

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 14 June 2022  
(6:00 - 8:10 pm)

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

**Also Present:** Cllr Paul Robinson

## 1. Apologies for Absence

No apologies were received.

## 2. Declaration of Members' Interests

The Director of Integrated Care (DIC) at North East London Foundation Trust (NELFT) declared an interest in relation to Item 56, Adult Emergency Duty Team Service.

The Representative from Healthwatch declared an interest in relation to Item 60, Award of Contract for Provision of Barking and Dagenham Healthwatch to Lifeline Community Projects.

The Chair did not rule that these were disqualifying interests.

## 3. Minutes (15 March 2022)

The minutes of the meeting held on 15 March 2022 were confirmed as correct.

## 4. Covid-19 update in the Borough

The LBBB Director of Public Health (DPH) updated the Board. There had been an increase in cases and the Omicron variant remained the most prominent. However there had not been an increase in hospital admissions.

The DPH added that testing had largely ceased outside of care homes and hospitals and, therefore, it was likely that recorded numbers understated the true rate of infections. The DPH clarified that the Government had no plans to reinstate mandatory testing.

The Board noted the update.

## 5. Adult Emergency Duty Team Service

The Board were asked by LBBB's Director of Operation and Strategy (DOS) to consider renewing the proposed contract with NELFT for the Adult Emergency Duty Team Service. The Council had a duty under the Care Act 2014 and the Mental Health Act 1982 in relation to the assessment of an individual's care needs.

In addition to Barking and Dagenham, the contract would also include Havering, Redbridge and Waltham Forest and the contracted cost of providing the service would be split between all four borough councils. The DOS added that it was a partnership arrangement under Section 75 of the NHS Act 2006.

The DOS explained that, as it was a single service contract, the highly specialised nature of the service, complexity of the needs of the boroughs and high user satisfaction, the service was not placed out to tender. Therefore, the DOS requested the Board also agree to waive Rule 28.5 of the Contract Regulations to allow for a direct award and confirmed senior officers within the contract and procurement sections had been consulted and that the proposal was compliant.

The DOS highlighted the contract was for the amount of £2,126,921.00 for which Barking and Dagenham Council's share would be £531,742.75. The contract would commence on 1 April 2022 and terminate on 31 March 2025.

In response to questioning, the DOS explained that it was an out of hours service that focused on adults and that whilst there was some crossover with the NHS Crisis Service, the Crisis service's role differed as it treated adolescents and children and made initial assessments whereas the Adult Emergency Duty Team Service often worked with other parties.

The Board **resolved** to

- (i) Agree to the Section 75 agreement between NELFT and the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest, to deliver the Adult Emergency Duty Team service on behalf of Barking and Dagenham for three years from 1 April 2022 to 31 March 2025; and
- (ii) Agree to waive Rule 28.5 of the Council's Contract Rules to give approval for direct award and for the commission of the emergency care provider on the basis that these were personalised services under Rule 5.1(d) of the Contract Rules.

## **6. The Integrated Care System Local Borough Partnership Governance Proposal**

LBBB's Interim Consultant in Public Health (ICPH) updated the Committee on the Integrated Care System (ICS).

Following the passing of the Health and Social Care Act 2022, the ICS would be established from 1 July 2022. The purpose of the act was to promote a more equal partnership between the NHS, providers, commissioners, local authorities and other local partners. There would be two key bodies; an Integrated Care Board and an Integrated Care Partnership.

A Shadow Partnership Board (SPB) will be established to oversee the introduction of the ICS and would aim:

- To work in partnership to improve health and wellbeing and reduce inequalities;

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

The ICPH then took the Board through the proposals which would see the establishment of an Integrated Care Board (ICB) Sub-Committee by June 2022. Over the next ten months it was envisaged that, in consultation with external stakeholders, appointment to key roles would take place and there would be clarification on the nomination of the person to lead it, the functions presently held by North East London Clinical Commissioning Group (NELCCG) and the number of sub-groups and the scope thereof.

The Chair noted that guidance was still outstanding on the SPB. The Chair also reiterated her concern in relation to balance and accountability noting that the large number of clinical specialists could result in the side-lining of other stakeholders. However, the Chair stated her support for collaboration and the proposal in principle.

The DIC at NELFT explained that the membership of the new bodies will be reviewed after a year and a substructure would be placed below the boards which would feed back to the main board.

The DPH clarified that the arrangements would be in shadow form until 31<sup>st</sup> March 2023 to enable adjustments to be made and that it will not be formally implemented until 1<sup>st</sup> April 2023.

The Board agreed to the proposal in principle but requested that the issues raised be addressed in future updates.

## **7. Place Partnership Lead - ICS Place Based Partnership**

The DPH advised the Board on the arrangements that were in place to appoint the Place Partnership Lead.

The appointee would be responsible for the delivery of the shared plan and outcomes for the place based and working arrangements with local partners. The suitable candidate would be appointed subject to Barking and Dagenham Council and ICB agreeing to the appointment.

A white paper was published in February and the consultations have since

concluded however no guidelines have been published. Therefore, the imposition of the ICS will result in process and practices being adjusted based on experience and feedback so will evolve as a result. The Chair stated that the Council could nominate persons for the partnership lead, however it would have to bear in mind what is envisaged for the role.

The Board noted the report.

#### **8. Barking and Dagenham Place Partnership bid to NEL Integrated Care System for health inequalities funding in FY22/23**

The LBBB Director of Public Health (DOS) updated the Board. North East London Health and Care Partnership (NEL) had been given £6.6 million by the Government to address health inequalities and had focused on place based approaches. Circa £500,000 had been allocated to support leadership, partnership working and capacity building and circa £600,000 for specific programmes on deprivation, specific programmes. The bids and programmes were required to comply with the NHS operating plan.

The bids had been prepared and were to be submitted on 17 June, with NEL announcing the outcome on 27 June and implementation beginning on 11 July 2022.

The Board **resolved** to approve the proposal subject to any objections being raised offline.

#### **9. Award of contract for Provision of Barking and Dagenham Healthwatch to Lifeline Community Projects**

In September 2021 the Board agreed to delegate to the Interim Chief Executive, in consultation with the Chair, the awarding of the contract for the provision of Barking and Dagenham Healthwatch subject to the Board being updated on the award. Lifeline Community Projects was awarded the contract following a competitive tender. LBBB Head of Commissioning - Disabilities (HCD) explained that the contract awarding process involved two local residents with specialist knowledge of services in the borough and that they were part of the evaluation process for the award.

The contract was for three years with an option to extend the contract by one year. The contract can be extended twice so the maximum term would be five years.

The Healthwatch Representative noted that one of the challenges they faced was raising Healthwatch's profile with the public. The Chair noted that it was not initially clear what Healthwatch's role in the ICS would be when the Board discussed the matter in September 2021. The Chair requested that the Council health commissioners discuss with Healthwatch their role in the ICS and that this be added to Healthwatch's obligations when the formal decision letter is sent.

The Board noted the update and **resolved** to agree to ratify the contract decision.

#### **10. Update on LBBB's Early Help Strategy and Best Chance Family Hubs**

The LBBB Head of Commissioning- Childrens' (HCC) updated the Board on the

changes relating to the directives from the Government in relation to family development hubs and early help strategy. The newly established Department of Levelling Up, Housing and Communities (DLHC) had joined with the Department to Education (DOE) as well as the Department of Health and Social Care (DHSC) in drawing up the directives. The HSC stressed that that was not just the responsibility of local authorities and would be delivered by numerous stakeholders. This would make delivery challenging and the timescales over the next two years would be tight.

The number of required outcomes had been increased from six to twelve. The Government had also aligned the Supporting Families programme with the new Family Hub and Start for Life. In addition to this, it was anticipated that the DLHC will be carrying out an assurance visit, most likely in July, in relation to the early help strategy.

The DLHC had stated that the Council must report on ten formal outcomes and the performance data relating to each stakeholder must be collectively reported. The Council had been given two years to implement the mechanisms to collectively report performance data.

The family hubs were intended to provide services for families with children and young people up to the age of 19, or 25 in the case of disability or special educational needs. The HCC explained that family hubs had three principles:

- Access: a simple point of access for help and support;
- Connection: service professionals work together to ensure close coordination among services and seamless transfer between them; and
- Relationships: building on family strengths.

The HCC added that the proposal must include digital as well as physical provisions and disclosed that Barking and Dagenham Council was one of 75 local authorities eligible for 'Start for Life' and 'Family Hub Network' funding. However, it had not been disclosed how much funding the Council would receive, though the HCC stated that it would be a formula based on population. Local authorities were expected to continue to fund existing requirements.

The plan would entail the establishment of three hub networks within the borough with hubs for the north, west and east. Schools would be part of the network as well as community hubs. Services would be integrated and would include:

- Family Navigators;
- Health Visitors;
- Targeted Early Help;
- Parenting Programmes;
- Parental Support;
- Peri-Natal Mental Health Support;
- Domestic Abuse Support;
- Substance Misuse; and
- Youth Services;

The Board praised the proposals however noted that there did not appear to be input from the voluntary sector. The Board also highlighted that a significant

proportion of the Borough's population lived in digital poverty and thus the plan should factor this in. The Board also emphasised that Barking and Dagenham's needs differed from neighbouring boroughs and that it was important that partner organisations tailored their approach.

The Board noted the update.

## **11. Forward Plan**

The Board noted the Forward Plan.