Public Document Pack

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Tuesday 13 July 2021	Council Chamber, Town Hall

Members 7: Quorum 3

COUNCILLORS:

Nic Dodin
Denis O'Flynn
Christine Smith (Chairman)
Ciaran White
Linda Van den Hende
Michael White (Vice-Chair)
David Durant
Jan Sargent

For information about the meeting please contact:
Luke Phimister 01708 434619
luke.phimister@onesource.co.uk

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview

and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

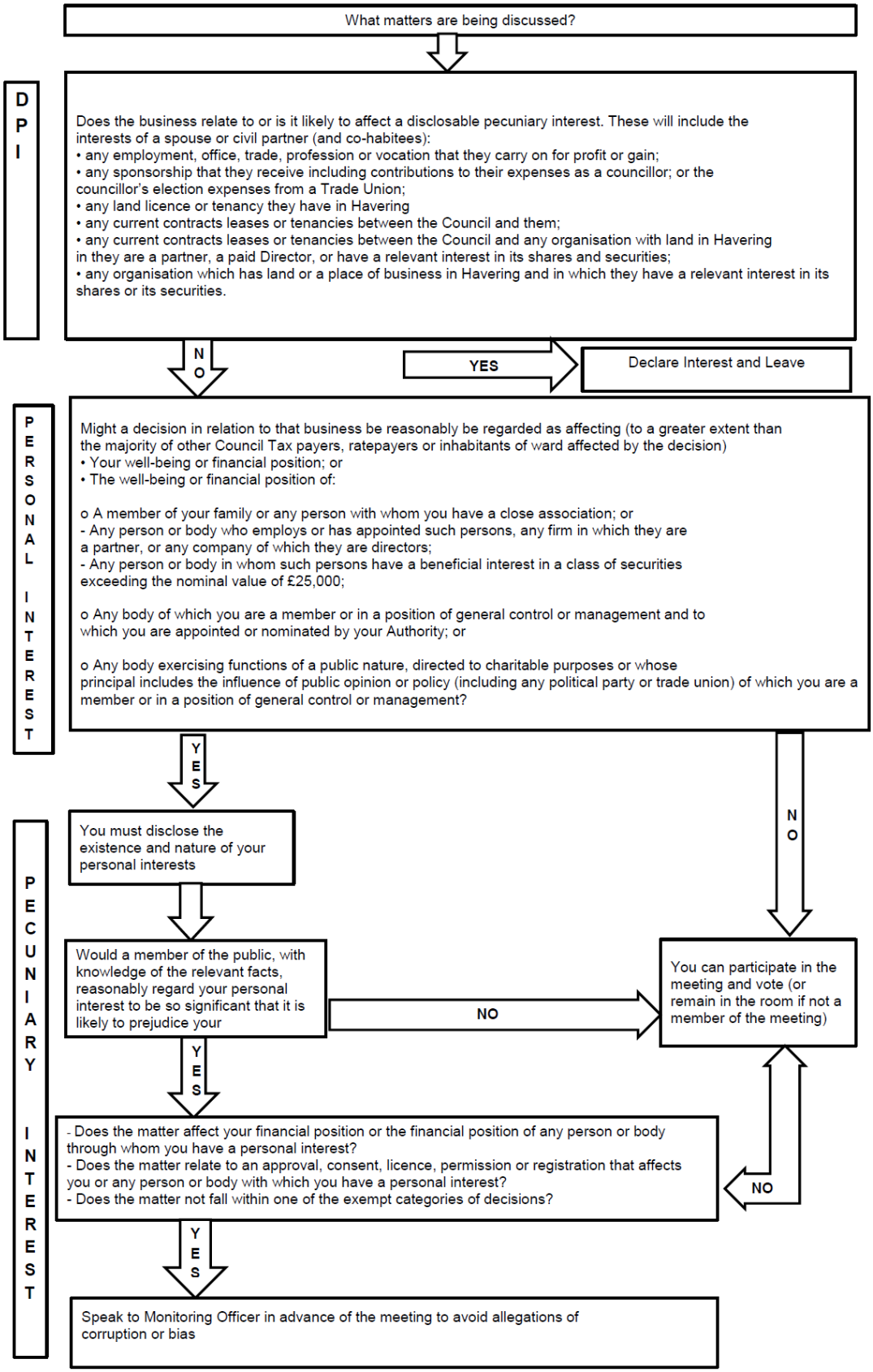
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Personalised services agenda
- Adult Social Care
- Diversity
- Social inclusion
- Councillor Call for Action

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

NOTE: Although mobile phones are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any items on the agenda at this point in the meeting.

Members may still disclose any interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Committee held on 9th March 2021 and the special meeting held on 13th April 2021 and authorise the Chairman to sign them.

5 HEALTH AND SOCIAL CARE BILL WHITE PAPER UPDATE (Pages 5 - 18)

Report and appendix attached

6 QUARTER 4 PERFORMANCE REPORT

Report and appendices to follow

7 WORK PROGRAMME

Members are invied to put forward suggestions for future agenda items

Andrew Beesley
Head of Democratic Services

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MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Town Hall, Main Road, Romford
9 March 2021 (7.00 - 8.10 pm)

Present:

Councillors Nic Dodin, Denis O'Flynn, Christine Smith (Chairman), Ciaran White, Linda Van den Hende, Michael White (Vice-Chair), David Durant and Jan Sargent

No apologies were received.

Cllr Michael White declared a non-pecuniary interest as an Executive Ambassador of Tu Vida, which is reported on as part of item 8.

10 **PROTOCOL FOR VIRTUAL MEETING**

The Committee noted the report.

11 **MINUTES**

The minutes of the meeting held on 26th November 2020 were agreed as a correct record and would be signed by the Chair at a later date.

12 **QUARTER 3 PERFORMANCE REPORT**

The item presented to the Committee gave details on the performance of the indicators in quarter 3.

Members noted that as at the end of 2020 both indicators were green. It was noted that a third of service users received direct payments, with 301 per 100,000 service users being permanently admitted to residential and nursing care homes with the majority of services users being over the age of 75. The Committee questioned whether direct payments were included in the financial criteria for Personal Independence Payment and Barbara agreed to check this. Officers explained the best way for residents to refer themselves or someone they know to the services is to go through the Havering website.

It was agreed that Members would provide feedback regarding the indicators set out in the report to the Chairman of the Committee.

The Committee **noted** the report.

13 UPDATE ON ADULT DAY CENTRES

The report put before the Committee gave an update on how adult day centres coped during the COVID-19 lockdowns.

It was explained by officers that the centres adapted very well to the lockdowns even when staff were redeployed to other services. Members noted that the centres safely re-opened with staff tested twice weekly and a limited number of users allowed back into the centres. Members were pleased to note that online sessions had taken place during the lockdowns with which the users received well and enjoyed providing positive feedback. It was noted by members that no additional IT support was required from the centres users but IT provisions were available if they were needed. Officers explained that around 10% of the users were shielders and centres had produced detailed plans for re-opening centres in line with the central government's COVID-19 roadmap.

The Committee **noted** the report.

14 UPDATE ON HOSPITAL DISCHARGES

The Committee received an update on hospital admissions during the COVID-19 pandemic.

The Committee members noted that Havering had implemented assessments being undertaken in community settings earlier than was planned with designated settings for COVID positive residents. Members were pleased to note that discharge pathways had been revised to reduce delays with the service moving to a 7 day working week. Officers explained that there had been delays with equipment during the weekends and contacting ward staff. Members noted that there were 40 different pathways for discharges from hospital.

The Committee **noted** the report.

Chairman

MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Virtual meeting
13 April 2021 (7.00 - 7.55 pm)

Present:

Councillors Nic Dodin, Christine Smith (Chairman), Ciaran White, Michael White (Vice-Chair), David Durant, Jan Sargent, Carole Beth (In place of Denis O'Flynn) and John Tyler (In place of Linda Van den Hende)

Apologies for absence were received from Councillor Denis O'Flynn and Councillor Linda Van den Hende

15 **EXPERIENCES OF DISABLED RESIDENTS DURING THE COVID-19 PANDEMIC**

Healthwatch Havering presented the results of the first stage of their 'Experiences of disabled NEL residents in the COVID-19 pandemic' survey for Care Providers to the Committee.

The Committee noted that some questions had not been answered by all residents across the North East London Trust. Members noted that there had been 125 responses across Havering with a second stage of the survey which involves open-ended questions and focus groups. Members were asked to send their suggestions for questions to the clerk to feedback to Healthwatch Havering. Healthwatch Havering then explained to members that only 42 of the residents who responded would be willing to go to the next stage.

Members noted that the majority of residents experienced difficulties getting an appointment with their GP with the majority having telephone consultation. It was noted that the level of care had not decreased. Members also noted that residents had difficulty booking hospital appointments with many saying their mental wellbeing was affected when hospital appointments were cancelled without being offered and alternative appointment.

Members noted that 78% of residents had not been seen by a community health care professional with a majority finding it harder to get help from those professionals and residents stated that professionals' PPE was adequate. Residents also stated that only 10% had been seen by Home Care staff and their PPE was also adequate.

Healthwatch Havering explained that 2 day centres had closed which had affected residents' wellbeing. The Committee noted that the residents of

those day centres had not yet been advised of any alternative or additional support.

Lastly, the Committee noted that the majority of the residents who responded were white females and over the age of 65. It was also noted that 70% of residents responded via the internet or through their smartphone.

Chairman

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE – 13th JULY 2021

Subject Heading:	Health and Social Care Bill - Update
SLT Lead:	Barbara Nicholls
Report Author and contact details:	Jodie Gutteridge | Service Improvement Officer
Policy context:	This briefing is around the new Health and Social Care Bill. A new policy for the council will need to be implemented upon royal ascent being granted in 2022.
Financial summary:	The briefing does not have any financial implications for the council

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[x]
Places making Havering	[x]
Opportunities making Havering	[x]
Connections making Havering	[x]

SUMMARY

On the 11th February 2021, the Department of Health and Social Care published a white paper, Integration and Innovation: working together to improve health and social care for all. The paper sets out legislative proposals for a health and care bill, which has been summarised into the attached briefing for members.

RECOMMENDATIONS

The document is for information only so it is recommended that members take note of this briefing. Comments or questions can be sent to John Green, Head of Joint Commissioning: john.green@havering.gov.uk

REPORT DETAIL

In the white paper, the Government presents several arguments for why it feels legislation is needed. These include: the need to embed the co-operation seen across the NHS in response to the Covid-19 pandemic; the need to remove longstanding barriers to collaboration; reversing competition rules that create unnecessary bureaucracy by forcing commissioners to put their services out to tender; and a desire to clarify and increase political accountability for the NHS.

The proposed legislation aims to avoid a one-size-fits-all approach and leaves many decisions to local systems and leaders. This is appropriate given the great variation across England in terms of history, demography and local health challenges. For example Havering has a higher proportion of older people (18% of the population are over 65 in Havering compared to 12.1% in London[1]) and a low number of Non-UK Nationals (7.3% in Havering, compared to 22.3% in London, 23.3% in B&D and 25.4% in Redbridge). This means that the hospitals can use the data about the areas and see which services are required where, giving the residents a better service.

At its heart, however, this bill is about backing our health and care system and everyone who works in it. It outlines steps to support everyone who works to meet people's health and care needs, which taken together, will help build back better services after COVID.

The white paper establishes that, subject to Parliamentary business, the Government wants the legislative proposals it has set out to begin to be implemented from April 2022 – a relatively tight timescale.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no immediate financial implications arising from this report which is a briefing for information only. However, the implementation of this legislation will have financial implications for the Council and this will be subject to scrutiny as part of the planning and implementation in advance of April 2022.

Legal implications and risks:

There are no apparent legal implications in noting the content of the Report.

[1] Havering – Population / Demographics (haveringdata.net)

Human Resources implications and risks:
The recommendations made in this report do not give rise to any immediate HR risks or implications that would affect either the Council or its workforce. However the implementation of this legislation may have implications for the Council's employees in the future and these will be subject to scrutiny as part of the planning process leading up to implementation in April 2022. Any HR implications will be managed in accordance with the Council's HR policies and procedures.

Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

(i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
(ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
(iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

BACKGROUND PAPERS

None

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POLICY BRIEFING – HEALTH AND SOCIAL CARE BILL 2021

Jodie Gutteridge

EXECUTIVE SUMMARY

On the 11th February 2021, the Department of Health and Social Care published a white paper, Integration and Innovation: working together to improve health and social care for all. The paper sets out legislative proposals for a health and care bill. The full document can be found in the "references considered as part of this briefing note" section below.

In the white paper, the Government presents several arguments for why it feels legislation is needed. These include: the need to embed the co-operation seen across the NHS in response to the Covid-19 pandemic; the need to remove longstanding barriers to collaboration; reversing competition rules that create unnecessary bureaucracy by forcing commissioners to put their services out to tender; and a desire to clarify and increase political accountability for the NHS.

The proposed legislation aims to avoid a one-size-fits-all approach and leaves many decisions to local systems and leaders. This is appropriate given the great variation across England in terms of history, demography and local health challenges. For example Havering has a higher proportion of older people (18% of the population are over 65 in Havering compared to 12.1% in London[1]) and a low number of Non-UK Nationals (7.3% in Havering, compared to 22.3% in London, 23.3% in B&D and 25.4% in Redbridge). This means that the hospitals can use the data about the areas and see which services are required where, giving the residents a better service.

At its heart, however, the government says this bill is about backing our health and care system and everyone who works in it. It outlines steps to support everyone who works to meet people's health and care needs, which taken together, will help build back better services after COVID.

The white paper establishes that, subject to Parliamentary business, the Government wants the legislative proposals it has set out to begin to be implemented from April 2022 – a relatively tight timescale.

ISSUE

While there is much to welcome in the White Paper, the health and care system faces many challenges that will not be addressed by these proposals, including chronic staff shortages, deep health inequalities and an urgent need for long-term reform of social care.

While legislative changes are needed to progress the integration agenda further and faster in the interests of improving care for patients, these proposals come at a time when the NHS, local authorities and their partners are still dealing with Covid-19. In implementing these proposals, health and care services will need to be mindful of the ongoing recovery efforts as well as dealing with the pandemic as it evolves over the coming months.

BACKGROUND

The White Paper groups the proposals under the following themes:

- working together and supporting integration;
- stripping out needless bureaucracy;
- enhancing public confidence and accountability; and

[1] Havering – Population / Demographics (haveringdata.net)

- additional proposals to support public health, social care and quality and safety.

Working together and supporting integration

In order to work together and support integration, integrated care systems (ICSs) will be established as statutory bodies in all parts of England. ICSs will be made up of two parts – an 'ICS NHS body' and an 'ICS health and care partnership'.

The ICS NHS Body will be responsible for strategic planning and allocation decisions. It will look to merge some of the strategic planning functions currently being fulfilled by non-statutory ICSs or sustainability and transformation partnerships (STPs), with the functions of clinical commissioning groups (CCGs), which will be abolished, with their staff transferring over to the ICS NHS body.

The ICS health and care partnership will be responsible for developing a plan to address the systems health, public health and social care needs which the ICS NHS body and local authorities will be required to 'have regard to' when making decisions, and each local area will be given the flexibility to appoint members.

The white paper also recognises the importance of 'place', which is a smaller footprint than that of an ICS, often that of a local authority. It suggests that much of the heavy lifting of improving population health is driven by organisations collaborating at this level. The development of place-based partnerships will be left to local determination, building on existing arrangements where these work well. ICSs will be expected to work closely with health and wellbeing boards and required to 'have regard to' the joint strategic needs assessments and joint health and wellbeing strategies produced by health and wellbeing boards.

Reducing Bureaucracy

The white paper highlights the proposed changes to procurement, which seeks to reduce transaction costs and give NHS and public health commissioner's greater flexibility over when to use competitive procurement processes when purchasing health care services. These include removing the commissioning of NHS and public health services from the scope of the Public Contracts Regulations 2015, to be replaced by a bespoke NHS provider selection regime and a new duty on commissioners to act in the best interests of patients, taxpayers and their local populations.

The procurement of non-clinical services (e.g. professional services such as consultancy) will remain subject to public procurement rules.

Improving accountability and enhancing public confidence

Firstly the white paper recognises the work already undertaken to bring together NHS England and NHS Improvement into a single organisation. It then places it on a statutory footing by abolishing the two bodies who work together under the name NHS Improvement, and transferring their functions to NHS England. This new body will be formally considered to be responsible for providing integrated, national leadership for the NHS.

In recognition of the increased range of functions this newly merged body will have, the White Paper proposes, changes to ensure the Secretary of State has 'appropriate' and 'structured' intervention powers over NHS England. There isn't a lot of detail provided on how these powers will work in practice, although it is suggested that they will continue to maintain the clinical and day-to-day

operational independence of the NHS, meaning that ministers would remain unable to direct local NHS organisations or intervene in individual clinical decisions.

To 'allow the system to adapt and shift to changes in priorities and focus over time' this section proposes to establish a new power in primary legislation that would allow the Secretary of State to transfer functions to and from specified arm's length bodies and to abolish arm's length bodies where they become redundant as a result of any such transfers. It is suggested that there are no immediate plans to use this power and that before any use in the future, formal consultation would be required.

The final proposal in this section would place a new duty on the Secretary of State to publish a report every parliament that sets out the roles and responsibilities for workforce planning and supply and would cover the NHS (including primary, secondary, and community care) as well as sections of the workforce that are shared between health and social care (e.g. registered nurses).

Additional measures

Social Care

The executive summary of the White Paper states that "the Department recognises the significant pressures faced by the social care sector and remains committed to reform". **Although there is no detail on the long-term reform of social care**, the White Paper does contain a number of specific and targeted social care changes.

In recognition of the increasing numbers of people who need adult social care and the consequent need for greater oversight of the provision and commissioning of services, the White Paper proposes introducing a new duty for the Care Quality Commission (CQC) to assess how local authorities are meeting their adult social care duties, and a new power for the Secretary of State to intervene where CQC considers a local authority to be failing to meet these duties. To support this increased oversight, the Department is also proposing changes to the types of data it collects centrally from the sector and the frequency with which it collects it.

Other proposed changes include introducing a legal framework for the 'discharge to assess' model so that assessments can take place after an individual has been discharged from acute care (replacing the current requirement to assess before discharge) and a small technical change to the Better Care Fund to separate it from the process for setting the NHS Mandate (which will no longer be set on an annual basis).

Public Health

There are also several proposals to legislate for commitments made in the government's obesity strategy, aimed at enabling it to achieve its commitment to halve childhood obesity by 2030. The first is to give ministers the power to introduce new labelling requirements to support more informed consumer choice. The other proposed changes seek to increase restrictions both on the advertising of foods high in fat, sugar or salt on TV before 9pm and on the advertising of these products online.

The White Paper also proposes changes that would move the responsibilities for initiating schemes for water fluoridation from local authorities to the Secretary of State.

Safety and Quality

The white papers plans to bring forward measures that contribute to improved quality and safety in the NHS, by placing the Health Services Safety Investigations Body on a statutory footing; establishing a statutory medical examiners system; enable the Secretary of State to set minimum statutory standards for food and drink provided in hospital settings, and allowing the Medicines and Healthcare products Regulatory Agency to set up national medicines registries. They will also look to put in place legislation to enable the implementation of comprehensive reciprocal healthcare agreements with countries around the world.

Impact on Havering

The involvement of local government is essential for ICSs to be able to drive meaningful improvements in health and wellbeing.

The first is the opportunity to join up health and social care at all levels in the system, creating better outcomes and a less fragmented experience for patients and users.

The second is the potential to improve population health and wellbeing through the leadership of public health teams as well as NHS and local government acting together to address wider determinants of health such as housing, local planning and education.

Finally, the involvement of local government can enhance transparency and accountability through supporting engagement with local communities and providing local democratic oversight.

In Havering the development of the 'Havering Borough Partnership' will be the vehicle to ensure better working together and supporting the integration requirement at a local level. There remain many questions about how this will work in practice, particularly around funding flows. However the formation of such a partnership presents an opportunity to deliver far more joined up services. The formation of the partnership is work in progress and will be regularly reported on through Council governance forums.

Havering's Health & Wellbeing Board (HWB) will provide strategic leadership for the work of the Borough Partnership, including ensuring that the Borough Partnership plans for improving health outcomes through the lens of the wider determinants of health. "Good health" must be viewed through the prism of housing, financial security, access to appropriate education, and a sense of community belonging – not just treating ill health. The HWB will therefore continue to have an important responsibility at place level to bring local partners together, whilst also delivering the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy.

Havering alongside Barking & Dagenham, City of London, Hackney, Newham, Redbridge, Tower Hamlets and Waltham Forest are the boroughs who are part of East London Health and Care Partnership. The 7 accompanying CCG areas became a single CCG from 1st April 2021 to become North East London Clinical Commissioning Group (NEL CCG). NEL CCG will eventually formally become the NEL ICS from April 2022 (assuming the legalisation is passed as planned). NEL CCG / ICSwill retain overall responsible for commissioning health services across North East London, however will delegate as much of the decision making and control to each of the Borough Partnerships working across the health and social care landscape. The mechanisms around how this will work have yet to be determined, and the opportunity for boroughs to be around the planning table is critical to ensure subsidiarity of decision making as much as possible.

- As noted, NHS NEL CCG is part of the North East London Health & Care Partnership (NEL HCP). This brings together the below organisations together to work collaboratively as borough's with our local Primary Care Networks, but also as a system across North East London:8 local authorities
- 5 NHS Trusts
- 1 Clinical Commissioning Group
- social care providers
- GP practices
- Dentists
- Pharmacists
- Optometrists
- Community & Voluntary organisations

Havering, Barking and Dagenham and Redbridge, both councils and the local NHS have also continued our long collaboration across the BHR subsystem, and this will continue to be the case moving forward where It makes sense for us to do so. This is particularly the case where for example we are working with NHS provider trusts, whose patient catchments are from all three boroughs.

The NEL HCP is the most diverse ICS in the country with the youngest population, although Havering has a one of the highest proportions of older residents.

North east London boroughs have endured some of the highest COVID-19 mortality rates in the UK. Whilst the longer-term consequences of the pandemic are not yet fully known, national socio-economic indicators are showing there is a significant risk of widening health inequalities.

The NEL HCP are developing a new clinical and professional leadership model, building on strengths across the partnership which have already driven improvements in primary care, mental health and acute services including reconfiguration of cardiovascular, stroke and trauma care.

Strong clinical leadership has been at the forefront of the COVID-19 response including through the new ICS Clinical Advisory Group, established in Spring 2020, and our Incident Management Team formed by the DsPH to support outbreak management, and testing as well as action on health inequalities.

As a system, we now want to capitalise on this progress to develop and broaden clinical and professional leadership by increasing diversity and representation from wider professionals (including AHPs, PH and social care), improve the governance and accountability and to ensure population health is a shared responsibility across all of our ICS clinical / professional leadership.

Our programme to develop an ambitious new clinical / professional leadership model for the ICS is based around the following objectives –

- Increasing diversity in our leadership roles and growing more of our leaders locally
- Increasing the range of professions represented in leadership roles
- Maintaining and developing strong leadership at both NEL level and in our ' Places
- Progressing key executive team clinical appointments
- Ensure a robust competency based recruitment process is used consistently across the ICS
- Developing an underpinning investment plan
- Re viewing and developing our clinical networks to ensure they are fit for purpose and integrated

- Supporting the development of our clinical Advisory Group and Senate
- Widening responsibility for population health across all of our leadership
- Strengthening governance accountability

The pandemic brought NHS organisations and partners across NEL more closely together than ever before in responding to Covid. In particular the three acute trusts – Homerton, BHRUT and Barts Health Group – worked together to co-ordinate care for critically-ill Covid patients and those with urgent and emergency needs. We are all committed to embedding the positive changes we have made over the last year and building a more resilient model for the future.

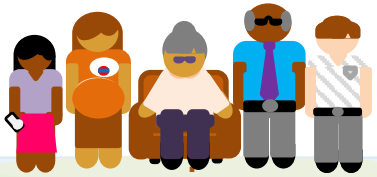
Whilst the three acute trusts in NEL have a long history of working together, in June 2020 they committed to establishing an **Acute Alliance** to strengthen joint working and respond to immediate and longer term planning to help drive increased standardisation across NEL. The Acute Alliance sits within **NEL ICS** governance, reporting into the NEL ICS Executive.

Two of the trusts involved – Barts Health Group and BHRUT, which together account for 85% of acute care within NEL – are adopting a **shared leadership** structure to enable them to go further and faster in some key areas and accelerate the pace of improvement. It is fair to say that there are some reservations at borough level within the BHR subsystem as to the benefit of adopting a shared leadership approach, with some concern that there may be unintended consequences in terms of accessing timely health care for our residents. Reassurances are being sought about this.

The BHR Partnership

The following diagram represents the BHR partnership:

BHR Our Integrated Partnership



Co-production & Engagement

Our patients, residents and local communities

BHR SYSTEM (80%)

Havering North PCN | Havering PCN | Havering PCN | Havering Marshall's PCN | Cranbrook PCN | Wanstead Woodford PCN | New Cross Alliance PCN | Seven Kings PCN | Loxford PCN | Fairlop PCN | B&D North PCN | B&D North West PCN | B&D West PCN | B&D New PCN | B&D East PCN | B&D East PCN

Community Based Care

Delivery and Improvement

BOROUGH PARTNERSHIPS

Barking and Dagenham Health and Wellbeing Board
Delivery: B&D Delivery Group
Scrutiny: HSC

Havering Borough Partnership (which links to the Health and Wellbeing Board)
Delivery: Place based Care

Redbridge Health and Wellbeing Board
Delivery: Redbridge Operational Group
Scrutiny: HSC

Planning and Co-ordination

BHR TRANSFORMATION BOARDS

Children and Young People, Mental Health, Planned Care, Unplanned Care, Cancer, Primary Care, Long Term Conditions, Older People/ Frailty, LD and Autism

Supported by key enablers: workforce, digital, finance, estates

Integrated Care Executive Group; Commissioners and Providers

Integrated Care Partnership Board;
with Health and Care Cabinet

Oversight and Assurance

North East London ICS and single North East London CCG

NEL (20%)

Partners at all levels of the BHR system:

- London Borough Barking and Dagenham
- London Borough Havering
- London Borough Redbridge
- BHRUT
- NELFT
- Primary Care Networks x16
- GP Federations x3
- CCG x 1
- Healthwatch x3
- Community and voluntary sector
  - PELC
  - Others e.g. Barts Health, police, housing etc.

As previously noted, BHR Partners across health and care, who have been working together for a number of years, are committed to developing integrated care and partnership working.

The response to COVID-19 brought health and care partners together in an unprecedented way to deal with the challenges faced. We are proud of what has been achieved to care for our residents in this period at such a difficult time, and are now working on recovery together.

Collaborating across the NHS and local government is not easy, and requires local leaders (including NHS leaders as well as officers and elected members in local government) to better understand each other's challenges, to recognise and respect differences in governance, accountabilities, funding and performance regimes, and to find ways to manage these differences.

Timeframe

The direction of travel as indicated in the White Paper is supportive of the development of integrated care locally. We have identified the key dates below, which are worth noting.

11th February 2021 – White Paper published

April 2021 – All 7 CCGs across North East London merged to make one North East London CCG

July 2021 – Second reading of Health and Care Bill expected

September 2021 – The start of the CCG Transition

January 2022 – Expected Royal Assent

April 2022 – Legislative proposals set out, set to be implemented

PROS OF THE BILL

The proposals published so far have been widely welcomes as there is an opportunity to shift the culture of how we work together, removing the unhelpful transactions and barriers that used to exist between organisations and moving to a common purpose of transforming services around our populations needs. Making our governance, systems and processes easier to deliver that transformation and building trusting relationships and teams focused on outcomes.

Recognising that the only way we can address the significant on-going challenges to health and care is to work together, we want to build on our achievements and deliver more for the people we serve.

CHALLENGES WITH THE BILL

The implementation of the proposed Bill is quite short and at a time when the NHS is still battling the effects of the Covid-19 pandemic. It is also unclear as to the full affects the pandemic has had on the NHS in general and individual areas, all of whom have been affected differently. This information should be clear before any major changes are implemented.

The White paper does not set out a long term plan for social care, which has the potential to destabilise the success of the ICS, nor does the white paper make a mention to unpaid carers. This is

a key consideration for Havering , as statistics show that our borough has 25,214 (11%) unpaid carers[2], which looks like it will increase significantly once the Census 2021 results are released.

RECOMMENDATIONS

The document is for information only so it is recommended that members take note of this briefing. Comments or questions can be sent to John Green, Head of Joint Commissioning: john.green@havering.gov.uk

REFERENCES CONSIDERED AS PART OF THIS BRIEFING NOTE:

https://houseofcommons.shorthandstories.com/health-social-care-white-paper/index.html?utm_source=twitter&utm_medium=tweet&utm_campaign=white-paper&utm_content=organic>

https://www.kingsfund.org.uk/publications/health-social-care-white-paper-explained?gclid=EAIaIQobChMIutvm2pGK8QIVgpntCh2tIA2dEAAYASAAEgKa5PD_BwE

https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version

Havering - NHS North East London CCG

Integrated care systems explained | The King's Fund (kingsfund.org.uk)

The Government's White Paper proposals for the reform of Health and Social Care - Health and Social Care Committee - House of Commons (parliament.uk)

210607 NEL ICS System development Plan V2.2 powerpoint

Full white paper -
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf

Havering officers contacted as part of the research and Legislation cited

John Green | Head of Joint Commissioning Unit

Lucy Goodfellow | Policy & Performance Business Partner (CAH)

[2] Havering – Health & Social Care – Reports (haveringdata.net) ONS Census 2011