

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

Tuesday, 16 January 2024  
(5:00 - 6:59 pm)

**Members Present:** Cllr Maureen Worby (Chair), Charlotte Pomery (Deputy Chair), Elaine Allegretti, Pooja Barot, Matthew Cole, Tom Ellis, Cllr Syed Ghani, Jenny Hadgraft, Dr Ramneek Hara, Cllr Jane Jones, Cllr Elizabeth Kangethe, Sharon Morrow, Elspeth Paisley, Dr Kanika Rai, Dr Shanika Sharma, Nathan Singleton, Fiona Taylor, Sunil Thakker and Melody Williams

**Invited Guests, Officers and Others Present:** Christine Brand, Fiona Russell, Debbie Harris, Alan Dawson, Susanne Knoerr, Brid Johnson and Kelvin Hankins

**Apologies:** Ann Hepworth, Dr Uzma Haque, Dr Jason John, Dalveer Johal, Andrea St. Croix and Narinder Dail

**30. Declaration of Members' Interests**

There were no declarations of interest.

**31. Minutes (7 November 2023)**

The minutes of the Health and Wellbeing Board and ICB Sub-Committee meeting held on 7 November 2023 were confirmed as correct.

The Chair reiterated the request made at the last meeting for the London Ambulance Service to present a detailed report to the next meeting on the challenges that it faced and the impact on response times across the Borough, to facilitate a discussion on mitigation measures.

**32. Barking and Dagenham Winter Planning Update**

Kelvin Hankins, Deputy Director and Lead for Ageing Well, Barking and Dagenham Place Team, NEL ICB, presented an update on the progress made in the mobilisation of this year's winter planning arrangements.

Mr Hankins referred to the pressures on health care services that typically arose over the winter period and the unique problems caused during the coldest periods. Those unique pressures were being experienced at the moment and were compounded by ongoing industrial action. Despite that, there had been progress in several areas compared to national standards and he referred, as an example, to the four-hour national standard between patients attending emergency services and being seen. Both King George's Hospital (KGH) and Queen's Hospital (QH) experienced dramatic improvement and were almost at the national revised standard (post-Covid) of 76%. Significant improvement had also been experienced at the Borough's Urgent Treatment Centres (UTC), with the Barking UTC reporting a 95% achievement level.

Regarding the London Ambulance Service (LAS), Category 2 response times for the North East London area had improved to 43 minutes, although it was acknowledged that further work was necessary to continue positive progress. Schemes such as REACH, whereby LAS crews were able to contact a central coordination of consultants and senior clinicians to discuss patient management, were also helping to reduce the number of patients needing to be taken to hospital.

The Winter Plan actions and priorities were also discussed. There were no significant risks detected, and it was highlighted that UTC or non-emergency, NHS 111 services patients could attend any available winter hubs for support. However, there was no national funding for respiratory hubs, and winter hubs were introduced through other funding. Other aspects that were highlighted included the availability of additional funding to launch a reablement service in the Borough, and the winter communications and engagement plan going live in November, which had been received well by residents.

Councillor Worby expressed the need for more concise, easy-to-understand communications on the free services available for the public, particularly for the elderly population, and referred to the 'risk of falling' discussions and mitigation steps. Reduced waiting times were positively received, but clarification was sought on the plans for continual improvement in the context of a growing population in the Borough. Mr Hankins advised that the ICB sustainability case model considered the increasing rate of population and their needs, especially for complex patients in primary care which was highlighted by Dr Shanika Sharma. Further, the handover from ambulance services was currently 30 to 45 minutes within the Borough against the 15-minute national standard; although this had improved, Members requested for continual work to meet the national standard.

Reference was also made to some local residents choosing to attend the Emergency Department at Newham Hospital or even the Royal London Hospital (RLH) instead of KGH or QH, could be down to perceived shorter wait times and/or better accessibility via public transport on the Elizabeth Line. Mr Hankins clarified the usage of NH and RLH and advised that most local residents continued to use KGH and QH.

With regard to follow-ups and referrals into specialist hospital departments, Dr Kanika Rai commented that inpatients at RLH and NH were, in general, automatically booked into the specialist outpatients clinic, whilst that was not typically the case within the BHRUT area. As that may be a reason for many patients moving around the system, it was suggested that the issue be factored into the modelling work, to help reduce health inequalities and encourage patients to stay within the Borough for health care.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the report.

### **33. NEL Joint Forward Plan Refresh 2024/25**

Sharon Morrow, Director of Partnership, Impact and Delivery (DPID), NHS NEL, presented a report on the NEL Joint Forward Plan Refresh (JFPR) 2024/25, as of December 2023.

The first draft JFPR, which included a Barking and Dagenham Local Plan (BDLP),

was appended to the report and Ms Morrow advised that it would be continually updated to reflect, for example, the discussions at the workshop held in December where portfolio leads shared their draft system programme plans, identified health inequalities and gaps, areas of duplication or synergy, and interdependencies. It was also noted that the annual NHS Planning Guidance which impacted on JFPRs had been delayed until late January, although many of the priorities set out in the 2023/24 guidance were expected to remain, and ICBs were also required to produce a Capital Plan before April, in line with new national guidance.

The draft JFPR, and its BDLP, shared common priorities with the Joint Health and Wellbeing Strategy. A planning group would be taking the issues forward, identifying key priorities which would best improve health outcomes and have a real impact within the limited resources available. Prevention would also be a key aspect.

Members discussed the draft JFPR and raised a number of issues, including:

- The recent discussions at the wider Integrated Care Partnership where it was agreed to re-prioritise the three priorities, with schemes and projects that brought about levelling-up ranking above easing the financial difficulties;
- Not getting bogged down in national requirements and priorities and ensuring that our JFPR reflected the local priorities;
- The need to challenge some of the data and commentary to ensure that it properly reflected what was being achieved within the finances, resources and facilities currently available;
- The need for new health care provision, including new buildings, to accommodate the rapidly increasing population in Barking and Dagenham;
- Learning from best practice across the health system;
- The critical importance of prevention and intervention;
- The work already underway to campaign and lobby for additional health care facilities and capital funding;
- The need to celebrate our achievements, such as GP pop-ups, close working between health services, social care providers and the Local Authority, GP services providing 30% more appointments and those referred to earlier in the meeting;
- The need to integrate the new ways of working into 'business as usual';
- Greater emphasis on workforce issues within Barking and Dagenham. It was noted that a Workforce Strategy was in development and details of initiatives already being progressed would be shared with Members.

Members were encouraged to share any further comments directly with Sharon Morrow and Charlotte Pomery.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the planning update and endorse the draft NEL Joint Forward Plan Refresh 2024/25, as set out at Appendix 1 to the report.

#### **34. ICB Finance Overview - Month 7 2023/24**

Sunil Thakker, Director of Finance, NHS NEL, presented an update on the overall financial positions on the NEL ICS and ICB at period 7 of the 2023/24 financial year, along with an update on the budgets delegated to Barking and Dagenham

Place.

Summaries of the financial performance of the ICB and ICS were provided, showing a period 7 position of an adverse variance to plan of £16.5m for the ICB as part of a £87.2m adverse variance for the ICS. Mr Thakker referred to the main drivers for the overspend and the mitigations being put in place to bring expenditure as close to budget as possible, as part of a formal recovery plan (FRP). The main risks identified across the system included inflation, non-deliver of efficiencies, ongoing industrial action, operational pressures, and lost income for providers which contributed to limited productivity and value for money services.

Mr Thakker advised that since the report had been written there had been improvements in the financial positions, although he stressed that ongoing addition costs arising from industrial action would negatively impact on the end-of-year position. Discussions were being held with NHS England regarding potential additional funding and Mr Thakker undertook to keep the CiC informed of developments.

Charlotte Pomery highlighted the value of having a medium-term financial plan and referred to the aspirations for more joined-up finance reporting across the health and local authority sectors.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the updated financial position for 2023/24, as detailed in Appendix 1 to the report.

### **35. Draft Annual Report of the Director of Public Health 2022/23**

Matthew Cole, LBBD Director of Public Health, presented his draft Annual Report for 2022/23, which was intended to inform local people about the health of their community as well as providing necessary information for decision-makers in local health services and authorities on health gaps and priorities that needed addressing.

The Annual Report covered the legacy period of Covid-19 and highlighted its lasting impacts in areas such as life expectancy and healthy life expectancy determinants for Barking and Dagenham residents. The Borough had been disproportionately hit by the consequent economic difficulties and continued to struggle post-Covid due to significantly higher demand for health and social care services. All of those factors meant that health bodies and the Council faced many challenges which would inevitably affect performance levels and mean that very difficult decisions would need to be taken going forward.

Mr Cole referred to the connections between his report and other high-level documents such as the Borough Manifesto, the Council's Corporate Plan and the ICS Joint Local Forward Plan discussed earlier in the meeting. It was also acknowledged that the report would feed into the 2024 Joint Strategic Needs Assessment, which would be presented to the CiC later in the year.

Key messages within the Annual Report included:

- The need to exploit the opportunities within the Place-based Partnership and locality working to improve healthy life expectancy;
- The need to focus on increasing healthy life expectancy and addressing those

contributing factors which, in the short term, impacted on overall health, the ability to live independently in later life, and on the increasing demand on the local health and care system;

- What needed to be done to address the key contributing factors to health life expectancy for both men and women, i.e. addressing long term conditions, key behavioural risk factors and the wider determinants of health;
- Greater focus on actions that can affect short term change for adults but also those that span across the life course, as today's children would be tomorrow's adults and issues experienced in childhood often shaped the trajectory of an individual's health through to older age;
- Breaking down barriers that were causing health inequalities, especially amongst those groups who were considered to be 'hard to reach';
- An alignment of strategic plans and delivery plans, investment in programmes delivering the priorities and a reprioritisation of spending of the Public Health Grant;
- The impact of the Covid-19 pandemic on mental health and the important role of the place-based approach for early intervention to improve mental health and wellbeing;
- An emphasised on a 'health in all policies' approach to understand the role of health inequalities in driving community priorities, such as employment opportunities for residents; and
- The need to drive forward the vaccinations and immunisations programmes to reduce communicable diseases, especially amongst children and babies. On that point, the Chair asked those present to do all they could to promote the MMR jab across all age groups and it was suggested that bus stop advertising would be an effective means of advertising.

Ms Elspeth Paisley welcomed the focus on healthy life expectancy as a wider determinant of health and suggested that understanding how they were linked and having short and longer-term targets to aim for would be useful ways to assess progress and ensure accountability. Other observations made included:

- Recognising the role of communities as an asset in helping to deliver improvements and how it could be developed further;
- The issue of social isolation and 'loneliness' and high neurodiversity levels which impacted on healthy life expectancy and mental health, with a focus on keeping people in the community;
- Understanding who and why people are presenting themselves and having better pathways for referral to support the prevention and early intervention aims, with obesity and diabetes cited as examples,
- The excellent social prescribing set up in Barking and Dagenham;
- The impact that consistent health checks would have over the long-term in respect of improving health outcomes;
- The disparity between central funding received within Barking and Dagenham, which was lower than neighbouring boroughs.

Nathan Singleton also referred to a report recently completed by Healthwatch in relation to Education Health and Care Plans (EHCP) and the expected three-fold increase in cases by 2035, which highlighted the need for early intervention in that area.

Concluding the discussions, Councillor Worby referred to the work being

undertaken within the Council with regard to localities and how its various services could work in a more seamless way. Mr Cole also advised that a peer review on the local public health approach would take place in February 2024, led by the Local Government Authority (LGA).

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the Director of Public Health's draft Annual Report for 2022/23, as set out at Appendix A to the report.

### **36. Barking and Dagenham Partnership Risk Register**

Sharon Morrow, Director of Partnership, Impact and Delivery, NEL ICB, introduced a report on the partnership risk register which captured the key risks to achieving the partnership strategic objectives.

The risks that had been identified in respect of partnership priorities for 2023/24 included:

- the capacity within management and clinical teams and the impact that may have on delivery;
- capacity in children and young peoples' therapy services to meet the increasing demand for children and young people with SEND;
- the current High Intensity Service across BHR was not adequately supporting Barking and Dagenham residents who met the criteria for the service; and
- the current model for proactive care did not meet best practice guidance and there was not a case-finding tool in place.

Ms Morrow confirmed that the risk register was continually monitored by the partnership delivery groups and would be regularly updated to reflect changes in circumstances and updated plans for 2024/25.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the current partnership risk register at Appendix 1 to the report.

### **37. Questions from the public**

There were no additional questions from the public.

### **38. B&D GP Federation - CQC Inspection**

Craig Nikolic, Chief Operating Officer, B&D GP Federation, was pleased to announce that following a recent inspection of the Federation, the Care Quality Commission (CQC) had been given an overall 'Good' rating, with an 'Outstanding' rating in recognition of how patients and residents of the Borough were listened to.

Colleagues congratulated the Federation and noted that the CQC was expected to publish the report shortly.

The Chair suggested that the Committees in Common would benefit from regular reports on the outcome of CQC inspections.

### 39. Procurement of Integrated Adult and Young People Substance Misuse (Drug and Alcohol) Services

(The Chair agreed that this report could be considered at the meeting under the provisions of Section 100B(4)(b) of the Local Government Act 1972 as a matter of urgency in order to avoid any delay in the procurement of substance misuse services.)

Matthew Cole introduced a report on proposals to procure an Integrated Substance Misuse Service under two contracts (Lot 1 - Adults and Lot 2 - Young People).

Mr Cole advised that the contracts would be for up to seven years commencing 31 March 2024, with a combined value of circa £2.5m per annum funded from core grant via the Office of Health Improvement and Disparities (OHID).

In view of the late publication of the report, CiC Members were invited to pass on any comments they may have on the proposals to Mr Cole after the meeting.

The Health and Wellbeing Board **resolved** to:

- (i) Agree that the Council proceeds with the procurement of a contract for Adult and Young People's Integrated Substance Misuse (Drug and Alcohol) Services in accordance with the strategy set out in the report; and
- (ii) Delegate authority to the Strategic Director, Children and Adults, in consultation with the Cabinet Member for Adult Social Care and Health Integration and the Head of Legal, to conduct the procurement and award and enter into the contracts and all other necessary or ancillary agreements, including extension periods, to fully implement and effect the proposals.