

## Notice of KEY Executive Decision

<b>Subject Heading:</b>	NEL Health Inequalities Funding
<b>Decision Maker:</b>	Dave McNamara, Director of Finance
<b>Cabinet Member:</b>	Councillor Gillian Ford – Lead Member for Health
<b>SLT Lead:</b>	Barbara Nicholls, Director for Adult Services and Health
<b>Report Author and contact details:</b>	Tha Han, Public Health Consultant
<b>Policy context:</b>	<p>The Health Inequalities Fund will support Havering’s Health and Wellbeing Strategy priorities in the following areas:</p> <ul style="list-style-type: none"> <li>• Address health inequalities at a local and hyper-local levels by responding to community intelligence and promoting sustainable impact for communities.</li> <li>• Tackle and prevent people being overweight and obese</li> <li>• Reduce smoking-related harms.</li> <li>• Improving access to services – support for those digitally excluded.</li> </ul>
<b>Financial summary:</b>	<p>The report seeks permission to accept NHS funding of £747,500 via the Health Inequalities Fund.</p> <p>This is committed to deliver identified health inequalities schemes, with match funding from the Public Health grant for the stop smoking and Children and</p>

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	Young People (CYP) weight management schemes.
<b>Reason decision is Key</b>	Expenditure or saving (including anticipated income) of £500,000 or more
<b>Date notice given of intended decision:</b>	16 November 2022
<b>Relevant OSC:</b>	People's Overview and Scrutiny Sub Committee
<b>Is it an urgent decision?</b>	Permission has been requested from the Chair of Overview and Scrutiny Sub Committee for Call-in to be waived.  This is funding from the NHS passed onto the Council to support Havering residents in areas of hardship such as the cost of living crisis, any delays in delivering these funded projects would have negative impact to residents.
<b>Is this decision exempt from being called-in?</b>	Yes

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

People - Things that matter for residents

Place - A great place to live, work and enjoy

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

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### Part A – Report seeking decision

#### **DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION**

It is recommended that the S151 Officer, in consultation with the Lead Member for Health, authorises:

- the acceptance of the North East London Health Inequalities Grant Funding allocation of £747,500 from the NHS North East London ICB;
- the allocation of funding for use on community health services to reduce health inequalities;
- the entering into of the terms and conditions of the Section 256\* – North East London Inequalities Funding Allocation 2022/23

\*Section 256 – North East London Inequalities Funding Allocation 2022/23 is affixed to this report at Exempt Appendix B.

#### **AUTHORITY UNDER WHICH DECISION IS MADE**

Part 3 Responsibility for Functions of Havering's Constitution  
Para 3.10 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**

To comply with the legislative framework for Integrated Care systems (ICS's) as set out in the Health and Care Act 2022, the Council must enter into integrated arrangements with the newly formed NHS North East London care system. In practical terms this means councillor and officer representation in the Integrated Care Partnership statutory Integrated Care Board and its committees at a NEL level and the Havering Borough [Placed Based] Partnership (HBP) committee from 1st July 2022.

On 1st July 2022, the Integrated Care Board was established in the place of the NEL CCG, which ceased to exist. The ICB is called NHS North East London, and takes on the NHS commissioning responsibilities of the Commissioning Care Group (CCG). An Integrated Care Partnership (ICP) has been created as a formal alliance of partners with a role in improving the health and wellbeing of our residents, creating a joint plan for improving the health for our community, delivering services in a more joined up way. In order for NHS commissioning responsibilities to be delegated to place, a decision making Sub-Committee of the ICB has been established. The Sub Committee of the ICB is made up of representatives from the Havering Borough (Placed based) Partnership (HBP), and the wider HBP group will continue to exist as a consultative forum, which helps inform decision making by the Committee.

The Integrated Care Board and Place Based Committee are statutory functions, and a fundamental part of Integrated Care Systems.

The ICB successfully bid for health inequalities funding from NHS England and a range of projects have been identified to improve the health and wellbeing of Havering residents. The

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report seeks permission for London Borough of Havering to accept NHS health inequalities funding of £747,500 on behalf of Havering (Place Based) Borough Partnership for the projects as outlined below:

### **1. Children and Young Persons Weight Management Service and Stop Smoking Service**

To reduce both obesity and smoking levels locally the Council plans to pilot two evidence-based community health services designed to improve the health and wellbeing of residents and tackle health inequalities. These services are a children and young people's tier 2 weight management service and adults stop smoking services - consisting of a face to face service for the public and tailored services specifically for individuals with a learning disability and severe mental health illness. Allocation: £77,500

### **2. Intervention workstreams**

- **a. Self Service Health Check.** The project aims to empower patients and primary care to detect/manage Cardio Vascular Disease (CVD) risk factors such as hypertension, high BMI, high cholesterol, pre-diabetes by using a range of self-service aids. Allocation: £40,000
- **b. Increase Older Peoples uptake of benefits.** The project aims to increase the number of older people to access benefits and maximise income, in order to prevent negative impact due to the cost of living crisis. Allocation: £40,000

### **3. Multidisciplinary working workstream**

**a. Primary Care Network Multi-Disciplinary team Standard Operating Procedures for complex cases.** This project focuses on development of a standard operating procedure for complex cases and enable them to access subject matter specialists. Allocation:£100,000

**b. Children's Health & Wellbeing Pathway Development.** This project development of a pathway for children's health and wellbeing coaching across providers for those who are 11+. Allocation: £60,000

**c. Housebound Model Development.** This project will carry out engagement with health, social care and community providers who work with those who are housebound to determine what issues they are having when it comes to accessing health and/or social care. Allocation: £60,000

**d. Carers fast track access pathway development.** The project will focus on development of a health and social care pathway for carers enabling fast tracked access to services. Allocation: £100,000

### **4. Community Chest for Social Prescribing**

Small local voluntary sector groups can apply to receive grants from the community chest. The grants will be allocated under specific areas which must involve/impact social prescribing. The themes/activity gaps so far identified include: benefits and housing advice (support with cost of living), befriending services, activities for 30-50 age group (mental health and learning difficulties cohorts). The objective is to use the Community chest as a vehicle for social prescribing maturity, particularly around relationship building, decision making and data intelligence for the borough. Allocation: £100,000

**5. Engagement and Support to underrepresented community groups for homeless including those in temporary accommodation, asylum seekers, refugees and rough sleepers.** The projects will focus on issues highlighted by partners i.e. GP Access, Translation services, access to digital tech, mental health service access, dental access, transport. Allocation: £107,781

**6. Improved access with regards to digital exclusion & translation support for homeless including those in temporary accommodation, asylum seekers, refugees, rough**

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**sleepers.** The projects will focus on issues highlighted by partners i.e. GP Access, Translation services, access to digital tech, mental health service access, dental access, transport (As above). Allocation: £50,000

### **7. Admin Support Costs.**

The funding will pay towards additional admin support in relation to payments distribution/monitoring of the Health inequalities projects. The funding will cover a dedicated role within LBH. Allocation: £12,219

Following recommendation of this report, each of the Health Inequalities funded projects will seek separate governance approval for the procurement of providers and award of any contracts where applicable.

## **OTHER OPTIONS CONSIDERED AND REJECTED**

Not accept monies – this option was rejected. Accepting the monies will enable savings towards cost of delivery for the Council whilst ensuring delivery of NICE (National Institute for Health and Care Excellence) recommended health services.

## **PRE-DECISION CONSULTATION**

Business papers for these projects have been taken to the Havering (Placed Based) Borough Partnership & BHR Health and Care Cabinet where both boards supported the use of the Health Inequalities Funding for these projects.

Pre-decision stakeholder engagement has taken place with:

- Children Services
- Learning Disabilities Services
- Sports Development Team
- Service Providers

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

Name: Tha Han

Designation: Public Health Consultant

Signature:

Date: 4 November 2022

## **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 receive 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 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.

### **FINANCIAL IMPLICATIONS AND RISKS**

This paper seeks approval of the allocated Section 256 – North East London Inequalities Funding Allocation 2022/23, total £747,500. The agreement is for the period 1st August 2022 to 31st August 2023 or until the funds have been allocated and the funds depleted.

The funding will cover the following projects:

- Intervention workstream £80,000.
- Multidisciplinary working workstream £320,000.
- Social prescribing community chest £100,000

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- Engagement with underrepresented groups, and Outreach support for asylum seekers and Ukrainian refugees £107,781.
- Improving access to services – support for those who are digitally excluded/ need translation support £50,000.
- Piloting a targeted Stop Smoking Service for people with mental health issues or a learning disability £52,500.
- Piloting a Children and Young Peoples weight management service £25,000.
- Admin support for the financial monitoring of the schemes £12,219

Only the stop smoking and Children and Young People (CYP) weight management schemes require match funding from the local authority. They respectively receive £52,500 and £25,000 with match funding for them coming from the public health grant. This leaves c£670,000 available to cover in full the rest of the project.

The Council's PH financial strategy is to utilise grant funding in 22-23 and 'match fund' in 23-24 under a single pilot service. This approach will enable to monitor actual spends to match fund.

Overall, even after taking in consideration the Public Health part funding of the projects mentioned above there is no adverse financial impacts on the council's base budget.

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

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### **HEALTH AND WELLBEING IMPLICATIONS AND RISKS**

The proposed projects will support disadvantaged or high need population groups (such as vulnerable older people in community and care settings, those adults who are more socioeconomically deprived, families with children with obesity, refugees and asylum seekers) by prevention and by improving access to health and care and voluntary care services, and improve social interaction and cohesion.

In particular, the activities will have direct impacts on smoking cessation, weight management, healthy diet, physical activity, self-care, care of the housebound, mental health and wellbeing, Opportunity to interact socially with other people will be improved, reducing social isolation, connecting with community support networks to be able to live independently

Indirect impacts on the population will be through empowered primary and community health and care staff who would be equipped with improved integrated clinical pathways, tools and training.

### **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**  
**Appendix B**

Funding Letter Health Inequalities\_Havering  
Section 256 Agreement



**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**

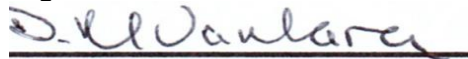
Proposal agreed

*Delete as applicable*

Proposal NOT agreed because

**Details of decision maker**

Signed



Name: Dave McNamara

CMT Member title: S151 Officer

Date: 8<sup>th</sup> December 2022

**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 \_\_\_\_\_