

Notice of NON-KEY Executive Decision containing exempt information

This Executive Decision Report is part exempt and Appendix A and Appendix B are not available for public inspection as they contain or relate to exempt information within the meaning of paragraph 3 of Schedule 12A to the Local Government Act 1972. They are exempt because they refer to Information relating to the financial or business affairs of any particular person (including the authority holding that information) and the public interest in maintaining the exemption outweighs the public interest in disclosing the information

Subject Heading:	Havering Borough Partnership hosting of North East London Demand & Capacity Funding & Multidisciplinary child health pilot funding 2022/23 carry forward into 2023/24
Decision Maker:	Dave McNamara, Director of Finance
Cabinet Member:	Councillor Gillian Ford – Lead Member for Adults & Health Councillor Oscar Ford – Lead Member for Children’s
SLT Lead:	Barbara Nicholls, Director for Adult Services and Health (and on behalf of Robert South, Director of Children Services)
Report Author and contact details:	Sandy Foskett, Senior Commissioner and Project Manager T. 01708 434742 E. sandy.foskett@havering.gov.uk
Policy context:	The NHS North East London ICB has funding available at the end of the 2022/23 to passport to borough

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	<p>partnerships for the delivery of services in 2023/24.</p> <p>The funding intends to support innovation through piloting new ways of delivering integrated care at a borough partnership level. Some of the funding is proposed to support the continuation of pilots started in 2022/23 to provide more time for benefits to be realised, due to starting later in the current financial year than was originally planned.</p>
Financial summary:	<p>The report seeks permission to accept NHS funding of £418,988</p> <p>Made up of £268,988 demand and capacity funding and £150,000 for a multi disciplinary child health pilot proposed for 2023/24</p> <p>This funding is for the period from 1st March 2023 to 28th February 2024 or if after this date, until the funds are depleted.</p>
Relevant OSC:	People's Overview and Scrutiny Sub Committee
Is this decision exempt from being called-in?	Yes, it is a non-key decision by a member of staff

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

People - Things that matter for residents X

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place.

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

It is recommended that the S151 Officer:

1. accepts funding of £418,988 from the NHS North East London Integrated Care Board (ICB) to deliver the following services:
£150,000 for
£268,988 for
2. subject to 1 above agrees to the Council entering into the relevant section 256 agreements with the ICB for the projects

*Section 256 – North East London - Babies, Children and Young People (BCYP) Programme 2022/23 for Havering is affixed to this report at Appendix A.

AUTHORITY UNDER WHICH DECISION IS MADE

Part 3 Responsibility for Functions of Havering's Constitution

Para 3.10.3 Statutory Officer Functions;

S151 Officer Functions

(m) To accept grants and the terms and conditions thereof for and on behalf of the Council.

STATEMENT OF THE REASONS FOR THE DECISION

Background

- 1.1. NHS North East London Integrated Care Board (ICB) and key partners such as Havering Council and the other councils in North East London are responsible for the promotion of the health and wellbeing of all residents in the borough and across North East London.
- 1.2. As per the Health and Care Act 2022, integral to the approach to integration is the delegation of responsibilities and budget to the borough subcommittees (known colloquially as the Havering Borough Partnership).
- 1.3. The ICB itself, is still undergoing a period of bedding in, in terms of what will be delegated to place, and funding has become available at the end of the 2022/23 financial year for borough partnerships across NEL or more specifically Barking & Dagenham, Havering and Redbridge (BHR) to accept funding for use at borough partnership to agree spending priorities with the ICB for 2023/24.
- 1.4. It is of note that primary care areas, have a statutory duty to have a GP lead for children within primary care at borough level, and locally we recognise that a

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GP lead for Adults would be beneficial with discussions already underway through the borough partnership.

Demand & Capacity Funding (BHR)

- 1.5. In 2022/23 ICBs received funding from NHS England to stand up plans for innovations to support acute hospitals with flow through the A&E department, the inpatient wards, and then discharge. It was also recognised that for hospital flow to work effectively, the right level of capacity is necessary across community services, including social care, to ensure we maximize opportunities to reduce attendance in A&E, and support early and safe discharges, which is better for residents in terms of outcomes.
- 1.6. Example schemes stood up in 2022/23 include, funding additional resources into adult social care to review reablement packages more efficiently, to release reablement hours back into the health and social care system. This was necessary due to the agreed increase in hours for reablement over 2022/23, as well as to mitigate against reviews being delayed and thereafter 'silting up' the reablement service, leaving them unable to take on new packages. Each of the BHR boroughs received an allocation to support increased demand across social care provision (the care market), to support flow out of the hospitals. For Havering in total, this amounted to £1.158m in 2022/23.
- 1.7. Other partnership schemes in 2022/23 included increasing capacity of the intensive rehab service run by NELFT as well as the BHR integrated discharge hub. Some additional staffing for BHRUT rehab beds, and increasing the nursing resources in A&E to support faster ambulance handover.
- 1.8. The funding proposed for transfer to Havering on behalf of the partnership, will enable some of these schemes to continue to further provide evidence of the benefits to residents but also system savings to support potential business cases in the future. The proposed allocation of funding is all to extend existing schemes to provide time to gather further evidence for proposed business cases to ensure ongoing revenue funding if possible. It is subject to final agreement between partners however the proposals are set out in the table below:

Scheme	Funding
Home First Transport from BHRUT sites – 6 months	52,000
Reablement Review Team (2 Social Workers) for Havering – 6 months	60,000
4 x NELFT integrated rehabilitation beds - 1 month	48,078
BHRUT homeless lead (in collaboration with Havering's Housing department) – 1 year	61,000
2 Social workers in both A&E / frailty units - 3 months	47,910
TOTAL	268,988

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The ICB have stipulated as part of the funding terms and conditions how the funding should be spent and broken down and which organisations are to deliver which service.

The section 256 Agreement for Demand and Capacity has not yet been received, due to the short notice of the funding and the need for the funding to be released to the Council by 31st March 2023. The ICB have however issued a letter of intent, confirming that the funding will be released to the Council once the Council issue an invoice.

The section 256 Agreement will be reviewed by officers in the legal team prior to it being signed.

Multi-disciplinary Child Health Pilot

- 1.9. North East London ICB is committed to the commissioning and delivery of services that meets the objectives of the partnership Babies, Children and Young People (BCYP) programme initially developed in 2022/23.
- 1.10. NEL ICS' vision and priority are to provide the best start in life for the babies, children, and young people of North-East London. The establishment of the integrated child health pilots will support more BCYP to access preventative care and when needed healthcare services, closer to home instead of requiring hospital services.
- 1.11. As part of this commitment, each borough is to receive funding to develop models for improving integrated working across primary, secondary and community health care services and local authority services. These will build on and reflect the successful learning of the connecting care for children models and the recommendations from the Fuller review.
- 1.12. Place Health leads for BCYP, alongside LA and primary care colleagues have begun working up the potential pilot models for these which are expected to begin implementation beginning in quarter 1 of the 2023/24 financial year.
- 1.13. The pilots will promote health and wellbeing and address inequalities in order to enhance access to care, and support care closer to home.
- 1.14. Pilot teams will be offered the opportunity to work with the Institute of Healthcare Improvement to develop quality improvement methodology in developing the pilots.
- 1.15. A successful pilot will be able to demonstrate benefit and improved outcomes for the youngest residents in our borough, ensuring the best possible start in life and through childhood. This will assist with developing a long term business case for permanent funding should the pilot be successful.
- 1.16. The scope includes babies, children and young people registered with a GP in the borough aged 0-18 or 25 if they have SEND. Further work is needed to ensure that borough boundaries are not an impediment to accessing the pilot

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service where for example, a child lives in one borough but is registered with a GP in another borough.

- 1.17. Pilots may choose to focus on a specific cohort based on need or condition. Pilots need to demonstrate integrated working across primary, secondary, community services and incorporate family hub developments as these emerge at Place.
- 1.18. A working party will be formed to develop/ deliver the model, informing decisions regarding the provider. The Council will be part of the working party along with other organisations within the NHS.

The Funding

- 2.1. The Demand & Capacity funding subject to the proposal set out above, is for monies not spent as planned in 2022/23 to be passed to borough partnerships to enable schemes to continue for the timescales specified in the table above. The total funding is £269k. The funding is short term, with plans being drawn up for 2023/24 demand and capacity funding separately.
- 2.2. The Multidisciplinary Child Health Pilot funding – the funding allocation for each place is £150k, with the place based partnership board being responsible for the release and sign off of funds to the nominated providers as identified in project plans due to be submitted at the end of March 2023. This funding is for the period from 1st March 2023 to 1st Feb 2024 or if after this date, until the funds are depleted.

Conditions of funding and Place Based Partnership Responsibilities

- 3.1 The Borough Partnership Board will meet to review the proposals to deploy the funding by no later than 31st May 2023. The proposal will set out the names of the providers for each pilot and the amount of non-recurrent funding they have been allocated. The proposal will also set out a recommendation on the best route to deploy the funds i.e. the role that other place based partner organisations will play in the distribution of the funding and mobilisation of the services. The service will be monitored through the Borough Partnership Board as per requirement of Section 256 (see Appendix A).

OTHER OPTIONS CONSIDERED AND REJECTED

Not accept these two funding streams from NHS North East London – this option was rejected. Accepting this funding will allow residents to get the care they need in community settings, preventing issues escalating and to achieve better outcomes. The services proposed will complement existing services within the NHS and works in preventing avoidable A&E presentations, hospital admissions or supporting early discharge out of hospital across all age groups.

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PRE-DECISION CONSULTATION

The Havering (Placed Based) Borough Partnership Board and the BHR Health and Care Cabinet both support the use of the funding being made available

Pre-decision stakeholder engagement has taken place with:

- NHS North East London Integrated Care Board
- North East London Foundation Trust
- Havering Adult Social Care & Health
- Havering Children's Services

The joint chairs of the Havering (Placed Based) Borough Partnership Board and the Havering Place Based Subcommittee Accountable Officer both support the use of the funding being made available.

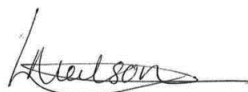
As noted above, proposals for the funding streams will come to a Borough Partnership meeting no later than 31st March 2023

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Laura Neilson

Designation: Commissioning Programme Manager, Joint Commissioning Unit

Signature:



Date: 31 March 2023

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council has a statutory duty under the National Health Service Act 2006 (as amended by section 12 of the Health and Social Care Act 2012) to take such steps as it considers appropriate for improving the health of the people in its area.

Furthermore, Section 1 of the Localism Act 2011 gives the Council a general power of competence to do anything an individual can do. The recommendations in this report are in keeping with this power and the Council has the power to accept grant funding.

The use of the grant sums will need to be made pursuant to the grant terms and conditions including but not limited to the use of the grant funding and the monitoring requirements.

The Council must also indemnify the Integrated Care Board (ICB) against all actions, claims, demands, costs, charges and expenses whatsoever in respect of any breach by the Council of the Grant Funding Agreement.

Furthermore, the ICB may require the Council to repay any unspent funding in the event of: a. failure to commence the agreed commissioned service or to attain the agreed service standard and not being able to remedy the situation within a reasonable timescale. b. the decommissioning or cessation of the service. c. failure to demonstrate financial viability. d. any of the grant funding is not used for the purpose specified in the Grant Funding Agreement.

The Grant is allowable under the Council's Contract Procedure Rules 25.1 and 25.4 which states: 25.1 Where the council receives Grant Funding and is named as the accountable body for the expenditure of monies, and where the terms of the grant permits the Council to directly carry out Works, or buy Services or Supplies, any procurement will be conducted in line with CPR.

25.4 Where the funding is for use by a third party, the obligation to account for the funding contained in the grant terms will be included in the agreement with the third party. Furthermore, the terms of making the grant shall include a clause to competitively tender for Services, Supplies or Works and reflect the Council's strategies, policies and objectives in so much as they apply to, or are compatible with, the funding objectives as set out in the grant terms imposed on the Council and CPR.

Demand and Capacity Funding

The Council is not required to undertake any procurement activity to appoint providers to deliver this service as the ICB have stipulated that the service providers will be BHR University Trust Hospital, NELFT and the Council itself. Further the ICB, as part of the NHS can award contracts for the provision of services to other organisations within the NHS without undertaking a procurement. Both BHR and NELFT are NHS organisations. This is in compliance with Regulation 12(7) of the Public Contract Regulations (as amended) 2015.

BCYP Funding

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A working party will be formed to develop/ deliver the model, informing decisions regarding the provider. Officers will need to complete an executive decision at that time confirming how the provider was chosen.

FINANCIAL IMPLICATIONS AND RISKS

This paper seeks permission to accept the NHS funding of £150,000 through the Section 256 Agreement – North East London Babies, Children and Young People Programme 2022/23 and to accept the funding of £268,988 for Demand and Capacity Schemes based on a letter of intent with a S256 agreement to follow.

The agreement is for the period 1st March 2023 to 28th February 2024 or until the funds have been allocated and the funds depleted.

Havering will be responsible for commissioning or delivering services in accordance with the S256 agreements to the satisfaction of NHS north East London ICB.

There are no adverse financial implications as a result of accepting this funding.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

At this stage, there are no HR implications for LBH employees and/or posts, however should there be, they will be managed in accordance with the Council's HR policies and procedures.

EQUALITIES AND SOCIAL INCLUSION 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

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Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

1 There are no direct implications relating to the environment or climate change relating to this report.

2. The Council will embrace the Environment and Climate Agenda both strategically and globally through its development of footprint reduction initiatives, Climate Action plans and externally delivered services. The council will strive to minimise negative impacts and optimising positive opportunities delivering our Climate change action plan.

BACKGROUND PAPERS

None

APPENDICIES

Appendix A	Section 256 Agreement	EXEMPT
Appendix B	Letter of Intent	EXEMPT

Key Executive Decision

Part C – Record of decision

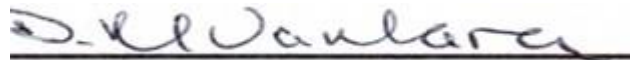
I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker

Signed



Name: Dave McNamara

CMT Member title: s151 officer

Date: 31st March 2023

Lodging this notice

The signed decision notice must be delivered to Democratic Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____