive report but this year it was decided it should be shorter, to the point, and representative of the views of residents and services, so the Council have produced the Local Account for 2016/17 as a 6-page leaflet.</p> <p>The leaflet will be available online and in printed format in key locations across the Borough. The leaflet will be on the Council's Care and Support Hub and linked to the main Council website. http://careandsupport.lbbd.gov.uk/localaccount</p>			
Recommendation(s)			
<p>The Health and Wellbeing Board is recommended to:</p> <ul style="list-style-type: none"> • Note the content of the Local Account • Comment on the Local Account and raise any questions or concerns that they have. 			
Reason(s)			
<p>The Local Account is the basis of an on-going 'conversation' about the quality and future development of social care services. It is the Council's way of accounting to the local community for the quality of its services and is an essential component of the sector-led improvement work taking place nationally, and particularly in London for Adult Social Care.</p>			

The Local Account supports the Borough's vision of: 'One borough; one community; London's growth opportunity' and particularly the priority of 'enabling social responsibility'. One of the guiding principles underpinning Adult Social Care in Barking and Dagenham is that of giving service users meaningful choice and control over the care and support that they receive. The Borough is committed to working with the local community to help create a Borough that supports wellbeing, promotes independence and encourages residents to lead active lifestyles as far as they possibly can. This is championed through our own services, the work of our service providers and our health Partners in order that we are all working together to provide the best outcomes for our residents who need social care in Barking and Dagenham. The Local Account outlines how far we have achieved our vision and priorities, as well as the areas in which we need to develop and improve.

1. Introduction and Background

- 1.1 The Local Account is the Council's statement to the local community and service users about the quality of social care services in Barking and Dagenham.
- 1.2 The Local Account looks backwards to the achievements of the previous year and looks at the areas which require improvement or development, including the key activities which will take place in the year ahead. It also gives an overview of social care performance, as well as how much has been spent on social care services, in the previous financial year.
- 1.3 The Local Account is a way of opening up information on adult social care. It should foster a conversation between the Council, service providers, commissioners, service users and the public. The Local Account should empower people to challenge or commend local services as they see fit. It should promote accountability and engagement, delivering a clear account of adult social care services which can be disseminated, discussed and challenged, with services being improved as a result.
- 1.4 Every local authority with social care responsibilities should produce a Local Account. Although it is not a statutory document, the Local Account is a key feature of the sector-led improvement approach adopted by all local authorities to improving Adult Social Care services. Local Accounts provide local authorities with a key mechanism for demonstrating accountability for performance and outcomes at a national, regional and local level.

2 Local Account 2016/2017

- 2.1 This year's Local Account is the fifth to be produced in Barking and Dagenham and looks at work undertaken in the 2016/17 financial year.
- 2.3 The Local Account is broken down into the following key areas:
 - Change in Difficult Times
 - Personalising Care for Residents with Learning Disabilities
 - Enabling Longer, Healthier Lives

- 2016/17 Finances at a Glance
- The Year Ahead: 2017/18

3 Mandatory Implications

3.1 Joint Strategic Needs Assessment

The Local Account is a stocktake of the performance of adult social care in Barking & Dagenham and, as such, complements the identification of need and the priorities for future action described in the JSNA. The data from the annual returns, which is the basis for the performance section of the Local Account informs the refresh of the JSNA.

3.2 Health and Wellbeing Strategy

The commitments set out in the Health & Wellbeing Strategy are consistent with the views expressed in the Local Account as to the future development of social care services: towards more integrated delivery and greater personalisation. The two documents therefore complement each other and, where the Local Account may flag up issues not dealt with in detail in the Strategy, the broad thrust for the future of social care remains consistent.

3.3 Integration

Integration is a theme that occurs in a number of places in the Local Account, and work with partners in the development of integrated services and improving the experience of local residents in accessing health and social care services.

3.4 Financial Implications

Financial Implications completed by: Katherine Heffernan, Group Finance Manager

There are no direct financial implications arising from this report and any costs associated with preparing and publishing the local account have been managed within existing resources.

3.5 Legal Implications

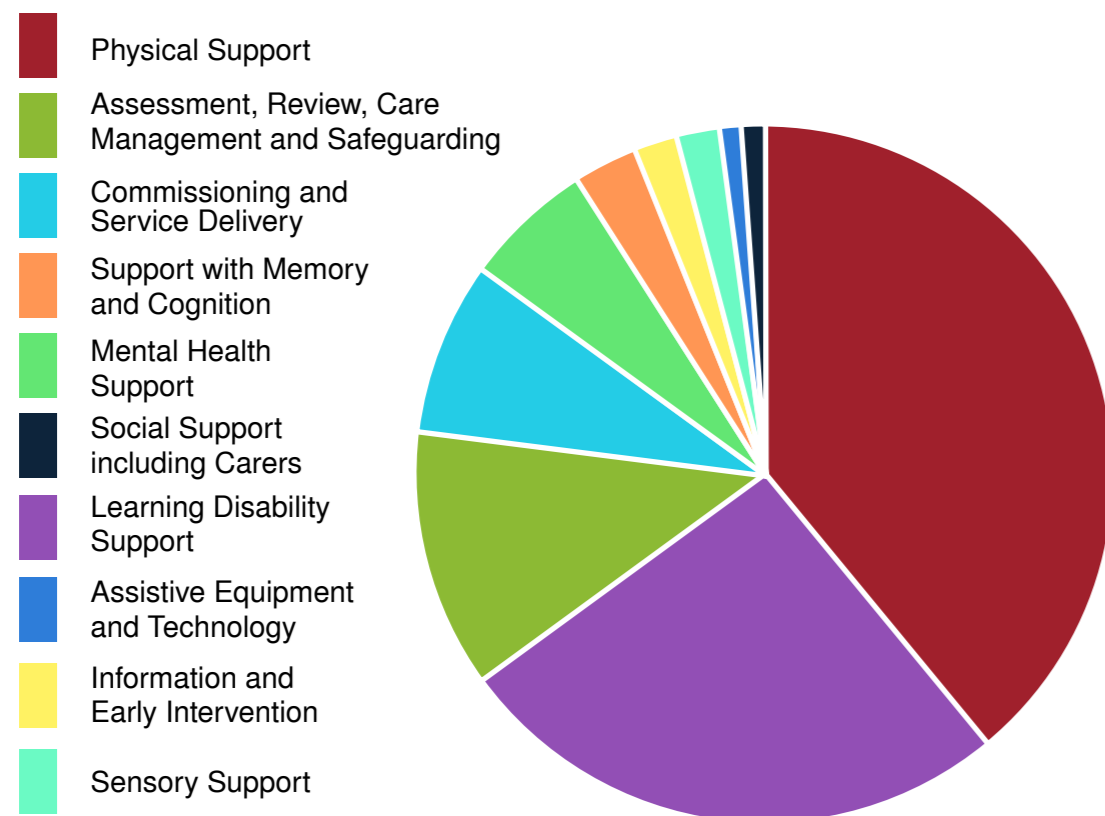
Legal Implications completed by: Dr Paul Feild

There are no specific legal obligations to publish a local Account, nevertheless it is a signifier of good practice and accountability, serving to give the community and stakeholders a timely bulletin on how well the authority is performing its social care responsibilities.

4. List of Appendices:

Appendix 1: Local Account 2016/17

2016/17 Finances at a Glance



The Year Ahead: 2017/18

We are proud of the progress we have made in the past year, but our challenges are far from over.

In 2017/18 we face a **pressure** of nearly £5m on our adult's care and support budget, rising to nearly £6m the following year. Our **population** is likely to increase by between 2-3% in the next year, and demand for services will grow even faster. At the same time our most important partner — the NHS — is experiencing a funding crisis worse than ever before. Recent announcements of additional funding will help us to manage our services in the short term, but savings still need to be made if we going to be able to offer sustainable services moving forward.

Our response to these difficult times will be, as always, to **innovate** and improve our services, delivering long-term savings and, most importantly, better outcomes for residents. Our new **All-Age Disability Service** went live in May, and we are looking forward to seeing the improvements it will bring. We are also preparing to implement a new IT system at all levels of adult's and children's care and support. This system — **Liquid Logic** — will enable more sophisticated use of data, and more efficient processes for practitioners, thereby improving services and delivering savings on a long-term basis.

Despite our progress, we know that too many services are not receiving the CQC assessments residents deserve. We will be more proactive in driving the safety, quality and satisfaction with local services.

We are working to improve the care services available to residents by strengthening the stability, quality and variety of services offered by providers in Barking and Dagenham. To make the most of this we will be further expanding the use of personal budgets, enabling residents the independence to tailor their services to meet their needs. However, we also understand that independence can sometimes mean social isolation. We will further investigate how to combat social isolation within our community, and ensure every resident is part of a healthy, resilient community.

We know that, given the challenges we face, our top priority must and will be to maintain **safe and secure** services for our residents. It is crucial that we continue to get the basics right, and keep our residents safe, as we build more sustainable services for the future.



Service	18-64	65+	Total
Physical Support	£ 4,761,000	£ 11,986,000	£ 16,747,000
Sensory Support	£ 206,000	£ 397,000	£ 603,000
Support with Memory and Cognition	£ -	£ 1,409,000	£ 1,409,000
Learning Disability Support	£ 10,154,000	£ 1,110,000	£ 11,264,000
Mental Health Support	£ 1,969,000	£ 640,000	£ 2,609,000
Social Support including Carers	-	-	£ 345,000
Assistive Equipment and Technology	-	-	£ 586,000
Assessment, Review, Care Management and Safeguarding	-	-	£ 5,237,000
Information and Early Intervention	-	-	£ 921,000
Commissioning and Service Delivery	-	-	£ 3,318,000
Total	-	-	£ 43,039,000

Total Expenditure (- capital) = £43m

For more detailed information about our budget(s) visit:

<https://www.lbdd.gov.uk/council/performance-and-spending/council-finance-and-budgets/>

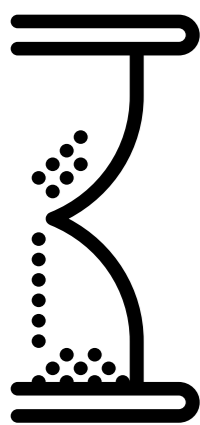


In Barking and Dagenham we are proud of the adult social care services we deliver for our residents. Through tough times our staff continue to deliver safe and secure services to those in need. From those managing learning disabilities or mental health issues, with physical or sensory challenges, or older residents trying to live independent lives, we understand the importance of getting the basics right.

We also understand that one size does not fit all. So we continue to lead the way in giving people the money to buy the care they need themselves, allowing them to personalise their care and have more control over how services meet their own needs.

But there are local challenges in the range of care available, and we are working hard to improve the stability, quality and variety of services on offer. Through working with providers, residents and other partners we will create a market strong and flexible enough to deliver for even more residents using personal budgets to manage their own care in the future.

This year we have seen a substantial decrease in the number of people staying in hospital longer than they need to, meaning more people can lead healthier, independent lives. However this has presented a challenge regarding the money we spend supporting residents leaving hospital, and we know we have to adapt to continue this progress.



Change in Difficult Times

These are difficult times for social care across the country, and Barking and Dagenham is no different. Our **population** is growing fast — projected to reach 275,000 by 2037 — and our needs are changing and increasing with it, further growing demand. In practice this means even more **pressure** on already strained budgets.

In Barking and Dagenham we know that to meet these challenges we have to design and deliver improved services for less money; to do more with less. That's why over the past year we have made some smart changes to the structure of our services. We have created a brand new

All-Age Disability Service, bringing together physical, sensory and learning disability services for both children and adults into a single team, taking a 'whole life' approach to planning people's care needs and helping them to meet their aspirations for life.

The Council's new **Community Solutions** services goes live in October 2017, which will create a single 'front-door' for every resident who thinks they need help, whether that concerns social care, housing, welfare, employment or other issues. This will identify and resolve the root cause of



an individual's or family's problems, helping residents to maintain their independence and resilience.

We have done all of this while maintaining a **safe and secure** service for our residents, and delivering on substantial **savings** needed to meet the pressures we face.

Our recently launched Borough Manifesto shows that partners across Barking and Dagenham share the ambition to make this borough '**a place which supports residents to achieve independent, healthy, safe and fulfilling lives**'.

Personalising Care for Residents with Learning Disabilities

Vital to our work to improve services and manage demand are our efforts to **personalise** the care we offer to residents. We know that those who receive truly personalised care have the

potential to be more healthy, independent and to lead more fulfilling lives.

Over the past year we acted on this knowledge by personalising the care available to residents with learning disabilities currently receiving supported living services.

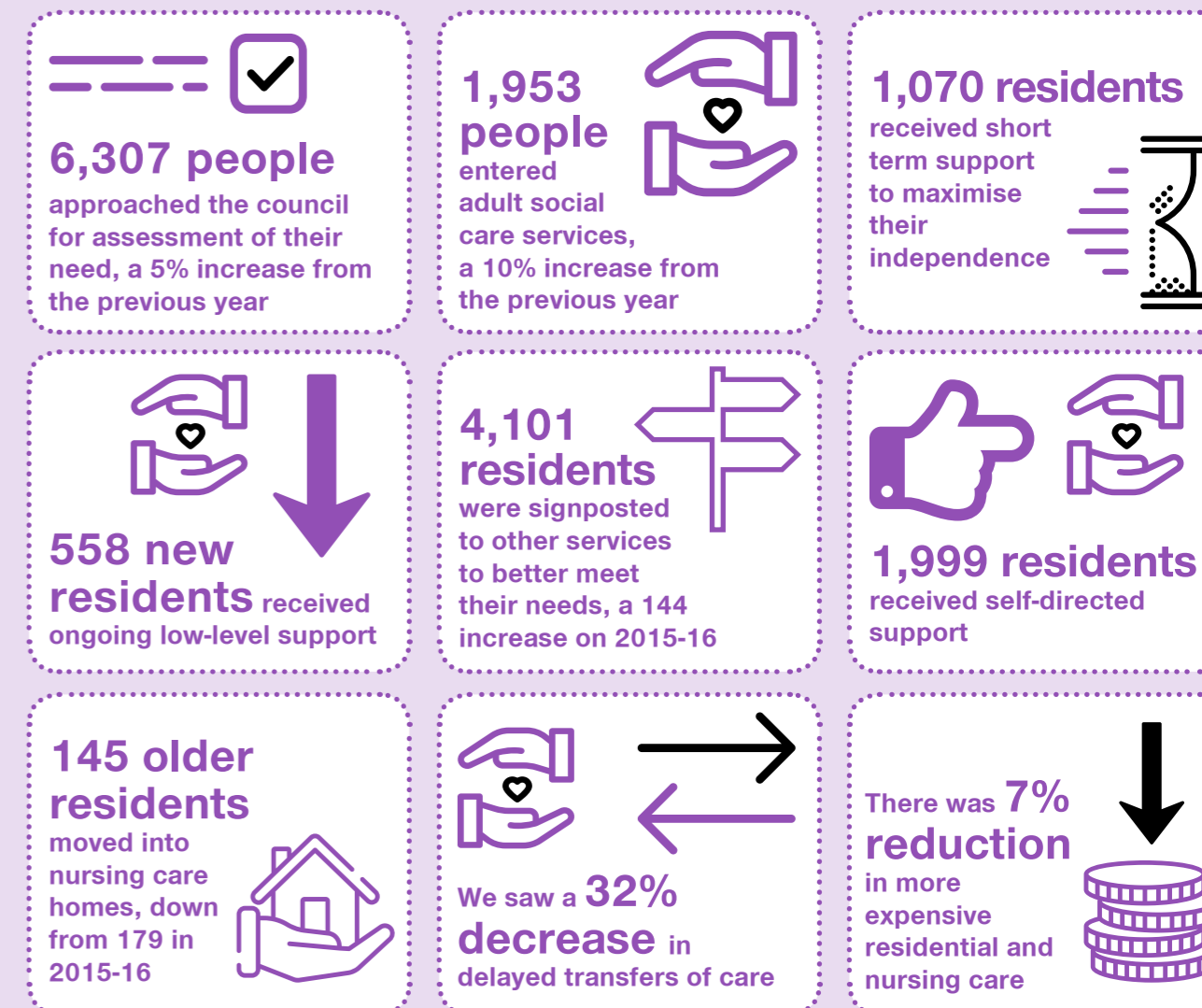
We recognised that the needs of many individuals in the supported living services are best served by a 'core and add on' model, whereby we commission providers for the core services, but make available the remaining funds to be used by each resident



Enabling Longer, Healthier Lives

To do this, we have to keep delivering high-quality, **sustainable** services to residents in need, we must manage the demand we face, and strengthen our **preventative** and empowering services.

Over the past year we have made substantial progress in this regard. In 2016/17:



This year we also gained valuable insights into the opinions of our service users:



With our population growing as fast as it is, and our demand is increasing even faster, this performance is an achievement in the most difficult of circumstances.

HEALTH AND WELLBEING BOARD

January 2018

Title:	Healthwatch programme of work – 17/18
Report of the Programme of work for Healthwatch Barking and Dagenham	
Open Report	For Information
Wards Affected: ALL	Key Decision: No
Report Author: Felicity Smith, Manager Healthwatch Barking and Dagenham, LifeLine Projects	Contact Details: E-mail: felicity.smith@healthwatchbarkinganddagenham.co.uk
Sponsor: Nathan Singleton, LifeLine Community Projects	
<p>Summary:</p> <p>In summary, this paper aims to:</p> <ul style="list-style-type: none"> - Inform the Health and Wellbeing Board about the areas of work scheduled to be undertaken by Healthwatch Barking and Dagenham for this financial year (from 1st August – 31st March 2018) - The staffing structure of Healthwatch Barking and Dagenham - Inform the Board about a number of consultations that are scheduled for release this year - Give the Board the opportunity to have input on the different project areas <p>Healthwatch Barking and Dagenham (HWBD) is the local champion for users of health and social care services across the borough. The programme is managed by LifeLine Projects, and specifically the FaithAction national team¹.</p> <p>The programme sets out an annual work plan, which is reviewed by the Borough quarterly as well as summarised in the year report every April which is sent to Healthwatch England, CQC and other stakeholders.</p> <p>The programme has been under LifeLine Project's management since 1 August 2017.</p>	
Recommendation(s)	
<p>The Health and Wellbeing Board is recommended to:</p> <p>(i) Consider the plan of work, and input on any areas that would be relevant</p>	
Reason(s)	

¹ The FaithAction national team has had experience working in the Health and Social care sector since 2008. The team have been a part of the voluntary sector strategic partnership and now are part of the VCSE Health and Wellbeing Alliance – working to NHS England, Department of Health and Public Health England.

To highlight to the Board the areas of work scheduled for Healthwatch Barking and Dagenham until 31st March 2018 which will be reported against in the annual report.

1 Introduction and Background

- 1.1 Healthwatch is an independent champion for the public for both health and social care. It exists at both a national level – Healthwatch England and a local level – Healthwatch.
- 1.2 The aim of Healthwatch (local) is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their borough. Local Healthwatch also provides information and signposts individuals to services that might assist them or further information.
- 1.3 Under the Health and Social Care Act 2012, the Local Authority (in this case, London Borough of Barking and Dagenham) has a duty to commission a local Healthwatch organisation. National guidance establishes some of the services that Healthwatch must deliver, but local specification is up to local authorities and the local Healthwatch's Board.
- 1.4 All work that is undertaken by Healthwatch has to be driven by feedback from residents of that Borough.
- 1.5 LifeLine Projects took over the management of Healthwatch Barking and Dagenham on 1st August 2017, with the team moving to LifeLine's premises on the 1st September 2017.
- 1.6 The contract is for 2 years, with the possibility to extend for a further 2 years one year at a time.

2 Work plan

- 2.1 The work plan this year has been designed by the feedback of residents through the staff working on Healthwatch. It has been authorised by the Healthwatch Board and the Borough.

Enter and View visits

- 2.2 Enter and Views are carried out under section 221 of the Health and Social Care Act 2012. It imposes duties on certain health and social care providers to allow authorized representatives of local Healthwatch organisations to enter premises and carry out observations for the purposes of Healthwatch activity.
- 2.3 Healthwatch can enter certain health and social care premises to view the care being provided. This includes premises such as hospitals, care homes and doctors' surgeries etc. All Enter and View locations are identified through feedback from residents of the borough and those that use the services.
- 2.4 Enter and Views can be announced or unannounced. Typically, Healthwatch Barking and Dagenham would undertake announced visits unless there is a clear case for unannounced visits to take place. This is determined by the project team. During visits, Authorised Representatives who have received training, designed by Healthwatch England, will observe and speak to service users about their experiences of the visited location in order to collect evidence on the quality and

standard of the services being provided. Representatives will also speak to staff and relatives.

2.5 All Enter and View visits are written up into a report which gives evidence-based feedback to organisations responsible for delivering and commissioning services. Those responsible for the service are expected by law to respond back in 21 working days. Reports are then made public – through putting them on the Healthwatch website as well as sending them to Healthwatch England, CQC, London Borough of Barking and Dagenham and others.

2.6 This year, Healthwatch Barking and Dagenham will be carrying out Enter and View visits to:

- BHRUT Oncology services at Queen’s Hospital – this was carried out in September with the report about to be released – announced visit
- A GP practice where residents have highlighted that it’s difficult to speak to their GP and they are limited on time and issues they can highlight to their GP in an appointment – this will be an unannounced visit
- A final location was a care home, however after discussing it with the CQC we have decided to revisit this location next year. Therefore, we are still deciding on the third location.

2.7 By the end of the financial year, we would have carried out three Enter and View visits with the reports being available on our website.

World mental health day

2.8 Healthwatch Barking and Dagenham led on a Marketplace of activities on the 10th October 2017 which was held in Barking Learning Centre and was attended by over 200 residents. The afternoon session had a number of stands that offered services to those suffering from mental health issues and others. Stall holders included:

- Barking Job Shop and OHS team
- Adult college of Barking and Dagenham
- Lookahead Barking and Dagenham
- DABD
- Job Centre Plus
- Barking and Dagenham Volunteer Centre
- Barking and Dagenham College
- Bath Haus Spa – who provided massages to those who attended
- Blue Bird Homecare
- Westminster Homecare

- NELFT (Talking Therapies)
- PoHwer
- Community Resources
- Peaced Together – a local project working with isolated women)

2.9 At the afternoon, 17 residents had health checks and a number of residents spoke to the Healthwatch Barking and Dagenham team about their concerns related to health and social care services locally.

2.10 Healthwatch Barking and Dagenham is keen to start a task and finish group to plan World Mental Health Day for 2018 for activities to take place across the borough.

Raising awareness of Healthwatch Barking and Dagenham

2.11 A big piece of work this year is focused on raising awareness of Healthwatch to residents of Barking and Dagenham. This includes doing street engagement, and having a larger presence on social media. From these things, we hope to engage more residents in our programmes, including Enter and View, as well as hearing more about services locally.

2.12 This work has already begun, with all the Healthwatch team receiving training from LifeLine's communication department on how best to use social media and we are currently undergoing trials on different formats to find out what gets the best engagement.

2.13 Each year, local Healthwatch's are tasked to do an annual survey to assess the impact of Healthwatch in the local borough. The last time this was done was in 2015/2016. Therefore, there is a large amount of work going into this this year.

2.14 This year, we are also bringing back e-bulletins which will be sent out bi-monthly to those who have signed up to the Healthwatch mailing list. This will bring individuals up to date with our latest work as well as informing them on consultations that are currently taking place.

Dementia services across the borough

2.15 Having heard mixed feedback on how dementia services are connected in the Borough and with the growing focus on this area, Healthwatch is undertaking a piece of work to assess the links between these services and ensuring that they are service residents well.

2.16 This will conclude with a report on services – which will be launched at the end of the financial year.

Volunteers

2.17 Healthwatch Barking and Dagenham has a few volunteers; however, we will be doing a more targeted push on volunteers this year which will help us have support in the coming years. We are aiming for a Healthwatch champion in each ward of the borough by the end of the financial year.

Education, Health and Care Plan (EHCP)

- 2.18 EHCP plans are currently being worked on in the borough, the personalised plans need to be done with the parent and child at the centre of the process. The council has duties to monitor provision and arrangements for each child with a EHCP.
- 2.19 Based on feedback already received, there are a few residents with concerns about the process. This year, Healthwatch is pulling together those voices to see if there is an area of work for next year.

Representation

2.20 Healthwatch continues to be represented on the following groups and board:

- Health and Wellbeing Board
- Health and Wellbeing Board Mental Health sub-group
- Health and Wellbeing Board Child and Maternity sub-group
- Health and Wellbeing Board sub-group – Learning Disabilities partnership board
- Barking and Dagenham Patient Engagement Forum
- BHR CCG Local informal keeping in touch meeting
- Healthwatch leads meeting
- NELFT integrated patient experience partnership
- Local quality surveillance group
- Health and Adult Social Care Scrutiny Committee
- Joint Health Overview Scrutiny Committee
- STP cross borough Healthwatch engagement
- East London Health Care Partnership
- Carers Strategy Group

3 Mandatory Implications

Joint Strategic Needs Assessment

- 3.1 When developing our annual plan, Healthwatch Barking and Dagenham have been mindful of the content and data of the Joint Strategic Needs Assessment

Joint Health and Wellbeing Strategy

- 3.2 The Healthwatch work plan encompasses the four themes of the Health and Wellbeing Strategy:

- Care and Support: ensuring residents have the choice and control over the shape of the care and support they receive in care settings
- Improvement and integration of services: Ensuring services are person-centred and catering for the individual, and sharing best practice
- Protection and Safeguarding: acting on feedback received about services which are poor and put patients at risk from ill treatment or further areas of concern.
- Prevention: Sharing information to support local people to make lifestyle choices at an individual level which will positively improve the quality and length of their life

Integration

3.3 Healthwatch Barking and Dagenham continue to have discussions with other Healthwatch's in the area, as well as involvement with the STP development.

3.4 Financial Implication

Financial Implications completed by Katherine Heffernan, Service Finance Group Manager

The Council has procured the management of the Healthwatch programme through a contract with LifeLine Project. The total value of the contract in 2017/18, pro rata, is £83,640. There is sufficient funding for the contract value within the existing resources of Adults Commissioning Services.

3.5 Legal Implications

Legal Implications completed by: Dr. Paul Feild Senior Governance Lawyer

Part 5 Chapters 1 and 2 of the health and Social Care Act 2012 established Healthwatch England and a requirement for local authorities under the Local Government and Public Involvement in Health Act 2007 to commission a local Healthwatch which will be required amongst its functions to work in conjunction with Health and Well-Being Boards, though a local Healthwatch organisation is independent. As stated in the body of the report the Secretary of State has directed core activities to be carried out by a local Healthwatch but in addition the local authority can set local objectives too. The local Healthwatch must produce an annual report for each financial year.

Risk Management

3.6 All those undertaking services for Healthwatch Barking and Dagenham (especially Enter and View visits) have undertaken the correct level of DBS clearance and training by an authorised member of staff.

3.7 The safeguarding procedure is the same as LifeLine Projects, with Healthwatch Barking and Dagenham staff receiving training.

3.8 Risks are managed monthly through LifeLine's 'scorecard' process, which is an internal process to register the risks related to the contract.

Patient / Service User Impact

- 3.9 Healthwatch Barking and Dagenham's work is built solely on the feedback of residents and the wider public. This feedback is either gathered from service users themselves (through engagement events, social media, or signposting services), or through meetings that the borough holds where Healthwatch has representation.
- 3.10 The Healthwatch reports which are published are all designed to reflect the views of the users of health and social care services in the Borough.

4 Non-mandatory Implications

Crime and Disorder

- 4.1 None

Safeguarding

- 4.2 All staff have updated DBS checks and have training on the safeguarding policy and safeguarding issues that they may face in their roles. Each member of staff is asked monthly if they have encountered any safeguarding issues, but there is the expectation that these are flagged through our procedure before this point.

Property / Assets

- 4.3 Healthwatch Barking and Dagenham are now based at LifeLine House, Neville Road, Dagenham, Essex RM8 3QS in a separate portacabin which is more accessible to the public.

Customer Impact

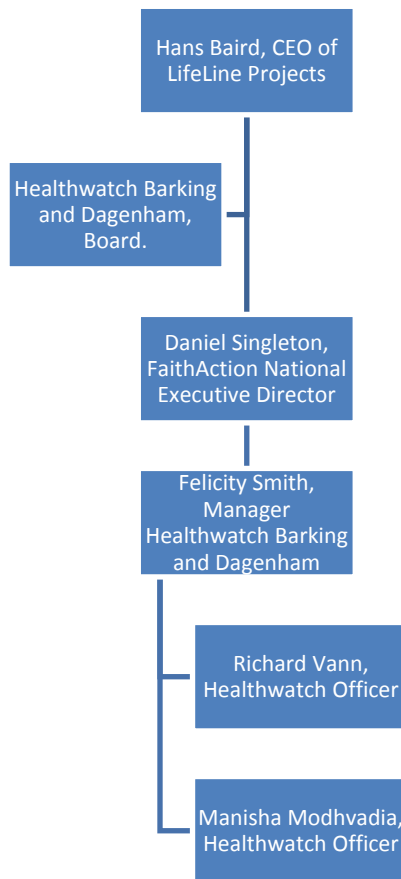
- 4.4 Healthwatch Barking and Dagenham's work is built solely on the feedback of residents and the wider public. This feedback is either gathered from service users themselves (through engagement events, social media, or signposting services), or through meetings that the borough holds where Healthwatch has representation.
- 4.5 The Healthwatch reports which are published are all designed to reflect the views of the users of health and social care services in the Borough.

Contractual Issues

- 4.6 LifeLine Projects is contracted to deliver Healthwatch Barking and Dagenham until 31st July 2019 with an additional two years' extension made up of commissioning a year at a time.

Staffing issues

- 4.7 The staffing of Healthwatch Barking and Dagenham is made up of 2 individuals and management support from LifeLine Projects.



4.8 The team also receive support from the Healthwatch Barking and Dagenham Board which is made up of 5 individuals and a Chair from LifeLine Projects. The Board meets every quarter to receive an update and raise concerns (if any) to the project team. The Board is contacted about other issues during the quarter but may not formally meet.

Public Background Papers Used in the Preparation of the Report:

- The Joint Strategic Needs Assessment

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HEALTH AND WELLBEING BOARD

16 January 2018

Title:	Barking and Dagenham's Better Care Fund Section 75 Agreement (Pooled Budget 2017/18) Deed of Variation to pooled budget 2016/17 S.75 agreement.	
Report of: Strategic Director for Service Development & Integration		
Open Report		For Information
Wards Affected: ALL		Key Decision: No
Report Author: David Millen, Integrated Care Delivery Manager		Contact Details: Tel: 0208 227 2370 E-mail: david.millen@lbbd.gov.uk
Sponsor: Anne Bristow, Deputy Chief Executive and Strategic Director, Service Development & Integration		
Summary:		
<p>The Health & Wellbeing Board has received updates on the agreement of the Better Care Fund at its previous meetings. Having delegated authority to the Deputy Chief Executive for the approval and submission of the joint plan with Havering and Redbridge, it was duly submitted and approved by NHS England. This followed some negotiation on the final targets for Delayed Transfers of Care (DToC), which has now been resolved.</p>		
<p>As previously advised, it is a national requirement of the Better Care Fund that the borough enter into a Section 75 agreement to govern the deployment of the funds and joint performance management of the plan with NHS partners. Given the delayed national timescales for submission of the plan, for the current year it is intended to agree a Deed of Variation to amend the existing Section 75 agreement. The changes required will be included in new schedules. Work can then focus on agreeing the integrated governance arrangements to begin in 2018/19 as part of the Integrated Care Partnership with Havering and Redbridge.</p>		
<p>National guidance asked that Section 75 arrangements were in place by the end of November. However, given the delayed submission timescales, and the negotiations that we needed on the DToC targets, this was not practical. The agreement of Section 75 arrangements this late in the financial year nonetheless aligns the arrangements in Barking & Dagenham, Havering and Redbridge, and therefore provides the basis for integrating the agreement in 2018/19.</p>		
<p>The principal amendments to previous Section 75 agreements are in the governance and finance schedules, and in the plan itself. Copies of these documents are included as appendices to this report for Board members' information.</p>		

Recommendation(s)

The Health and Wellbeing Board is recommended to:

- (i) Agree to the retrospective expenditure which has taken place during this financial year, and agree to continue the section 75 Agreement (Pooled Fund) with NHS BARKING AND DAGENHAM CLINICAL COMMISSIONING GROUP (“BDCCG”), on the terms and conditions outlined in this report along with any ancillary legal agreements (i.e. the Deed of Variation) necessary for the joint administration of the Better Care Fund Plan for Barking and Dagenham.
- (ii) Delegate authority to the Deputy Chief Executive, in consultation with the Cabinet Member for Social Care and Health Integration and the Director of Law & Governance, to approve the Deed of Variation for 2017/18;
- (iii) Agree in principal that a Section 75 agreement for 2018/19 would be pursued jointly with Havering and Redbridge, and note that a further request for delegated authority will be brought to the Board in due course.

1 Introduction and Background

- 1.1 It is a requirement of the Better Care Fund (BCF) planning guidance that we are required to have a form of Section 75 agreement in place to support the pooled fund within Barking and Dagenham. The pooled fund has, in this current year, been enhanced by additional Better Care Fund funding and the new Social Care Grant monies. These have increased the BCF pool by £5.429m in this financial year. The total pooled fund for 2017-18 is £21.758m. It should be noted that whilst the new social care grant monies were to form part of the pooled fund, these are subject to specific grant criteria which include the protection of social care, market sustainability, and improved Delayed Transfers of Care.
- 1.2 The governance structure is principally the Joint Executive Management Committee, which allows the monthly review of both performance and spend against the fund and consideration of risks and further actions required. This also allows consideration of matters that may require escalation, including matters for consideration of the HWBB itself.
- 1.3 Governance has also been enhanced by the development of the Joint Commissioning Board, strengthening both commissioning leadership and critically across the partners, broadening the scope and reach of commissioning activity and helping to steer further steps towards improved integration and innovation.
- 1.4 In the construction of the Deed of Variation, a pragmatic approach is being taken to the arrangements in the current financial year, setting out the changes in the pooled fund, governance, performance, and replacing former schemes of work with the plan itself. There was a tight delivery time for its completion given the delays by NHS England in the completion of guidance, including late changes, delays in their assurance process, and a requirement that arrangements not be formalised until assurance of the plan was achieved.

2 Principles to be applied for the development of a new Section 75 agreement:

- 2.1 We are currently preparing a new Section 75 agreement for 2018-19 which will seek to reflect the following principles, taking us towards closer integration, whilst considering what is achievable between now and April 2018:
- The provision of a single S.75 agreement across the partners – encompassing LB Barking and Dagenham, LB Havering, LB Redbridge, and the joint Clinical Commissioning Groups for BHR;
 - Each partner to have a dedicated schedule reflecting their interests and contributory resources, with aligned funding pools rather than the delivery of single pooled funds across the partners. In this way, areas such as intermediate care will have clearly identifiable resources, strengthening of lead commissioners (with agree delegations) where this makes sense to do so with progress in the development of a provider alliance, with organisational commissioners retaining budgetary responsibility and

accountability but avoid at this point the implications that a single pool ambition might bring.

- Plans will also strengthen delivery against key themes across BHR, which our current plan begins; these being: Protection of Social Care, Market sustainability, improved management of demand through work on intermediate care and care out of hospital.

3 Mandatory Implications

3.1 Financial Implications

Implications: (Katherine Heffernan, Group Manager, Finance)

This report seeks to agree the deed of variation reflecting the changes to the 2017-18 pooled fund for the iBCF which is currently £21.758m. The pooled fund has been further enhanced this year and the main changes between the 2016-17 pooled fund and this year includes;

1. An increase to the Local Authority's minimum contribution to the pool which previously was only the Disabled Facilities grant (DFG) but now includes £5.429m made up of the improved BCF grant allocation (£1.044m) and additional grant funding for adult social care (£4.385m). There are conditions attached to this additional grant allocation which include meeting social care pressures, improving delayed transfers of care and supporting the care Market. The Local Authority would need to ensure that the grant funds are spent in line with these specific conditions to ensure that the funding is not clawed back, and future years funding reduced or suspended.
2. A 10% increase in the DFG allocation and the CCG's minimum allocation has also been increased by 1.9% inflation.
3. A reduction in the Local Authority's other base budget and public health grant contributions which are optional contributions have been reduced to reflect the focus of the new two-year iBCF Narrative plan agreed across the three-borough partnership.

3.1.2 The Local Authority as host of the pooled funds, would continue to report the progress on spend to the Joint Executive Management Committee (JEMC). All financial governance arrangements are set out in Schedule 3b.

3.1.3 The agreement also sets out the arrangements for dealing with under and over spends that may arise. The partners will work together to minimise the financial risks across the partnership but in the final instance the lead commissioner will bear any overspends that arise across their services. Where underspends are forecast, the partners will agree how to reinvest the funds which may include to support overspends elsewhere.

3.2 Legal Implications

Implications completed by Derron Jarell Regeneration Projects Lawyer

3.2.1 The agreed section 75 Agreement must be in place for the 2017/18 financial year. The BCF grant regime requires the Council to work jointly with the BDCCG. As

indicated at paragraph within the body of the report. Section 121 of the Care Act 2014 requires BCF arrangements to be underpinned by pooled funding arrangements. The intention therefore is to seek retrospective approval for the expenditure to date in financial year 2017/18 by entering into a Deed of Variation to previous 2016/17 partnership agreement pursuant to s75 of the National Health Service Act 2006 on the basis that it will lead to an improvement in the way the council and BDCCG's functions are exercised. The section 75 Agreement is the vehicle by which the services that are to be delivered, the mechanism for expenditure; and delivery of outcomes are clarified to ensure each party knows exactly how it will operate and to reduce the risk of disputes

- 3.2.2 Section 75 of the NHS Act 2006 (the “**Act**”) allows local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. Section 75 of the Act permits the formation of a pooled budget made up of contributions by both the Council and the BDCCG out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body and prescribed health-related functions of the local authority. The Act precludes CCGs from delegating any functions relating to family health services, the commissioning of surgery, radiotherapy, termination of pregnancies, endoscopy, the use of certain laser treatments and other invasive treatments and emergency ambulance services.

For local authorities, the services that can be included within section 75 arrangements are broad in scope and a detailed exclusions list is contained within Regulations of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000.

- 3.2.3 The body of this report and attached background documents describe the detailed arrangements that will be covered by the individual BCF projects and work streams, outlines the financial commitment of both organisations and outlines the governance structures and hosting arrangements for the pooled fund.
- 3.2.4 The governance arrangements will ensure that there is sufficient authority to take appropriate decisions and scrutiny of those decisions and the operation of the arrangements generally. This is outlined in Section [1 and/or 2] above, and will be included in detail within the Governance Schedule of the attached draft agreement.
- 3.2.5 A Section 75 agreement with the BDCCG in relation to the BCF is required to be in place before the beginning of the financial year 2018/19.
- 3.2.6 Work is underway to ensure that the S.75 schedules, which form a critical part of the agreement, are completed and agreed. The Council's legal department has been assisting on the provision of legal advice to the process alongside the BDCCG's legal representation in support of the partners through the development stage.
- 3.2.7 Prior to signing both partners will secure independent legal review of the final agreement.
- 3.2.8 The S.75 agreement is a vehicle for the delivery of the BCF plan. This plan was developed jointly across the BDCCG, the Council and involving other lay partners

and providers and aims to support the delivery of the Council's and BDCCG's strategic vision, supporting the achievement of effective, efficient and integrated community and neighbourhood facing services.

3.3 Joint Strategic Needs Assessment

The purpose of the Health and Wellbeing Board is to promote the health and wellbeing of the residents of Barking and Dagenham. This is achieved by focusing on integration of health and social care, delivery of improved health outcomes and efficiently reduce inequalities for those residents who live in the Borough, including those identified in the 2016 JSNA.

The JSNA set out a number of areas for improvement in the management of long-term conditions, avoiding hospital admission, and keeping people well in the community. The BCF plan that has been submitted sets ambitious plans for improving the hospital discharge process, avoiding admissions, and improving targeted support to individuals in the community, particularly frail older people and those with long-term conditions. The plan exceeds the JSNA's identified needs around delayed transfers of care.

3.4 Health and Wellbeing Strategy

The Health and Wellbeing Strategy includes key priorities including prevention, improvement and integration of services, care and support, protection and safeguarding. By focusing on improving out-of-hospital support, integration of services, and helping to get people home from hospital safely and quickly, the BCF plan will aid the Health and Wellbeing Board to deliver the Joint Health and Wellbeing strategy.

3.5 Integration

The Better Care Fund plan is fundamentally about integrating services more fully, including with partners in Redbridge and Havering, and therefore is central to the Board's statutory aim to promote integration of services. The proposed approach for the second year of the BCF seeks to further remove obstacles to delivering further progress.

3.6 Patient / Service User Impact

The approach taken seeks to balance the impact upon patients and service users, ensuring both timely discharges from acute care but equally, balancing these with the need to ensure that discharges are safe. This approach also enables the drawing of what works well across areas and service settings within the wider social care and health economy and for local application.

4. List of Appendices:

- Appendix 1 – Proposed Performance Arrangements, including sample dashboard
- Appendix 2 – Proposed Governance and Financial Management Arrangements
- Appendix 3 – Barking & Dagenham, Havering and Redbridge Better Care Fund Plan 2017-2019 (assured by NHS England)

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SCHEDULE 5(A)– PERFORMANCE ARRANGMENTS 2017/18

1. Introduction:

The Better Care Fund plan prided within schedule 6 establishes a range of performance measures which encompass both national conditions and local priorities. All parties recognise the need for a robust performance framework for delivery against the Better Care Fund Plan (BCF). The performance framework will ensure that parties have visibility and assurance relating to local progress in delivering iBCF priorities and the impact on national metrics and local Key Performance Indicators (KPIs). The framework will also provide assurance to any regional or national scrutiny.

Key outcomes for the BCF are:

- Reductions in emergency admissions (total non-elective admissions to hospital general and acute per 100,000 population) by 2.5 %
- Continued reduction of Delayed Transfers of Care against target trajectory as required by NHS England as part of our improved BCF plan submission
- Reduction in permanent admissions to permanent residential care
- Increasing the effectiveness of reablement services

Page 53 Delayed Transfers of Care have, within the life of the iBCF, become an increasing priority nationally, with both a desired reduction in acute beds and specific attribution of delayed days and targets to the BCF partners.

It is recognised that whilst iBCF is a key system component it is not the only set of contributors to performance outcomes, which will be influenced, not least by other service activity, actions by partners and other factors. Within the iBCF Individual schemes will I have a differential impact upon the agreed targets and each scheme therefore establishes specific outcomes and KPIs against which progress will be considered. These are set out within the Better Care Fund plan submission.

The JEMC will receive monthly reports setting out the progress made through our Better Care Fund in achieving the targets. Such progress is reported through the iBCF Dashboard a copy of which is provided below:

Sample iBCF dashboard:

Barking & Dagenham LA & CCG integration and Better Care Fund metrics report to the Joint Executive Management Committee

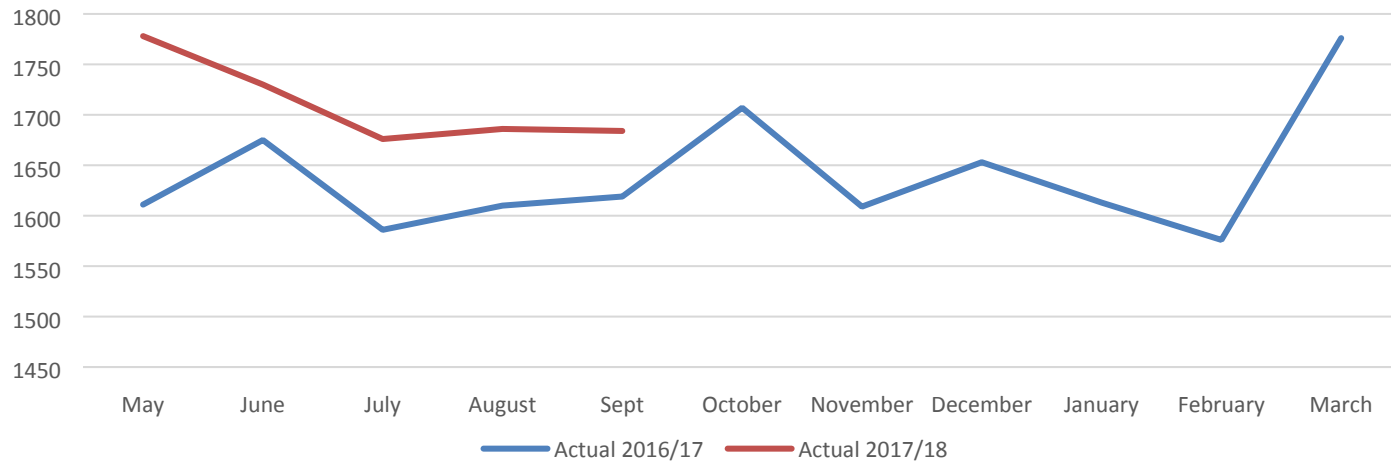
1. Emergency admissions to Hospital (General and Acute), all age per 100,000 population

Date : October 2017

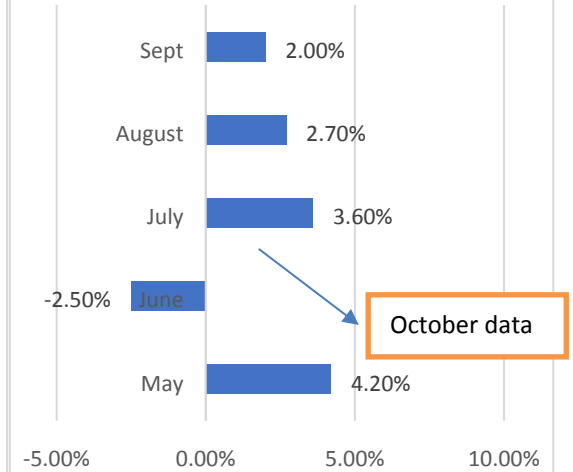
Source:

Definition	The national definition is non-elective admissions general and acute into hospital of all ages in the borough. The aim being to reduce non-elective admissions which can be sought by collaboration of health and social system.					How this indicator works	This indicator measures the total number of all non-elective admission (general & acute) of all ages in B&D. The figures shown below are per 100,000 resident population (ONS 12-13 estimate population of 198,409)					
What good looks like	Good performance is meeting the plan metrics. Effective systems are deemed to be ones where there are a number of effective community based services which can provide an alternative solution, where appropriate, to acute admissions.					Why this indicator is important	This is key performance metric for NHS England nationally and one which is a determinant of pressure upon costly acute services.					
History with this indicator	This indicator and its breadth (inclusion of all service user groups – incl maternity and children) has proved challenging. We have seen significant increases in presentations to hospital but which importantly haven't seen a pro rata translation into admissions.					Any issues to consider	Increased activity across the system as a whole. CCG are currently undertaking a management review of A & E attendances and this will be used to develop a demand management plan with GP Network.					
Emergency admissions (all ages) from SUS	May	June	July	August	Sept	October	November	December	January	February	March	Grand Total
Actual 2016/17	1611	1675	1586	1610	1619	1707	1609	1653	1613	1576	1776	19506
BCF OP Mapped(HWB)	1707	1775	1617	1641	1650	1724	1624	1669	1553	1517	1712	19746
Actual 2017/18	1778	1730	1676	1686	1684							10261
Actual 16/17 vs Actual 17/18	10.4%	3.3%	5.6%	4.7%	4.0%							7.2%
Variance Actual from plan	72	-45	59	44	33							313
Variance Actual from plan %	4.2%	-2.5%	3.6%	2.7%	2.0%							3.1%

Emergency admissions



Variance actual from plan %



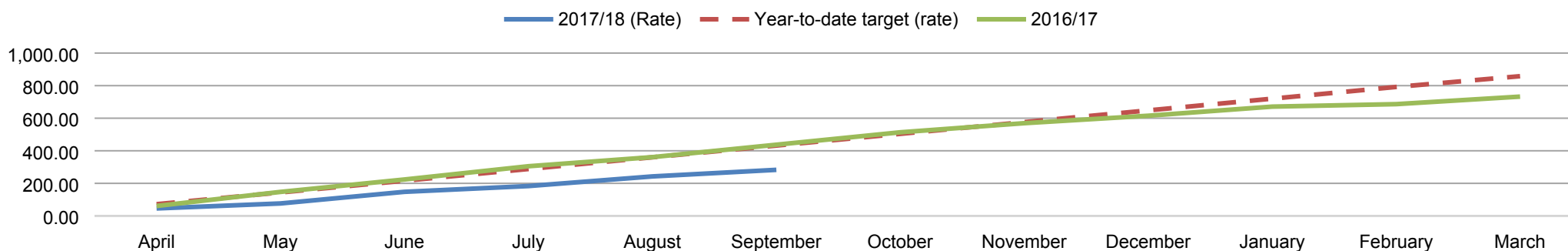
Performance Overview		Actions to sustain or improve performance	Health and Social Care Service work with at risk of admission patient groups. Operational resilience plans
RAG			
Benchmarking	<ul style="list-style-type: none"> Benchmarking information will be made available in the future reports 		

2. Permanent admissions into residential /nursing placements for older people (65+) per 100,000

Date: October 2017
Source: Adult Social Care

Definition	The national definition is admissions into care(residential/nursing) for older people 65+ in the borough. The aim is to reduce inappropriate admissions of older people (65+) into care.						How this indicator works	This indicator measures the total number of permanent admission into residential and care for older people 65+ in B&D. The figures shown below are per 100,000 of all residents.					
What good looks like	Good performance is below the target of 170 admissions per year, equivalent to 858.89 per 100,000.						Why this indicator is important	This indicator is one of the national metrics and supports local health and social care services to work together to reduce avoidable admissions					
History with this indicator	There was a significant reduction in admissions during 2016-17, when the rate fell to 732.6 from 913.0.						Any issues to consider	Residents who fund their own care are excluded from the measure.					
Admissions per 100,000 older people	April	May	June	July	August	Sept	October	November	December	January	February	March	
2016-17	61.01	147.44	223.70	305.05	360.97	437.24	513.50	569.42	615.18	671.11	686.36	732.60	
2017-18	45.90	76.51	147.91	183.28	242.51	282.93							

Page 56



Performance Overview	<ul style="list-style-type: none"> Performance in the year to date is better than the target and is significantly lower than the same period last year. The long-term trend remains positive. 	Actions to sustain or improve performance	Crisis Intervention and long-term community based care packages that enable people to remain in their homes.
RAG			
Benchmarking	2016-17 <ul style="list-style-type: none"> Adult Social Care Outcomes Framework comparator group average - 460.9 per 100,000 London average - 438.1 per 100,000 		

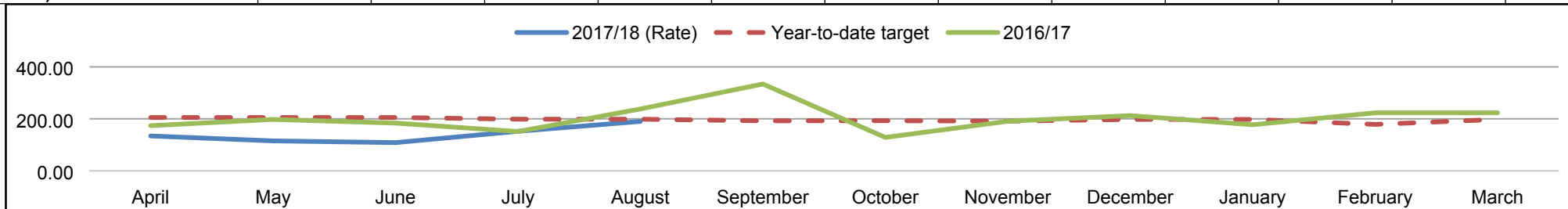
2. DTOC – Total Delayed Days in the Month (per 100,000 pop)

Date: October 2017
Source: NHS England

Definition	The national definition of a delayed transfer of care is when a patient is ready for transfer from acute care, but is still occupying an acute bed.	How this indicator works	This indicator measures the total number of delayed days recorded in the month regardless of the responsible organisation (social care/ NHS). The figures shown below are per 100,000 18+ residents. (18+ population of 144,677).
What good looks like	Good performance is below the monthly target.	Why this indicator is important	This indicator is important to measure as the average number of delayed days per month (per 100,000 pop) is included in the Better Care Fund performance monitoring.
History with this indicator	During 2016-17 the average number of delayed days per month was 202.7 per 100,000 people.	Any issues to consider	These figures are taken from NHS England and have not been

Delayed days (acute and non-acute)	April	May	June	July	August	Sept	October	Nov	December	January	February	March
2016-17	173.72	197.73	183.61	151.12	237.99	334.03	128.53	190.67	212.56	177.25	223.16	223.16
2017-18	134.18	115.11	108.52	152.06	190.08							
Target (those set by NHS England are shown in bold)	205.16	205.16	205.16	198.62	198.62	192.35	192.88	190.97	197.72	197.72	178.60	197.72

Page 57



Performance Overview	<ul style="list-style-type: none"> In the year to date our delayed delays have been consistently within the targets set by NHS England. The metric continues to be rated green, however there are a few areas of focused work that are being under taken to improve delays attributed to some providers. 	Actions to sustain or improve performance	<ul style="list-style-type: none"> Daily bed monitoring and performance reporting Improved communications with providers to facilitate safe and timely discharge
RAG			
Benchmarking	Last year for performance.		

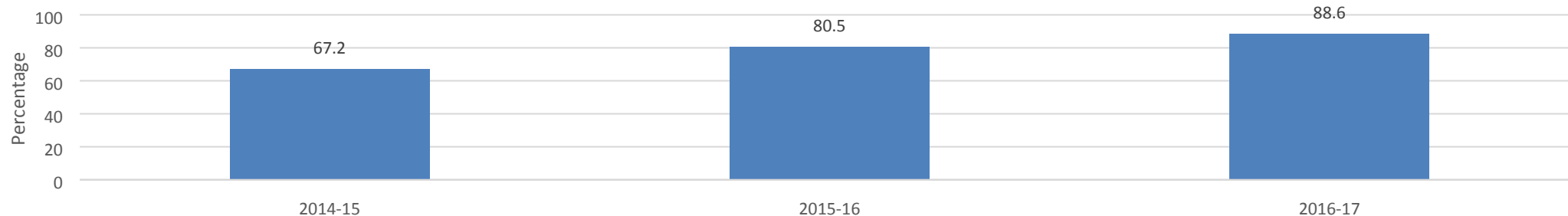
3. Proportion of older people 65+ still at home 91 days after discharge

Date: October 2017

Source: Adult Social Care

Definition	Older people still at home 91 days after discharge from hospital into reablement/rehabilitation services. The aim is to increase in effectiveness of reablement/rehabilitation services whilst ensuring those offered service does not decrease		How this indicator works	This indicator measures the total number of older people 65+ in B&D offered reablement services remaining at home 91 days after discharge. The figures shown below are per 100,000. (ONS 2016 population estimate of 144,677)
What good looks like	Increase in the number of older people aged 65 and over offered rehabilitation services following discharge from acute or community hospital remaining in their homes 91 days after discharge. A target of 85% has been set in order to ensure continued improvement in the metric.		Why this indicator is important	This one of the metric for the BCF that LBBD & CCG have agreed to add to national metrics.
History with this indicator	During the reporting period in 2015-16 60.5% of older people remained at home following their discharge from hospital		Any issues to consider	This is an annual indicator.
Year	2014/15	2015/16	2016/17	
Outturn	67.2	80.5	88.6	

Page 58



Performance Overview	<ul style="list-style-type: none"> The metric's performance for 2016-17 exceeded the target of 85%. The indicator has improved significantly for the second year in a row. 	Actions to sustain or improve performance	<ul style="list-style-type: none"> To improve communications with patients and their families to manage expectations around discharge Strengthening pathways out of hospital through Discharge 2 Assess
RAG			
Benchmarking	2016-17 <ul style="list-style-type: none"> Adult Social Care Outcomes Framework comparator group average - 87.3% London average - 85.5% 		

3. Process:

The BCF dashboard shall be reviewed by the nominated officer and officers of the CCG and the Council through the BCF delivery group (or alternative) who will ensure timely submission to the JEMC with any recommendations for consideration and actions on a monthly basis.

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Schedule 3b - Financial Governance Arrangements, Risk Share, Overspends, Underspends

Introduction

The CCG and the Council have entered into an Integration and Better Care Fund (iBCF) Plan pooled budget arrangement for the financial years 2017/18 and 2018/19. The two-year iBCF Plan has been approved by NHS England. The plan brings together a number of revenue and capital funding streams to create a total fund of £21.758m in 2017/18 and £24.758m in 2018/19 as summarised in the table below.

	2017-18		2018-19	
	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>
Local authority funding:				
Disabled Facilities Grant	1,391		1,517	
LA minimum contribution		1,391		1,517
Base Budgets	1,523		1,523	
Additional LA contributions		1,523		1,523
Total LA funding		2,914		3,040
iBCF Funding				
Improved BCF grant	5,429		7,526	
Total iBCF funding		5,429		7,526
CCG funding:				
Reablement	1,120		1,120	
Carers	495		495	
Former Social Care Grant	4,333		4,416	
Care Act costs in BCF	528		540	
Existing services	6,939		7,099	
CCG minimum contribution		13,415		13,670
TOTAL iBCF POOLED FUNDS		21,758		24,236

The 2017-19 Integration and Better Care Fund is subject to a requirement that the funds are transferred into one or more pooled funds established under section 75 of the NHS Act 2006.

BCF funding for local authority services

In 2017-18 £4.333m and £4.416m in 2018-19 of the CCG's minimum contribution to the Pool is in respect of local authority services previously funded direct by NHS England.

In addition, national and local modelling has identified, supported by specific guidance from DH, the additional cost pressures faced by local authorities in relation to the implementation of the Care Act. For LB Barking & Dagenham, an allocation from the BCF fund towards meeting some of these costs has been identified at £0.528m in 2017-18 and £0.540m in 2018-19. The financial arrangements will therefore include payment of this sum to the Council in the respective financial years.

1. Management of the Pooled Fund

1.1 Accounting/Audit Arrangements

- 1.1.1 The Council is the Host Partner for the Pooled Fund. The Pooled Fund Manager will have support and advice from the Council's Corporate and Operational finance sections on accountancy matters and will use the Council's general and other accounting ledgers system. Support and advice will also be sought from CCG and the NEL Commissioning Support Unit (NELCSU).
- 1.1.2 The cost centre(s) and coding structure for the Pooled Fund will be designed and agreed by the Partners and will be consistent with the Council's Chart of Accounts Hierarchy. This will be designed to capture the Individual Schemes income and expenditure and any flow of funds back to the CCG and also the needs of the partnership to manage the Pooled Fund effectively and efficiently.
- 1.1.3 The Pooled Fund Manager will produce financial accounts for the Pooled Fund in a format as agreed with both Partners and consistent with the Council's corporate financial regulations and procedures. These will clearly identify the Financial Contributions into the Pooled Fund from each Partner. This will be in line with the Better Care Fund submissions plan and again clearly identifying total income and expenditure for each Individual Scheme. Financial information will also need to be provided by the Council to the CCG in a format to satisfy the CCG's reporting requirements.
- 1.1.4 At the end of each Financial Year, the Pooled Fund Manager will produce a Pooled Fund final statement of income and expenditure which will be shared with each Partner and to ensure its inclusion in the final statement of accounts of their respective organisations. A memorandum of account will need to be prepared by the Council covering all of the requirements under IFRS 12 and shall be made available to the CCG Financial Accounts team by the 4th working day after 31st March, commencing in 2018.
- 1.1.5 The Pooled Fund final statement of income and expenditure will form part of the Council's annual external audit regime. The Pooled Fund Manager will notify both Partners of any material issues arising from the external audit.
- 1.1.6 The Council will provide an internal audit service for the Council's Individual Schemes covered by the Pooled Fund and the CCG will provide an Internal audit service for the CCG Individual Schemes covered by the Pooled Fund.
- 1.1.7 The CCG's Audit Committee will oversee CCG internal audit arrangements and receive regular assurance reports including reports produced by the Host Partner.

2. Financial Management

2.1 Principles of Financial Risk

Overspends

- 2.1.1 An Overspend is expenditure from the Pooled Fund in respect of those Individual Services commissioned by the Commissioner in an Individual Scheme which exceed

the total of the Financial Contributions of the Commissioner in that Individual Scheme or where the Council is commissioning the Individual Services with the Financial Contributions from the CCG, an Overspend is where the expenditure from the Pooled Fund in respect of those Individual Service commissioned by the Council in an Individual Scheme exceeds the total of the CCG's financial contribution which has been allocated by the Council to that Individual Scheme together with the Council's Financial Contribution to that Individual Scheme.

- 2.1.2 The overriding principle is that Overspends will be absorbed by each Partner's respective budget allocations for the relevant Individual Scheme as the main Commissioner for the Services. For clarity this means that the Partner that is the Commissioner of, and holds the Service Contract for a service and budget, will meet any Overspends. It is recognised that existing control mechanisms and contractual terms significantly reduce any risks relating to Overspends. This arrangement will be reviewed annually
- 2.1.3 Notwithstanding this, where an Overspend is forecast:
- (a) This will be reported to JEMC as soon as it comes to light.
 - (b) The JEMC shall review and agree mitigating actions which may include a decision to apply an Underspend from another Individual Scheme to the Individual Service or Individual Scheme which is overspent.
 - (c) If mitigating actions do not stop an Overspend, then the Commissioner as referred to above will meet the Overspend.
- 2.1.4 The management of the financial risks will be through robust financial planning and budget monitoring arrangements. Regular in year budget monitoring and reporting to the JEMC on a monthly basis will be an essential part of the financial control arrangements and will enable in year pressures to be identified and appropriate management actions taken to manage the budgets effectively.
- 2.1.5 For the avoidance of doubt, where the expenditure for an Individual Service exceeds the Individual Service Financial Contribution of the relevant Partner for that Individual Service the Commissioner will absorb the excess

Underspends

- 2.1.6 An Underspend is where expenditure from the Pooled Fund in respect of those Individual Services commissioned by the Commissioner in an Individual Scheme is less than the total of the Financial Contributions of the Commissioner for those Individual Services in that Individual Scheme or where the Council is commissioning the Individual Services with the Financial Contributions from the CCG, an Underspend is where the expenditure from the Pooled Fund in respect of those Individual Service commissioned by the Council in an Individual Scheme is less than the total of the CCG's financial contribution which has been allocated by the Council to that Individual Scheme together with the Council's Financial Contribution to that Individual Scheme
- 2.1.7 If there is an Underspend then the JEMC will agree how to re-invest the funds within the parameters of the BCF, which may include applying an Underspend to an Overspend as set out in section 2.1.3 above.
- 2.1.8 Any surpluses, resulting from Underspends, in accordance with the paragraph 2.1.7 above will return to the Commissioner who holds the Service Contract.
- 2.1.9 For the avoidance of doubt, where the expenditure for an Individual Service is less than the Individual Service Financial Contribution of the relevant Partner for that Individual Service the Commissioner will retain such sum.

Risk Share – Pay for Performance

2.1.10 The Partners have agreed that there will be no risk share arrangements in agreed two-year plan i.e. 2017-19.

2.2 Financial Planning / Monitoring and Control of the Pooled Fund

2.2.1 The Financial Year for the Pooled Fund will run from 1 April to 31 March.

2.2.2 During the annual budget setting process, each year the Partners will provide indications of the level of Financial Contribution for the following Financial Year. These will be agreed and confirmed to the other Partner when the budget for each Partner is formally agreed.

2.2.3 During the Financial Year the Pooled Fund Manager will produce a monthly monitoring report highlighting actual spend to date against current budget and a full year outturn forecast position. This will also include explanations of variances and other supporting financial and activity information.

2.2.4 The CCG will provide full and detailed information to the Pooled Fund Manager, relating to its commissioned service activity within the fund, having regard to the Council's duties and responsibilities as host partner to enable management accounts and reports to be produced. The format and timing of this will be agreed between the Partners.

2.2.5 As soon as the management accounts indicate that any Overspend is likely to occur, then the JEMC will take immediate action to correct this as set out in paragraphs 2.1.1 to 2.1.5 of this Schedule 3.

2.2.6 The CCG will transfer 1/12th of the total of the CCG's Individual Service Financial Contributions (including the pro-rata allocation of the agreed costs to the Council of implementing the Care Act) on a monthly basis to the Council.

2.2.7 The Council will transfer 1/12th of the total of the Council's Individual Service Financial Contributions on a monthly basis to the Pooled Fund.

2.2.8 The LA will transfer capital funding (minimum contribution) into the pooled fund as and when the grants are received.

2.2.9 The CCG will then recharge the Council on a monthly basis on the elements of the pooled of fund that it continues to expend directly.

3. Financial Regulations and Procedures

3.1 The Council's financial regulations and procedures will be used to govern the transactions and financial activity related to the Pooled Fund. This will cover all of the financial management arrangements including virement approvals, limits and levels of authorisation for incurring expenditure. Where the CCG is the Commissioner holding the service contracts with providers, the CCG will apply its Standing Financial Instructions.

4. Payment Schedule

4.1 A payment schedule is set out at Appendix 2 to this Schedule 3 detailing dates when the CCG and the Council will pay their Financial Contributions into the Pooled Fund.

- 4.2 The payment schedule includes the payment dates on which the Council will make payments to the CCG to enable the CCG to pay its providers for service contracts relating to the BCF. This is important because of strict cash flow arrangements in the NHS. To enable flexibility, changes to the payments in the payments schedule can be authorised with the agreement of the Directors of Finance of both Partners, and any changes must be reported to the JEMC.

5. Billing arrangements

- 5.1 The Council will invoice the CCG ten Working Days prior to the 1st of the month in which the invoice relates. The amount billed will be that of the agreed Financial Contribution into the Pooled Fund by the CCG for that month.

- 5.2 Invoices sent by the Council to the CCG will be sent to:

Partner	FAO	Address
CCG	Sharon Morrow Chief Operating Officer	Barking & Dagenham CCG 07L Payables K285 Phoenix House, Topcliffe Lane Wakefield West Yorkshire WF3 1WE

- 5.3 The CCG will pay the Council on 1st Working Day of each month.

- 5.4 The CCG will raise an invoice to the Council on the 1st Working Day of each month for the agreed amount which is to be returned to the CCG from the Pooled Fund so that payments to providers in relation to the BCF service contracts can be made.

- 5.5 Invoices sent by the CCG to the Council will be sent to:

Partner	FAO	Address
Council	Mark Tyson Commissioning Director	London Borough of Barking & Dagenham Town Hall 1 Town Square Barking IG11 7LU

- 5.6 Payment by the Council to the CCG is to be made by the 9th Working Day of each month.

- 5.7 The Council will produce a purchase order on the 1st working day of April and the purchase order number will be made available to the CCG so that this can be quoted on all invoices raised by the CCG on a monthly basis.

6. April Billing

To avoid complications for Financial Year end of both Partners, April invoices are to be billed on the 1st working day of April by both the Council and the CCG. Payment of these invoices will occur simultaneously by both Partners on the 15th April.

7. Future Funding and Finance Arrangements

The above arrangements will be put in place for the financial years 2017/18 and 2018/19 and will be reviewed for future years as the BCF integration arrangements develop.

8. Technical Accounting

- 8.1 In accordance with IFRS 11, joint control is expected to operate between the CCG and Council. It is expected that the joint arrangement in place will be that of a joint operation and not a joint venture as there is no third-party organisation being created.
- 8.2 As a joint operation the disclosure within the financial statements of the CCG's is in accordance with IFRS 12. At the end of the Financial Year the CCG will need to recognise in the financial ledger and disclose appropriately the following:-
- 8.2.1 Its assets, including its share of any assets held jointly;
 - 8.2.2 Its liabilities, including its share of any liabilities incurred jointly;
 - 8.2.3 Its revenue from the sale of its share of the output arising from the joint operation;
 - 8.2.4 Its share of the revenue from the sale of the output by the joint operation; and
 - 8.2.5 Its expenses, including its share of any expenses incurred jointly.
- 8.3 Also required is the disclosure of information that enables users of the financial statements to evaluate the nature, extent and financial effects of interests in joint operations, including the nature and effects of its contractual relationship with the other investors with joint control. For material joint operations, the following will need to be disclosed:
- 8.3.1 The name of the joint arrangement;
 - 8.3.2 The nature of the entity's relationship with the joint arrangement; and
 - 8.3.3 The principal place of business of the joint arrangement.
- 8.4 If any critical estimates or accounting judgements have been made in relation to the joint operation, these should be disclosed in accordance with IAS 1.
- 8.5 A memorandum of account will need to be prepared by the Council covering all of the requirements under IFRS 12 and be made available to the CCG Financial Accounts team by the 4th working day after 31st March.

HEALTH AND WELLBEING BOARD
16 January 2018

Title:	Sub-Group Reports	
Chair of the Board		
Open Report	For Information	
Wards Affected: ALL	Key Decision: No	
Report Author: Jade Hodgson – Partnership Boards Business Manager	Contact Details: Tel: 020 8227 5784 E-mail: Jade.hodgson@lbbd.gov.uk	
Sponsor: Councillor Maureen Worby, Chair of the Board		
Summary: At each meeting of the Health and Wellbeing Board each sub-group, excluding the Executive Planning Group, report on their progress and performance since the last meeting of the Board. Please that the Childrens' Partnership, Mental Health and the Learning Disability Partnership Board have not met since the last meeting of the Health and Wellbeing Board.		
Recommendation(s) The Health and Wellbeing Board is recommended to: (i) Note and discuss the contents of the appended sub-group reports.		

List of Appendices:

Appendix A: Integrated Care Partnership Board

Appendix B: Integrated Care Steering Group

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ACTION NOTES

Meeting: Integrated Care Partnership Board

Date: Monday 23 October 2017

Attendees:	Maureen Worby (Chair)	MW	London Borough of Barking and Dagenham
	Anne Bristow	AB	London Borough of Barking and Dagenham
	Cllr Wendy Brice-Thompson	WBT	London Borough of Havering
	Barbara Nicholls	BN	London Borough of Havering
	Adrian Loades	AL	London Borough of Redbridge
	Cllr Mark Santos	MS	London Borough of Redbridge
	Conor Burke	CB	BHR CCGs
	Richard Coleman	RC	BHR CCGs
	Kash Pandya	KP	BHR CCGs
	John Brouder	JBr	NELFT
	Joe Fielder	JF	NELFT
	Dr Caroline Allum	CA	NELFT
	Matthew Hopkins	MH	BHRUT
	Max Chauhan (on behalf of Nadeem Moghal)	MC	BHRUT

In attendance: Jane Gateley, Rowan Taylor, Mark Tyson, Keith Cheesman

Apologies: Cllr Jas Athwal, Cllr Darren Rodwell, Dr Nadeem Moghal, Dr Waseem Mohi, Vicky Hobart, Dr Anil Mehta, Dr Atul Aggarwal, Andrew Blake-Herbert, Cllr Roger Ramsay, Chris Naylor, Andy Donald, Dr A Sharma, Dr N Teotia, Dr D Weaver, Dr N Rao, Dr S Ramakrishnan, Dr S Quraishi

Agenda item	Summary	Action
Welcome, introductions and apologies	Introductions and apologies noted as above.	
Notes from the previous meeting	Notes agreed with no alterations.	
Update from Joint Commissioning Board	<p>Discussed progress on developing strategic commissioning.</p> <p>MT introduced the two papers circulated with the agenda. Key discussion points outlined below:</p> <ol style="list-style-type: none"> 1. Proposals for creating the commissioning infrastructure to shape and lead an emerging ACS <ul style="list-style-type: none"> • Feasibility of operating full pooled budget for the Better Care Fund from April 2018, due to what would need to be done in that timescale. Agreed that decision-making could be aligned by this time but that it might not be possible to actually get the money pooled. Agreed that the wording describing the design phase should have the word ‘shadow’ inserted • Agreement that we need to balance ambition with practicalities and understand at an early stage the enablers and blockers so we can use them or mitigate against them • Agreement that we need to demonstrate delivery in order to be given more freedom • Need to ensure ELCHP understands the implications for its work (eg re commissioning of acute services) of BHR’s desired pace of change • Need to ensure that we have appropriate governance to pick up and address issues early (including audit committee consideration), which will be developed as we take forward the pilot areas of joint commissioning • Success measures and how we will know that we can move from ‘shadow’ to ‘operation’ – agreed that ensuring the system was sustainable would be the most important, but that we had to ensure we did not lose touch of the quality measures (ie allow services to become unsafe) • Agreed in principle to progress the work on creating the commissioning infrastructure as outlined in the paper, with further discussions on the detail as required 2. Joint commissioning opportunities for shadow operation in 2018/19 <ul style="list-style-type: none"> • Noted that although the paper outlined three potential test areas, other work was also being progressed (such as development of localities) • More work needs to be done on all three proposals to model the impact of the changes and to discuss with the provider alliance 	MT

	<p>how they will respond</p> <p><i>Diabetes prevention and management</i></p> <ul style="list-style-type: none"> • Confirmed that the primary care network leaders are especially keen to progress work in this pilot area • Agreed that the aim of this work is to get all services to a consistent baseline then to modernise each intervention – getting rid of unwanted clinical variation • Need to give more emphasis to prevention • One key indicator being a reduction in acute admissions. <p><i>SEND</i></p> <ul style="list-style-type: none"> • Agreed this was a good opportunity to improve services • Agreed that we should look for further opportunities in children’s services <p><i>Intermediate care</i></p> <ul style="list-style-type: none"> • Noted that the integration of intermediate care services is perhaps the most advanced of the three pilot areas but that there are potentially some big issues relating to procurement which need to be considered at an early stage (ie decommissioning current services and re-procuring a new service) <p>Agreed in principle to progress the work on the three pilot areas as set out in the paper and to receive an update on each area at the next ICPB meeting (to note: leads for each are Gladys Xavier (diabetes), Mark Tyson (SEND) and Jane Gateley (intermediate care)).</p> <p>General</p> <ul style="list-style-type: none"> • Noted that the JCB had just agreed to establish a children’s services sub group • The aim is to make the collaboration between health and the local authority (ie not just health and social care) • We need to create a collaborative not a competitive environment and change behaviours throughout all organisations • We need to start looking now to identify the next areas for collaboration 	GX/MT/ JG
<p>Update from Provider Alliance</p>	<p>JB updated members:</p> <ul style="list-style-type: none"> • good attendance and contributions from GPs at recent event with a consensus that services need to change and that change should be built around primary care • agreement of need to think more widely than health and care services and consider issues relating to education, employment, domestic violence etc • agreement that current contracts do not support change and there is a need to think about how we can do things differently (ie offer new employment contracts and different career opportunities) • Dan Weaver is leading the next event in November 	

	<p>Discussion included:</p> <ul style="list-style-type: none"> • Gina Shakespeare (CCGs) has proposed that the SDPB becomes part of the provider infrastructure in future (the provider alliance board), which would need some associated devolved commissioning resource. Noted that it would be important for the provider alliance to identify quickly what resource is needed to enable it to move forward, as the CCGs operating model is changing and the resource might move elsewhere • Leadership time, capability and capacity, with a dedicated team, is needed to ensure this work can be taken forward at the right speed • Provider Alliance to provide update on progress at next ICPB 	JB/MH/DW
System Delivery and Performance Board progress update	Noted updates from SDPB.	
Clinical Cabinet Terms of Reference	<p>CA referred members to the paper: Terms of reference agreed subject to comments below:</p> <ul style="list-style-type: none"> • Discussed whether there was sufficient representation by nursing and agreed the overall need to try to diversify and involve new people • Agreed to add in a requirement to review the effectiveness of the cabinet in three months • Further comments to be sent to CA 	CA All
KGH Update	MH updated members on the current situation	
AOB	None raised	
Time of next meeting	30 November 2017 – 10.00 – 11.30 – Boardroom A, 2nd floor, Becketts House, 2-14 Ilford Hill, Ilford, IG1 2QX	

Integrated Care Partnership Board- action log

	Action 23 October 2017	Responsible	Due date	Status
1.	Amend the wording in the infrastructure proposal that describes the design phase so that the word 'shadow' is inserted and the sentence reads: 'By the end of March 2018, the system will be fully prepared for operating a shadow pooled budget for the Better Care Fund...'	MT	31/10/17	Agenda
2.	Update ICPB on progress with joint commissioning in the three pilot areas: diabetes, SEND and intermediate care	GX MT JG	30/11/17	Agenda
3.	Provider Alliance to provide update on progress at next ICPB	JB/MH/DW	30/11/17	Agenda

4.	Amend clinical cabinet terms of reference to include requirement to review effectiveness in three months' time	CA	31/10/17	
5.	Send any further comments on the clinical cabinet terms of reference to CA	All	31/10/17	

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Integrated Care Steering Group – 16 January 2017

Chair: Sharon Morrow

<p>Items to be escalated to the Health & Wellbeing Board</p> <p>(a) Note the proposal to transfer the leadership of this sub-group to the Provider Alliance.</p>
<p>Performance</p> <p>N/A</p>
<p>Meeting Attendance</p> <p>Members:</p> <ul style="list-style-type: none"> ▪ Sharon Morrow, B&D CCG ▪ Dr J. John, B&D CCG Clinical Director ▪ Richard Clements, Primary Care Transformation, B&D CCG ▪ Melody Williams, NELFT ▪ Tudur Williams, LBBD Adult Social Care ▪ John Craig, Care City
<p>Action(s) since last report to the Health and Wellbeing Board</p> <p>Dr John gave an update on the development of GP networks and the group was appraised of ACS discussions. It was noted that there are a number of diabetes projects taking place and the Joint Commissioning Board has identified this as one of the joint commissioning priorities.</p> <p>Tudur Williams reported that the OT Team are now fully staffed with an additional nurse and waiting times have decreased.</p> <p>John Craig updated on the Barking Riverside development workshops. The development is now gaining momentum, and the workshops are well attended with keen interest in the new health facility.</p> <p>The group discussed future leadership arrangements in the context of the new Integrated Care Partnership governance arrangements reflecting that the ICSG was better aligned to the Provider Alliance who potentially could lead this sub-group going forward.</p> <p>The Terms Of Reference for the Barking Riverside Health and Care Group were discussed.</p>
<p>Action and Priorities for the coming period</p> <p>(a) Triangulate the work that is being carried out for diabetes, to ensure there is a clear line of communication</p> <p>(b) Confirm reporting arrangements for Barking Riverside Health & Care Working group.</p> <p>(c) Engage GP network leads to be engaged in the ICSG agenda</p>



Contact: Sharon Morrow, Senior Responsible Officer Unplanned Care BHR CCGs
Tel: 0203 1823302; **Email:** Sharon.morrow2@nhs.net

HEALTH AND WELLBEING BOARD
16 January 2018

Title:	Chair's Report		
Report of the Chair of the Health and Wellbeing Board			
Open Report	For Information		
Wards Affected: ALL	Key Decision: No		
Report Author: Jade Hodgson: Partnership Boards Business Manager	Contact Details: Tel: 020 8227 5784 E-mail: Jade.hodgson@lbbd.gov.uk		
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board.			
Summary: Please see the Chair's Report attached at Appendix A.			
Recommendation(s) The Health and Wellbeing Board is recommended to: (i) Note the contents of the Chair's Report and comment on any item covered should they wish to do so.			

List of Appendices:

Appendix A: Chair's Report

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In this edition of my Chair's Report, I talk about the success of White Ribbon Day, Carer's Rights Day, the launch of Breezie a new digital pilot, London's devolution deal, the future of Kind George' A&E, the Extra Care Retender and International Day of Disabled People.

*Best wishes,
Cllr Maureen Worby, Chair of the Health and Wellbeing Board*

White Ribbon Day

This year Barking and Dagenham Council continue to work closely with local partners to tackle domestic violence and abuse by supporting the White Ribbon Campaign.

Staff worked hard to pull together a remarkable programme to raise awareness and offer support to those who need it. Over the course of two weeks we held a variety of different events, workshops, training, fund raising and online campaigns. We showed our ongoing support by wearing white ribbons and raising the white ribbon flag outside the Town Hall. The events were well attended including groups of young people who were willing to engage with the conversation and who took details of services (via safe methods) back for friends and family. Over 80 people attended training from a range of agencies. The Leader ran a sponsored silence on the morning of the 24th November and then did the 'walk in her shoes.' Over £500 was raised across the campaigns, all proceeds will go to local specialist Domestic Abuse Services

The '**blooming strong**' campaign took place at the Heathway on Friday 24 November to celebrate the strength and resilience as women as survivors of domestic violence. Councillor's, senior officers, community and voluntary sectors presented survivors with a flower and a small card explaining why they as individuals were being celebrated and how '**blooming strong**' they are. We had an excellent response with an estimated 500-600 contacts with members of the public. We also had several disclosures and much support from survivors who identified themselves. One quote in particular: "This is the sort of thing that is needed – to tell people it is happening and let them know how to get help."



Carers' Rights Day

I was delighted to attend and welcome residents to the London Borough Barking and Dagenham Carer's Rights Day at Eastbury Manor House on Friday 24 November. The event was positive and well attended by around 45 carers. Providers and partners offered information and advice on a range of different services available to support carers and their loved ones in the borough.

With the support of NELFT, PowHer, Carers of Barking and Dagenham and other partner organisations we were able to run a successful day with presentations and stalls for carers to find the out relevant information for them. Carers commented on how useful the event had been and how inclusive it had felt with different groups of carers represented. The End of Life Care presentation was referenced to several times in the evaluation forms as being particularly useful, along with the presentations covering benefits, the carers personal journey and carers rights.

All presentations on the day and information provided at the stalls had been designed to reflect the needs of carers and the event had been developed in consultation with carer representatives and supported by the Carers Strategy Group.

"Congratulations on the success of the Carers Rights Day event. It was really good, and everything was covered, didn't matter what kind of carer you were, dementia, LD, physical disability."



New Pilot "Breezie"

I am pleased to announce "Breezie" a new pilot that launched in Barking and Dagenham which aims to tackle and reduce social isolation and seclusion for older people in the Borough. The digital pilot was launched in November just in time for Christmas and New Year which can be particularly difficult time of year for older people who experience loneliness and isolation.

With the help of Care City, we aim to tackle social isolation through the use of a personalised digital package. Breezie is supplied on a Samsung tablet and works by simplifying everyday apps such as Skype, News, Shopping etc to make it easy for users to get online and stay connected with friends and family and keep up to date with personal interests and hobbies.

Breezie will initially be piloted with up to 75 older people across the borough and I will keep you up to date with the success of the pilot. If you know an older person who may benefit from this, please contact Lewis.Sheldrake@lbbd.gov.uk

London's Devolution Deal

On 16 November, the Mayor of London and the Secretary of State for Health as well as health and care leaders across the capital, signed the devolution deal to improve health and care in London. This is a key step forward for greater health and care integration in Barking and Dagenham, Havering and Redbridge and will support our planned pooling of budgets to enable joint planning and delivery of services, starting from April 2018 with selected services.

The local authority and NHS providers of services, including hospital, community and GP services, will work together in an alliance to provide health and care services in the most appropriate way for their population. Commissioners will pass the budget to the provider alliance, who will then decide the best way of using it to meet the high-level strategic outcomes.

Working together, commissioners and the provider alliance have agreed to pilot this approach, ideally in several service areas, from April 2018. Commissioners are developing joint commissioning plans for three services - intermediate care; diabetes; and children's special educational needs and disabilities - to share with the provider alliance for them to consider how they can provide better, more joined-up services. Our ambition is to learn from the pilot areas and introduce the new approach, with fully pooled budgets, across all NHS-led health and local authority care services from April 2019. I will continue to update you with the progress of this in future newsletters.

We also welcome news that devolution will allow money from the sale of London's NHS owned assets to be reinvested in the capital's health and care system, and look forward to working with partners across London to ensure these new opportunities benefit local people.

The future of King George's A&E

The East London Health & Care Partnership issued their latest statement regarding the plans for the future of urgent and emergency care services at King George Hospital. The statement talks about the need to review the plans in light of the challenges we now face since the original decision was made in 2011 to replace the A&E with an urgent care centre from the hospital, such as an increasing and ageing population, and ever-increasing demands on NHS services.

I'm pleased to hear that plans for the future of the hospital are finally moving in the right direction and work can begin on looking at the best way of delivering urgent and emergency care to local people. We will make sure that the Board are kept up to date with future plans.



Extra Care Retender

We have successfully awarded our Extra Care service contract to Care Support who will be taking over from our current provider Triangle Community Services in February 2018.

It is important that we offer residents of Barking and Dagenham the best level of care which is reflective of their needs. We as a Borough felt it was important to involve service users in the development of the specification and as part of the tender evaluation process. All providers involved highlighted that the quick fire "speed dating" was a refreshing approach to service user involvement.

We look forward to working with Care Support in the New Year. For more information on this retender please contact Arabjan.iqbal@lbbd.gov.uk.



International Day of Disabled People

This year we supported International Day of Disabled People with a day of celebrations on Thursday 24 November 2017 at Dagenham and Redbridge Football Club. The event had a variety of information stalls, sports taster sessions and guest speakers including motivational speaker Mike Brace who overcame being blinded by a firework at the age of 10 and worked hard to become a Paralympian. Attendees also enjoyed joining in with the raffle, music and dancing, once again the IDDP event was a great success!

Future dates of the Health and Wellbeing Board

The Board will meet on the following dates:

- 12 April 2018
- 12 June 2018

HEALTH AND WELLBEING BOARD

16 January 2018

Title:	Forward Plan		
Report of the Chief Executive			
Open	For Comment		
Wards Affected: None	Key Decision: No		
Report Authors: Tina Robinson, Democratic Services, Law and Governance	Contact Details: Telephone: 020 8227 3285 E-mail: tina.robinson@lbbd.gov.uk		
Sponsor: Cllr Worby, Chair of the Health and Wellbeing Board			
Summary: The Forward Plan lists all known business items for meetings scheduled for the coming year. The Forward Plan is an important document for not only planning the business of the Board, but also ensuring that information on future key decisions is published at least 28 days before the meeting. This enables local people and partners to know what discussions and decisions will be taken at future Health and Wellbeing Board meetings. Attached at Appendix A is the next draft edition of the Forward Plan for the Health and Wellbeing Board. The draft contains details of future agenda items that have been advised to Democratic Services at the time of the agenda's publication.			
Recommendation(s) The Health and Wellbeing Board is asked to: (i) Note the draft March 2018 edition of the Health and Wellbeing Board Forward Plan; (ii) Consider whether the proposed report leads are appropriate; (iii) Indicate whether any of the items should be considered in the first instance by a Sub-Group of the Board. (iv) The next full issue of the Forward Plan will be published on 12 February 2018. Any changes or additions to the next issue should be provided before 2.00 p.m. on 7 February 2018.			

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

List of Appendices

- **Appendix A** – Draft March 2018 Forward Plan

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HEALTH and WELLBEING BOARD FORWARD PLAN

March 2018 Edition

Publication Date: 12 February 2018

THE FORWARD PLAN

Explanatory note:

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

Key Decisions

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

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

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

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

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

Information included in the Forward Plan

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

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

- the date when the decision is due to be made;

Publicity in connection with Key decisions

Subject to any prohibition or restriction on their disclosure, the documents referred to in relation to each Key Decision are available to the public. Each entry in the Plan gives details of the main officer to contact if you would like some further information on the item. If you would like to view any of the documents listed you should contact Tina Robinson, Democratic Services Officer, 5th Floor, Roycraft House, 15 Linton Road, Barking, IG11 8HE (telephone: 020 8227 3285, email: tina.robinson@lbbd.gov.uk).

The agendas and reports for the decision-making bodies and other Council meetings open to the public will normally be published at least five clear working days before the meeting. For details about Council meetings and to view the agenda papers go to <http://modern.gov.barking-dagenham.gov.uk/ieDocHome.asp?Categories> and select the committee and meeting that you are interested in.

The Health and Wellbeing Board's Forward Plan will be published on or before the following dates during the Council municipal year, in accordance with the statutory 28-day publication period:

Edition	Publication date
March 2018 edition	12 February 2018
June 2018 edition	14 May 2018

Confidential or Exempt Information

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

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the meetings listed in this Forward Plan may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. Representations may be made to the Council about why a particular decision should be open to the public. Any such representations should be made to Alan Dawson, Democratic Services Manager, 5th Floor, Roycraft House, 15 Linton Road, Barking, IG11 8HE (telephone: 020 8227 2348, email: committees@lbbd.gov.uk).

Key to the table

Column 1 shows the projected date when the decision will be taken and who will be taking it. However, an item shown on the Forward Plan may, for a variety of reasons, be deferred or delayed.

It is suggested, therefore, that anyone with an interest in a particular item, especially if he/she wishes to attend the meeting at which the item is scheduled to be considered, should check within 7 days of the meeting that the item is included on the agenda for that meeting, either by going to <http://modern.gov.barking-dagenham.gov.uk/ieListMeetings.aspx?CId=669&Year=0> or by contacting contact Tina Robinson, Democratic Services Officer, 5th Floor, Roycraft House, 15 Linton Road, Barking, IG11 8HE (telephone: 020 8227 3285, email: tina.robinson@lbbd.gov.uk).

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

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

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

Decision taker/ Projected Date	Subject Matter Nature of Decision	Open / Private (and reason if all / part is private)	Sponsor and Lead officer / report author
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Health and Wellbeing Board: 13.3.18	<p>Domestic and Sexual Abuse Strategy : Community</p> <p>The report will present the Board with the draft Domestic and Sexual Abuse Strategy.</p> <p>The Board will be asked to discuss and approve the Domestic and Sexual Abuse Strategy.</p> <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	Mark Tyson, Commissioning Director, Adults' Care & Support (Tel: 020 8227 2875) (mark.tyson@lbbd.gov.uk)
Health and Wellbeing Board: 13.3.18	<p>Older Peoples Housing Strategy</p> <p>The Board will be provided with an update on the Older Peoples Housing Strategy 2017-2025, commissioned to Campbell Tickell, and will be asked to consider and comment on its key findings and recommendations; both aspirational and deliverable.</p> <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	Taslima Qureshi, Interim Head of Commissioning, Adults Care and Support, James Goddard, Group Manager, Housing Strategy, Mark Tyson, Commissioning Director, Adults' Care & Support (Tel: 020 8794 8238), (Tel: 020 8227 2875) (Taslima.Qureshi@lbbd.gov.uk), (james.goddard@lbbd.gov.uk), (mark.tyson@lbbd.gov.uk)

<p>Health and Wellbeing Board: 13.3.18</p>	<p>Barking and Dagenham Pharmaceutical Needs Assessment (PNA) : Community</p> <p>The Pharmaceutical Needs Assessment (PNA) is a statutory document required to be produced by every local authority's Health and Wellbeing Boards (HWB) every three years. The PNA assesses the pharmacy needs of the local population and provides a framework to enable the strategic development and commissioning of community pharmacy services to help meet the needs of the local individual population.</p> <p>The London Boroughs of Barking and Dagenham (LBBD), Havering (LBH) and Redbridge (LBR) have recently (May 2017) awarded the contract for the production of three PNA's to PHAST CIC (one for each borough)</p> <p>The HWB will be asked to sign-off the final PNA upon its completion.</p> <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	<p>Open</p>	<p>Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)</p>
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Membership of Health and Wellbeing Board:

Councillor Maureen Worby, Cabinet Member for Social Care and Health Integration (Chair)

Councillor Sade Bright, Cabinet Member for Equalities and Cohesion

Councillor Laila M. Butt, Cabinet Member for Cabinet Member for Enforcement and Community Safety

Councillor Evelyn Carpenter, Cabinet Member for Educational Attainment and School Improvement

Councillor Bill Turner, Cabinet Member for Corporate Performance and Delivery

Anne Bristow, Strategic Director for Service Development and Integration and Deputy Chief Executive

Matthew Cole, Director of Public Health

Nathan Singleton, Healthwatch Barking and Dagenham (Lifeline Projects)

Dr Waseem Mohi, Chair of Barking and Dagenham Clinical Commissioning Group (Deputy Chair of the H&WBB)

Dr Jagan John, Clinical Director (Barking and Dagenham Clinical Commissioning Group)

Conor Burke, Accountable Officer (Barking and Dagenham Clinical Commissioning Group)

Bob Champion, Executive Director of Workforce and Organisational Development (North East London NHS Foundation Trust)

Dr Nadeem Moghal, Medical Director (Barking Havering and Redbridge University Hospitals NHS Trust)

John Cooze, Partnership Inspector for Barking and Dagenham Area. (Metropolitan Police)

Ceri Jacob, Director Commissioning Operations NCEL (NHS England - London Region) (non-voting Board Member)

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