

Havering ICB sub-committee

Agenda – 13 September 2023 – 4.35pm – 5.05pm Via MS Teams

1.0	Welcome	4.35	Chair		
1.1	Declarations of Interest	(5 mins)		Attached	Note
1.2	Minutes from the 12 July 2023 mtg			Attached	Approve
1.3	Action log			Attached <i>pages 1 - 11</i>	Discuss/ Note
2.0	Questions from the public	4.40 (5 mins)	Chair/Lead	Verbal	Discuss/ Note
3.0	Health Inequalities – bids for sign off	4.45 (10 mins)	Dr Kullar	Attached <i>Pages 12 - 36</i>	Approve
4.0	Finance update	4.55 (10 mins)	Sunil Thakker	Attached <i>pages 37 - 55</i>	Note
5.0	AOB	5.05	Chair		
Date of next ICB sub-committee: 8 November 2023					

- Declared Interests as at 23/08/2023

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Andrew Blake-Herbert	Chief Executive; London Borough of Havering	Havering ICB Sub-committee Havering Partnership Board ICB Board ICS Executive Committee	Financial Interest	London Borough of Havering	Employed as Chief Executive	2021-05-01		Declarations to be made at the beginning of meetings
Barbara Nicholls	Director of Adult Social Care & Health, Havering Council	Havering ICB Sub-committee Havering Partnership Board	Non-Financial Professional Interest	Association of Directors of Adult Social Services (ADASS)	Professional membership	2016-01-01		Declarations to be made at the beginning of meetings
Brid Johnson	Member of sub-committee (representative of NELFT)	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board Havering ICB Sub-committee Havering Partnership Board Redbridge ICB Sub-committee Redbridge Partnership Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indirect Interest	Mid and South Essex ICB	My Partner is a Non-Executive Director at MSE ICB	2022-08-25		
Chetan Vyas	Director of Quality	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indirect Interest	North East London CCG	Spouse is an employee of the CCG	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Some GP practices across NEL	Family members are registered patients - all practices not known nor are their registration dates	2014-04-01		Declarations to be made at the beginning of meetings

			Indirect Interest	Redbridge Gujarati Welfare Association - registered charity in London Borough of Redbridge	Family member is a Committee member.	2014-04-01		Declarations to be made at the beginning of meetings
Emily Plane	Head of Strategic Planning - Havering Place based Partnership	Havering ICB Sub-committee Havering Partnership Board	Non-Financial Professional Interest	Petersfield Surgery	I am a registered patient of Petersfield Surgery in Havering.	2022-11-02		
Gillian Ford	Councillor The London Borough of Havering	Havering ICB Sub-committee Havering Partnership Board ICP Committee	Non-Financial Personal Interest	Avon Road Surgery	Patient of the practice and continue to be.	2012-06-30	2023-08-16	
Ian Buckmaster	Member of Committee	Havering ICB Sub-committee	Non-Financial Professional Interest	Healthwatch Havering	I am a director of Healthwatch Havering, which receives some funding from NHS NEL.	2023-04-01		
Narinderjit Kullar	Clinical Director, Havering Place Based Partnership	Clinical Advisory Group Formulary & Pathways Group (FPG) Havering ICB Sub-committee Havering Partnership Board	Financial Interest	St Edwards Medical Centre	GP Partner at practice	2017-11-01		
			Non-Financial Personal Interest	BHRUT	Wife works within the trust (Quality and Safety)	2017-11-01		
			Non-Financial Personal Interest	Havering Health GP Federation	Wife's Brother-in-Law is employed by the GP Federation	2016-12-01		
			Non-Financial Professional Interest	Faculty of Clinical Informatics, Hexitime and Shuri Network	Ongoing membership with FCI, Hexitime and Shuri Successful application to the Shuri Network in obtaining a bursary for one year's membership for the Faculty of Clinical Informatics (2019/20). This is to encourage and facilitate BAME women to apply for membership. No money was received by myself. I now pay for my own membership with the FCI and I am committed to	2020-12-01		No action required as no conflicts declared.

		<p>promoting difference and diversity in digital health. From March 2021, I joined Hexitime which is community to support members to offer their skills. As part of this, I can offer my skills for someone to shadow me under the the Shuri Network Digital Shadowing Programme and vice versa. Only time is exchanged, there is no monetary gain.</p>			
Non-Financial Professional Interest	Prescribing Services	Attended a educational conference	2022-11-30	2022-12-01	Declarations to be made at the beginning of meetings
Non-Financial Professional Interest	Health Education England	<p>I have volunteered to be a Health Ambassador for HEE. Health Ambassadors are health and social care staff and volunteers in clinical and non-clinical roles who have the opportunity to attend careers fairs and employability events to promote and encourage people to join the NHS workforce. They will offer advice on the opportunities out there and information about their professions (your personal journey into your role). Currently, the aim is to provide face to face and virtual talks to disadvantaged young people</p>	2022-01-03		No action required as no conflicts declared.

Vicki Kong

QIPP Programme Pharmacist

Havering ICB Sub-committee
Havering Partnership Board

		from schools and sixth form colleges in London.			
Non-Financial Professional Interest	NHS North East London	Sessional role (4hrs per week) as Clinical Lead, Community Pharmacy Clinical Project Sponsor for the Digital First team, NHS North East London.	2022-03-01		No action required as no conflicts declared.
Non-Financial Professional Interest	NHS North East London	Havering Clinical Lead for Population Health Management	2023-03-20		Declarations to be made at the beginning of meetings
Non-Financial Professional Interest	Q community	Member of Q community. Brings people together to support continual learning and quality improvement initiatives. I have previously (unsuccessfully) applied for funding under the Q exchange programme for a medicines optimisation digital resource and community platform.	2020-07-31		
Non-Financial Professional Interest	Convensis	Attendance of the Oncology conference as one of the members of the panel discussing cancer screening and early intervention	2023-06-29	2023-06-29	No action required as no conflicts declared.
Non-Financial Personal Interest	Upminster & Cranham Residents' association	Volunteer deliver the monthly local bulletin to residents in one road in Upminster and collect the annual subscription fee of £2 from each household that subscribes on	2023-05-29		No action required as no conflicts declared.

		that road.			
Non-Financial Professional Interest	Convensis	The declaration for the travel is showing however. I was a panel member for a discussion on Population Health Management conference. I was paid for rail travel to Manchester standard off-peak return.	2023-06-08	2023-06-08	
Indirect Interest	NHS North East London	My family is registered with Cranham Village Surgery since 2015. My mother is registered with Gubbins Lane surgery for many years.	2015-06-01		

- Nil Interests Declared as of 23/08/2023

Name	Position/Relationship with ICB	Committees	Declared Interest
Ann Hepworth	Member of a CCG committee	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board Redbridge Partnership Board	Indicated No Conflicts To Declare.
Selina Douglas	Executive Director of Partnerships	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board Mental Health, Learning Disability & Autism Collaborative sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee	Indicated No Conflicts To Declare.

		<p>Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee</p>	
Mark Ansell	member of a committee	<p>Clinical Advisory Group Havering ICB Sub-committee Havering Partnership Board</p>	Indicated No Conflicts To Declare.
Jwala Gupta	Havering North PCN Clinical Director	<p>Havering ICB Sub-committee Havering Partnership Board</p>	Indicated No Conflicts To Declare.

Minutes of the Havering ICB sub-committee

12 July 2023

Members:	
Dr Jwala Gupta (JGu) Co-Chair	Havering PCN Clinical director
Cllr Gillian Ford (GF) (Co-Chair)	Councillor, London Borough of Havering
Dr Narinderjit Kullar (NK) (Havering Clinical Director
Andrew Blake-Herbert (ABH) Chair ICB sub-comm)	CEO, London Borough of Havering
Luke Burton (LB)	Borough director, NHS North East London
Mark Ansell (MA)	Director of Public Health, London Borough of Havering
Paul Rose (PR)	Chair, Havering Compact
Barbara Nicholls (BN)	Director of Adult Social Care, London Borough of Havering
Helen Page (HP)	CEO, Havering Health
Dalveer Johal (DJ)	Pharmacy Services Manager, NEL LPC (for Shilpa Shah)
John Timbs (JT)	Havering Care Association
Sabine Mohammad (SM)	Head of Operations, PELC (Rep for Steve Rubery)
Anne-Marie Dean (AMD)	Chair, Havering Healthwatch
Patrick Odling-Smee (POS)	Director of Housing, London Borough of Havering
Ann Hepworth (AH)	Director of Strategy and Partnerships, BHRUT
Irvine Muronzi (IM)	Integrated Care Director Havering (Interim), NELFT
Sunil Thakker (ST)	Director of Finance, NHS North East London
Susanne Rauprich (SRa)	Chief executive of Citizens Advice
Mani Khan (MK)	Transformation Lead, Havering Health
In Attendance:	
Dotun Adepoju (DA)	Senior Governance manager, NHS North East London
Debbie Harris (DH)	Governance officer, NHS North East London
Matt Henry (MHe)	Senior Shared PMO Programme Lead (Urgent & Emergency Care and Older Peoples), NHS North East London
Kirsty Boettcher (KB)	Deputy Director of Delivery - Unplanned Care, NHS North East London
Rhiannon Haag (RH)	Flexible Clinical Lead, NELFT
Emily Plane (EP)	Head of Strategy and System Development, NHS North East London
Julia Summers (JS)	Head of Finance, NHS North East London (standing in for ST)
James Hunt (JH)	Head of Housing Strategy, London Borough of Havering
Pete McDonnell (PMc)	Community Services Manager (Adults), NHS North East London
Darren Alexander (DAI)	Assistant Housing Director, LBH
Vicki Kong (VK)	Clinical and Care Lead – Population Health Management
Dr Mary Burtenshaw (MB)	Clinical and Care Lead – Urgent and Emergency Care
Lynda Hassell (LH)	Director of Nursing for Children, BHRUT
Kim Smith (KS)	Community Development Officer, London Borough Havering
Shelley Hart (SH)	Clinical and Care Lead – Community Connections
Rebecca Mazrreku (RM)	Clinical and Care Lead – Community Connections

Apologies:	
Dr Sarita Symon (SSy)	Havering PCN Clinical director
Elaine Greenaway (EA)	Senior Public Health Strategist, London Borough of Havering
Catharine Oates (CO)	Practice manager, Maylands
Dr N Rao (NR)	Havering PCN Clinical director
Chetan Vyas (CV)	Director of Quality, NHS North East London
Anne-Marie Keliris (AMK)	Head of Governance, NHS North East London
Jerry Haley (JH)	Head of Communities, Policy & Performance, LBH
Shibber Ahmed (SA)	PMO Programme Support Officer (Urgent Care/Older People), NHS North East London
Mark Topps (MT)	Regional Business Manager – West Essex and Havering, Regulated Services
Dr Mylvaganam Mano (MM)	Havering PCN Clinical director
Shezana Malik (SM)	Deputy Director Havering Community Services (Interim)
Dr J O'Moore (JOM)	Havering PCN Clinical director
Dr Asif Iman (AI)	Havering PCN Clinical director
Dr Gurmeet Singh (GS)	Havering PCN Clinical director
Dr Yasmin Heerah (YH)	Havering PCN Clinical director
Sandy Foskett (SF)	Senior Commissioner, LBH
Laura Neilson (LN)	Commissioning and programme manager, LBH
Charlotte Pomery (CP)	Chief Participation and Place Officer, NHS North East London
Steve Rubery (SRu)	CEO, PELC
Priti Gaberria (PG)	Commissioning and programme manager, LBH
Tara Geere (TG)	Director of Children's services, LBH
Annette Kinsella (AK)	Head of Integrated Services, London Borough of Havering
Tha Han (TH)	Public Health Consultant, London Borough of Havering
Paul Archer (PA)	Designated Nurse for Safeguarding and LAC, NHS North East London
Brid Johnson (BJ)	Interim Executive Integrated Care Director (London) (NELFT)
Michael Armstrong (MA)	Havering Care Association

Item No.	Item title
1.0	Welcome, introductions and apologies
	The Chair, Andrew Blake-Herbert, welcomed members to the meeting. Apologies were noted. All members joined the meeting virtually.
1.1	Declaration of conflicts of interest
	The Chair asked members to ensure they complete their Declarations of Interest form. No other declarations were declared.
1.2	Minutes from the previous
	Minutes from the previous meeting were agreed.
1.3	Action log of the last meeting
	ACT001 – EP advised that an article had been issued in the Havering Living newsletter and the advert will be placed in the newsletter prior to every ICB sub-committee going forward. EP had enquired with the other Places who advised that they too have not yet received any questions from the Public. EP also advised that, at the 'Big Conversation' event, we can speak to local people about the Havering Place based Partnership and start to support local people to recognise this as a brand. Another option is to embed some questions in a survey which EP will look in to developing, to support engagement with local people.
2.0	Questions from the Public
	There were no questions from the Public to note.

3.0	Better Care Fund (BCF) 2023-25
	<p>Pete McDonnell (PMc) talked members through the Better Care Fund explaining that this is a joint pooled health and social care fund amounting to £36m for 23/34. The BCF has a set of (Key Performance Indicators) KPIs and required an estimated demand and capacity plan for 23/24. The BCF has been extended for a 2-year period by NHSE with the aligned uplifts and budgets for the same period to enable longer term planning.</p> <p><i>Comments from the Board:</i></p> <ul style="list-style-type: none"> • Its good to see that monies are being used for prevention, stopping people going into hospital in the first instance. • Do we need to bring the Governance back to an ICB sub-committee to sign off? And if so when? • Formal thanks were extended to ICB colleagues for the complete transfer of the Adult Social Care discharge funding. <p>Action: PMc to bring the BCF governance back to the October ICB sub-committee.</p> <p>The Board noted the detail and approved the 23-25 BCF.</p>
4.0	AOB
	<p>Luke Burton (LB) raised the issue of Joint Inductions. He noted its important to have organisational inductions but felt there was a need to have system inductions to explain the Partnership, how health and care work as a NEL system. It was also suggested to include the Voluntary Sector and other partners.</p> <p>Action: LB and Helen Page (HP) to picked up system induction with leads.</p>

Havering ICB sub-committee - Actions Log

OPEN ACTIONS						
Action ref:	Date of meeting	Action required	Lead	When	Notes	Status
ACT001	10.05.23	Questions from the Public EP to investigate how the Havering ICB sub-committee can be publicised more widely.	EP	End of May	Update 12.07.23 EP advised that an article had been issued in the Havering Living newsletter and the advert will be placed in the newsletter prior to every ICB sub-committee going forward. EP had enquired with the other Places who advised that they too have not yet received any questions from the Public. EP also advised that, at the 'Big Conversation' event, we can speak to local people about the Havering Place based Partnership and start to support local people to recognise this as a brand. Another option is to embed some questions in a survey which EP will look in to developing, to support engagement with local people. Update: an update on the Big Conversation event to come to a future mtg	In progress
ACT002	12.07.23	Better Care Fund (BCF) 2023-25 PMc to bring the BCF governance back to the October ICB sub-committee	PMc	Oct		In progress
ACT003	12.07.23	AOB Luke Burton (LB) and Helen Page (HP) to pick up system induction with leads	LB/HP	Sept		In progress

Havering ICB Sub Committee

13 September 2023

Title of report	Havering Health Inequalities – allocation of funds																		
Author	Matthew Henry																		
Presented by	Dr Narinderjit Kullar / Matthew Henry																		
Contact for further information	Matthew Henry – Head of PMO – matthew.henry1@nhs.net																		
Executive summary	<p>Following the evaluation of existing health inequalities schemes, there was £100k that remained unallocated.</p> <p>This £100k was made available to stakeholders across Havering via a bidding process seeking new health inequalities schemes.</p> <p>16 further bids asking for circa £1m were received. Members of the Havering Health Inequalities Steering Group reviewed and scored the bids received.</p> <p>A proposal was put forward from the Health Inequalities Steering Group to the Havering Placed Based Partnership Board on 9th August to endorse the proposal to fund and begin developing the following schemes:</p> <table border="1" data-bbox="502 1243 1484 1646"> <thead> <tr> <th>Bid Name</th> <th>Average Bid Score</th> <th>Bid Value</th> </tr> </thead> <tbody> <tr> <td>Asthma Friendly Schools Coordinator</td> <td>34.9</td> <td>£35,000</td> </tr> <tr> <td>Hearing Loop Systems</td> <td>34.6</td> <td>£2,000</td> </tr> <tr> <td>Early Help Infant Feeding Coordinator</td> <td>31.4</td> <td>£47,915</td> </tr> <tr> <td>Independent cultural competency review of services supporting individuals who misuse alcohol and other substances</td> <td>31</td> <td>£8,550</td> </tr> <tr> <td>BarberTalk</td> <td>29.9</td> <td>£5,000</td> </tr> </tbody> </table> <p>The Havering Place Based Partnership (HPbP) Board Endorsed the proposal, so that this can go to the Havering ICB Sub Committee for approval.</p> <p>In addition to the above, the HPbP Board agreed to ringfence a value of £124,355 for the development of a babies, children and young people (BCYP) health inequalities scheme, to ensure that this growing population within Havering receives equitable funding. HPbP Board delegated the task</p>	Bid Name	Average Bid Score	Bid Value	Asthma Friendly Schools Coordinator	34.9	£35,000	Hearing Loop Systems	34.6	£2,000	Early Help Infant Feeding Coordinator	31.4	£47,915	Independent cultural competency review of services supporting individuals who misuse alcohol and other substances	31	£8,550	BarberTalk	29.9	£5,000
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	<p>of developing BCYP health inequality schemes to the Havering BCYP Board.</p> <p>The Havering BCYP Board took the same approach as the HI Steering group. Stakeholders were asked to submit bids, with BCYP Board members then scoring bids and agreeing on the best options to fund. The BCYP Board met on Wednesday 23rd August and proposes the following schemes should be funded:</p> <table border="1" data-bbox="504 562 1474 1016"> <thead> <tr> <th data-bbox="504 562 1310 645">Bid Name</th> <th data-bbox="1310 562 1474 645">Awarded amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="504 645 1310 728">Improving Mental Health Outcomes for Young Homeless People Project</td> <td data-bbox="1310 645 1474 728">£15,000</td> </tr> <tr> <td data-bbox="504 728 1310 920">Improving access to talking therapies for children and young people with neurodevelopmental conditions (Autism, ADHD)</td> <td data-bbox="1310 728 1474 920">£52905 (from BCYP and £1535 from £100k unallocated)</td> </tr> <tr> <td data-bbox="504 920 1310 972">Diabetes Team</td> <td data-bbox="1310 920 1474 972">£20,963</td> </tr> <tr> <td data-bbox="504 972 1310 1016">Bee-Well</td> <td data-bbox="1310 972 1474 1016">£37,022</td> </tr> </tbody> </table>	Bid Name	Awarded amount	Improving Mental Health Outcomes for Young Homeless People Project	£15,000	Improving access to talking therapies for children and young people with neurodevelopmental conditions (Autism, ADHD)	£52905 (from BCYP and £1535 from £100k unallocated)	Diabetes Team	£20,963	Bee-Well	£37,022
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Action / recommendation	The Board/Committee is asked to: approve the schemes and associated funding from the health inequalities allocation to progress to development										
Previous reporting	<p>Havering Health Inequalities Steering Group – 7th August</p> <p>Havering Place Based Partnership Board – 9th August</p> <p>Havering Babies, Children and Young People Board – 23rd August</p>										
Next steps/ onward reporting	<ul style="list-style-type: none"> • Update existing Section 256 agreement to reflect changes • Transfer funds from ICB to LBH • Write letter to successful and unsuccessful applicants • Take individual projects through governance and procurement process 										
Conflicts of interest	<p>State if there are any conflicts of interest to manage in relation to the decision requested/issues raised.</p> <p><i>None</i></p>										
Strategic fit	<p>Which of the ICS aims does this report align with?</p> <ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access 										
Impact on local people, health inequalities and sustainability	Identify here what this will mean for local people and how this will reduce health inequalities and any sustainability impact. Also state whether an equalities impact assessment has been undertaken.										

	<ul style="list-style-type: none"> • Improved asthma care for children, particularly from deprived backgrounds • Access to hearing loops at our Urgent Treatment Centres for those with hearing impairments • Greater engagement and service provision from the Early Help Service for mothers from deprived backgrounds • Review of substance misuses service that are disproportionately utilised by those from deprived background which will lead to recommendations on how services need to be improved • Improved mental health access for those from deprived backgrounds • Increase access to mental health support for young homeless people • Increased talking therapy support for children and young people with neurodevelopmental conditions • Reduced backlog and faster access to specialist diabetic nursing for newly diagnosed diabetic children • Empowerment of young people with mental health problems to form peer net works and co-design services they feel will improve their mental health <p>EQIAs will be done during the governance process that will have to be followed should the Havering ICB Subcommittee approved the schemes to be developed</p>																		
<p>Impact on finance, performance and quality</p>	<p>Identify here whether there are any financial, performance or quality implications arising from the report.</p> <p>The investment of £98,465 for the following schemes:</p> <table border="1" data-bbox="502 1377 1484 1780"> <thead> <tr> <th>Bid Name</th> <th>Average Bid Score</th> <th>Bid Value</th> </tr> </thead> <tbody> <tr> <td>Asthma Friendly Schools Coordinator</td> <td>34.9</td> <td>£35,000</td> </tr> <tr> <td>Hearing Loop Systems</td> <td>34.6</td> <td>£2,000</td> </tr> <tr> <td>Early Help Infant Feeding Coordinator</td> <td>31.4</td> <td>£47,915</td> </tr> <tr> <td>Independent cultural competency review of services supporting individuals who misuse alcohol and other substances</td> <td>31</td> <td>£8,550</td> </tr> <tr> <td>BarberTalk</td> <td>29.9</td> <td>£5,000</td> </tr> </tbody> </table> <p>is to be funded from the £100k that was previously unallocated from the Health Inequalities Fund.</p> <p>The investment of £125,890 for the following schemes:</p>	Bid Name	Average Bid Score	Bid Value	Asthma Friendly Schools Coordinator	34.9	£35,000	Hearing Loop Systems	34.6	£2,000	Early Help Infant Feeding Coordinator	31.4	£47,915	Independent cultural competency review of services supporting individuals who misuse alcohol and other substances	31	£8,550	BarberTalk	29.9	£5,000
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Risks	<p data-bbox="496 972 1482 1003">Please state any risks to the delivery and if possible, relate to the BAF risks</p> <ul data-bbox="549 1061 1439 1128" style="list-style-type: none"> <li data-bbox="549 1061 1439 1128">• If not approved, the health inequalities targeted and identified by these projects would likely remain 										

Havering

**Health Inequalities Proposals following
Steering Group meeting held on
Monday 7th August & Endorsement from
HPbP Board on 9th August
11am-12pm**



Re-Cap

£747k received in 22/23

£737k received in 23/24

First time the group met, we evaluated existing schemes and agreed to continue funding majority, some stopped and funded via different sources e.g. Age Well, led to the creation of £125k fund dedicated to childrens health inequalities schemes

Havering Place Based Partnership has £100k of unallocated health inequalities funds. The health inequalities fund **MUST** be used to improve the following health inequalities:

Reducing Inequalities for priority groups (LD & Autism, Homeless, Refugees, Asylum Seekers, Informal carers, BAME and those experiencing poverty/deprivation)

Core20Plus5 Adults - (20% most deprived, improved maternity care for BAME, Health Checks for those with Serious Mental Illness, increased uptake of flu, pneumonia and covid vaccines, early cancer diagnosis, hypertension case finding, smoking cessation).

Core20Plus5 Childrens - (20% most deprived, asthma, Diabetes – increased annual health checks, continuous glucose monitoring, insulin pump access for most deprived and BAME, increased epilepsy specialist nurses, reduced tooth extraction backlog for under 10's, improved mental health access)

Local identified health inequalities – obesity, housebound

16 bids received, asking for circa £1m



Project	Rank after scoring	Bid Leads	Bid Description	Amount requested	Estimated Launch Date	Agreed Amount to be funded from 23/24 allocation (£100,000)	Comments from HI Steering Group
Targeted CYP immunisation project	10	Helen Page (Havering Health)	Recruitment of 0.5WTE population health coordinator that will help increase vaccine uptake for those children that have fallen behind on their vaccines schedules.	£40,970	Jul-23	£0	
Better health outcomes through advice	11	Susanne Rauprich (Citizens Advice Bureau)	Recruitment of a full time advice/case worker that would support referrals received by citizens advice bureau for: - Patients with long-term health conditions who (often as a result of them) experience poverty will have access to advice as a non-clinical prescribing option which will reduce their anxiety and stress, and increase their ability to manage their condition. - Informal carers will have access to benefit advice to make sure they can access all the support they need and are entitled to. - Patients who are homeless or at risk of homelessness will have access to advice and advocacy that will result in improved housing conditions, providing the much needed stability that leads to better health outcomes. - Patients who are in crisis will receive food and/or fuel vouchers so that their basic needs are met and thereby their chances of better health outcomes. - Patients who are refugees or asylum seekers will have access to high-quality immigration advice and access to help with associated problems.	£75,757	Sep-23	£0	
Preventing CVD at scale	12	Dr. Ann Baldwin - NEL ICB	Initiative to try and tackle blood pressure and cholesterol to support identification and management of these risk factors through a PCN model	£46,000	TBC	£0	
Learning Disabilities Dietician	13	Jennifer Hibben (NEL ICB) / Dr Bini Thomas (NELFT)	Recruitment of a 0.4WTE dietitian to work with those with LD and are obese to help improve lifestyle and outcomes/use of existing diabetes services.	£24,511	Sep-23	£0	
Learning Disabilities GP Link Worker	14	Jennifer Hibben (NEL ICB) / Dr Bini Thomas (NELFT)	Recruit 1 x band 7 LD GP Link worker that will support those with LD aged 14+ to receive better quality LD annual health checks	£61,277	Sep-23	£0	



Project	Rank after scoring	Bid Leads	Bid Description	Amount requested	Estimated Launch Date	Agreed Amount to be funded from 23/24 allocation (£100,000)	Comments from HI Steering Group
BarberTalk	6	Luke Squires (He/him) – Public Health Practitioner	Aiming to reduce suicide rate and improve mental health of men through training circa 20 barbers via Barber Talk live event, help barbers recognise the signs, have those difficult conversations and link into other support available	£5,000	Q1 2024		
Autism & Learning Disability Hub	7	Sophie Barron - commissioner and project manager - LBH	Creation of a learning disability & autism hub which would have 1 hub manager, 3 trained support workers and 1 outreach worker. The hub would support all ages (those with diagnosed LD&A, or awaiting diagnosis) with achieving independent living, advice & signposting, social inclusion activities, pre & post diagnosis 1 to 1 and group support, peer group support i.e. (parent groups, carers, families). (note current contract ends in Jan-24)	£40,000 *(note to be matched funded from LBH to make £80k) - would need funding to be for at least 3 years i.e. £240k from HI pot	1st February 2024		
Epilepsy nurse specialist for children	8	Denise Edwards – Clinical Lead Nurse for Specialist children's Nursing (B&D) NELFT, Chair Epilepsy Task & Finish group BHR Dr Manjari Tanwar –Interim Associate Medical Director for children, Barking & Dagenham, NELFT and Consultant Paediatrician Ronan Fox – BHR Children's Commissioner	Recruitment of childrens epilepsy nurse to ensure: <ul style="list-style-type: none"> • CYP with epilepsy have an agreed and comprehensive written epilepsy care plan. Have 1 nurse, should have 6. • CYP with epilepsy are seen by an epilepsy specialist nurse who they can contact between scheduled reviews. • CYP with a history of prolonged or repeated seizures have an agreed written emergency care plan. • Managing CYP transitions to adult service 	£73,313*(1/3rd of value mentioned in bid document as just for Havering rather than BHR)	TBC		
Children & Young Peoples integrated continence service	9	Gillian McNiece - NEL ICB	Recruitment of band 6 clinical nurse specialist (1 wte) and band 4 associate nurse (.5WTE) to provide tier 2 continence service for children with continence issues. We only have 0.8WTE across 3 boroughs at the moment. Which means there is no oversight of the tier 1 service, the new service will: <ul style="list-style-type: none"> • Strengthening level 1 service through support and training to staff in line with recommendations contained within PCF Minimum standards for Continence care (2017) • Using a nurse associate role to create a Tier1 Plus rather than refer back to universal for follow up support. Some CYP may need more intense follow up and this will be provided by nurse associate thereby minimising risk of relapse • Early intervention for those with disabilities – this will be reflected in the relevant pathways • Oversight of containment: as stated in NHS England's Excellence in continence care guidance : "It must be the exception, rather than the rule, that children and young people are provided with containment products. There will be an 'ambition for continence' approach , and before any containment product issued to CYP this should be reviewed by CNS to ensure that all appropriate support and guidance has been followed. Level 2 also to have oversight and audit of 6 monthly review process for those CYP using containment • Tier 2 should also provide training and support to education staff to raise awareness of continence difficulties that may impact at nursery, school or college and ensure children are supported appropriately with a full system approach 	£36,124	Sep-23		
Mental Health in Starting Well front door multi-agency safeguarding hub (Children's Services)	9	Tara Geere – Director of Starting Well, LB Havering	2 band 7 clinical psychologists recruited to the childrens multi agency safeguarding hub. Reduce pressure on CAMHS, prevent children from coming in to care, support to live at home	£92,372	Sep-23		



Project	Rank after scoring	Bid Leads	Bid Description	Amount requested	Estimated Launch Date	Agreed Amount to be funded from 23/24 allocation (£100,000)	Comments from HI Steering Group
Asthma Schools Coordinator	1	Claire Alp - LBH Louise Dibsall - LBH Gillian McNiece - NEL ICB Bethan Stott - NEL ICB	Recruitment of a 0.5WTE non clinical asthma friendly schools coordinator who will help schools become accredited and have the following in place: <ul style="list-style-type: none"> • policy for use of inhalers • named person responsible for asthma • record of all children with asthma • emergency kit and policy for emergency inhaler use • system in place to identify children missing school or PE because of asthma • staff completing 'Asthma Management in Schools' training • pupils known to have asthma recorded as having asthma care plans <p>Those from most deprived backgrounds have higher rates of asthma. Programme starts by targetting schools in deprived areas.</p>	£35,000	Sep-23		
Hearing Loop Systems	2	Steve Rubery - PELC	The purchase of 4 hearing loop systems (2 for the UTC at Queens and 2 for the UTC at Harold Wood)	£2,000	Aug-23		
Infant Feeding Coordinator	3	Claire Alp, Senior Public Health Specialist, London Borough of Havering Sedina Lewis, Public Health Specialist, London Borough of Havering Samantha Denoon, Service Manager for Early Help and Targeted Family Support, London Borough of Havering Sarah Weidenbaum, Katharine Haynes, LatchOn Havering	Create a new Infant Feeding Coordinator post (Grade 5, 1.0 FTE) within the London Borough of Havering (LBH) Early Help Service to facilitate an improved offer of support to parents around infant feeding, targets most deprived as poorer breastfeeding rates and engagement with services by those from deprived backgrounds	£47,915	Nov-23		
Review of services supporting individuals who misuse alcohol and other substances	4	Dr Tha Han, Darren Mulley - LBH	Funding 15 days of consultancy time to review substance misuse services/users in order to compile a report that will list recommendations on how services can be improved.	£8,550	Oct-23		
BeeWell	5	Sedina Lewis, Public Health Specialist, London Borough of Havering Lucy Goodfellow, Head of Insight, London Borough of Havering Palmela Witter, Participation and Influence Manager, London Borough of Havering Louise Dibsall, Acting Consultant in Public Health London Borough of Havering	Project supporting children & young peoples mental health (10-17) - seeing an increase in mental health cases amongst BCYP population post pandemic, cost of living and population increase. Proposal to set up BeeWell youth steering group who will oversee the development of their own schemes to supporting BCYP mental health. 0.5WTE post created within LBH to support project development, children incentivised to attend steering group through £10 vouchers.	Year 1 = £37,021.90 Year 2 = £29,021.90 Year 3 = £29,021.90	31st Jan-24		
Diabetes Team	5	James Frost - BHRUT	Recruitment of a 0.6WTE childrens diabetes nurse specialist or diabetes educator to see and treat children diagnosed with diabetes within expected timeframes (improve access to Continuous Glucose Monitoring and Pumps). Newly diagnosed patients should be seen by the Diabetes team within 2 weeks of referral. The current waiting time is 3 months. Patients requiring follow up appointment – ideally 3 monthly, are having to wait 4 months at least. 280 patients are currently waiting from Havering.	£20,963	Oct-23		

Option 1

Fund top 4 scoring bids

Ranking	Bid Name	Average Score	Bid Value
1	Asthma Friendly Schools Coordinator	34.9	£35,000
2	Hearing Loop Systems	34.6	£2,000
3	Early Help Infant Feeding Coordinator	31.4	£47,915
4	Independent cultural competency review of services supporting individuals who misuse alcohol and other substances	31	£8,550

Total Funding Awarded would be:

£93,465

Leaving £6535 in reserve



Option 2

Fund top 4 scoring bids and next highest scoring bid that £100k can cover

Ranking	Bid Name	Average Score	Bid Value
1	Asthma Friendly Schools Coordinator	34.9	£35,000
2	Hearing Loop Systems	34.6	£2,000
3	Early Help Infant Feeding Coordinator	31.4	£47,915
4	Independent cultural competency review of services supporting individuals who misuse alcohol and other substances	31	£8,550
7	BarberTalk	29.9	£5,000

Total Funding Awarded would be:

£98,465

Leaving £1535 in reserve



Option 3

Discuss the top 5 scoring bids and agree which ones we collectively feel should be funded

Ranking	Bid Name	Average Score	Bid Value
1	Asthma Friendly Schools Coordinator	34.9	£35,000
2	Hearing Loop Systems	34.6	£2,000
3	Early Help Infant Feeding Coordinator	31.4	£47,915
4	Independent cultural competency review of services supporting individuals who misuse alcohol and other substances	31	£8,550
5	BeeWell	30	£37,021
6	Diabetes Team	30	£20,963

Total Funding asked for amongst top 5 scoring bids: £151,449






Only have £100k





- The Health Inequalities Steering Group members voted for option 2 as the preferred option

Ranking	Bid Name	Average Score	Bid Value
1	Asthma Friendly Schools Coordinator	34.9	£35,000
2	Hearing Loop Systems	34.6	£2,000
3	Early Help Infant Feeding Coordinator	31.4	£47,915
4	Independent cultural competency review of services supporting individuals who misuse alcohol and other substances	31	£8,550
7	BarberTalk	29.9	£5,000

 Asthma Schools Coordinator	 Hearing Loop Systems	 Infant Feeding Coordinator	 Review of drug and alcohol service	 Barber Talk
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- Obtain endorsement from Havering ICB Sub Committee 13th September
- Section 256 agreement signed to transfer funds from ICB to LBH
- Letters out to successful and unsuccessful bids
- Develop/Implement schemes, governance, procurement



**Proposal from Havering
BCYP Board on Health Inequality
schemes to fund**



Re-Cap

Havering Place Based Partnership Board (HPbPB) agreed to ringfence circa £125k (£124,355) for the development of a BCYP Health Inequalities scheme.

HPbPB delegated responsibility to the Havering BCYP Board, who were tasked with developing BCYP Health Inequality Scheme(s)

Havering BCYP Board asked stakeholders to submit bids, these were discussed at a previous BCYP Board meeting, proposal was to put the bids received forward to the health inequalities steering group to see if they can be funded first out of the £100k of the overall Health Inequalities fund that was unallocated

As a total of 12 bids were received, asking for almost £600k – BCYP Board members were asked to score the bids to help determine which were the priority schemes to fund

Aide-Memoire

Health Inequalities Criteria:

Havering Place Based Partnership has of unallocated health inequalities funds. The health inequalities fund **MUST** be used to improve the following health inequalities:

Reducing Inequalities for priority groups (LD & Autism, Homeless, Refugees, Asylum Seekers, Informal carers, BAME and those experiencing poverty/deprivation)

Core20Plus5 Adults - (20% most deprived, improved maternity care for BAME, Health Checks for those with Serious Mental Illness, increased uptake of flu, pneumonia and covid vaccines, early cancer diagnosis, hypertension case finding, smoking cessation).

Core20Plus5 Childrens - (20% most deprived, asthma, Diabetes – increased annual health checks, continuous glucose monitoring, insulin pump access for most deprived and BAME, increased epilepsy specialist nurses, reduced tooth extraction backlog for under 10's, improved mental health access)

Local identified health inequalities – obesity, housebound

Outcome of scoring – 12 bids received

Project	Average Score	Bid Leads	Bid Description	Amount requested	Estimated Launch Date	Agreed Amount to be funded from 23/24 allocation (£124,355)	Comments
Asthma Schools Coordinator	36.38	Claire Alp - LBH Louise Dibsdaill - LBH Gillian McNiece - NEL ICB Bethan Stott - NEL ICB	<p>Recruitment of a 0.5WTE non clinical asthma friendly schools coordinator who will help schools become accredited and have the following in place:</p> <ul style="list-style-type: none"> • policy for use of inhalers • named person responsible for asthma • record of all children with asthma • emergency kit and policy for emergency inhaler use • system in place to identify children missing school or PE because of asthma • staff completing 'Asthma Management in Schools' training • pupils known to have asthma recorded as having asthma care plans <p>Those from most deprived backgrounds have higher rates of asthma. Programme starts by targeting schools in deprived areas.</p>	£35,000	Sep-23	AGREED TO FUND OUTSIDE OF BCYP RINGFENCED ALLOCATION	Funded by Health Inequalities Steering Group from £100k unallocated fixtures. Proposal endorsed by Havering Place Based Partnership Board on 9 th August.
Infant Feeding Coordinator	35	Claire Alp, Senior Public Health Specialist, London Borough of Havering Sedina Lewis, Public Health Specialist, London Borough of Havering Samantha Denoon, Service Manager for Early Help and Targeted Family Support, London Borough of Havering Sarah Weidenbaum, Katharine Haynes, LatchOn Havering	Create a new Infant Feeding Coordinator post (Grade 5, 1.0 FTE) within the London Borough of Havering (LBH) Early Help Service to facilitate an improved offer of support to parents around infant feeding, targets most deprived as poorer breastfeeding rates and engagement with services by those from deprived backgrounds	£47,915	Nov-23	AGREED TO FUND OUTSIDE OF BCYP RINGFENCED ALLOCATION	Funded by Health Inequalities Steering Group from £100k unallocated fixtures. Proposal endorsed by Havering Place Based Partnership Board on 9 th August.
Improving Mental Health Outcomes for Young Homeless People Project	33.61	Dr Marcus Bennett, Principal Educational Psychologist, London Borough of Havering - CAD Educational Psychology Service (EPS)	<p>25 days of Educational Psychologist support to:</p> <ul style="list-style-type: none"> • Provide resources & training to schools, to support them with supporting young homeless students • Consultations for pastoral/mental health leads in schools • Formal assessment of young homeless people to support planning of their mental health needs • Coffee groups for parents of homeless households • Peer support groups for young homeless people 	£15,000	Sep-23		
Improving access to talking therapies for children and young people with neurodevelopmental conditions (Autism, ADHD)	33	Dr Marcus Bennett, Principal Educational Psychologist, London Borough of Havering - CAD Educational Psychology Service (EPS)	<ul style="list-style-type: none"> • Employment of full time counsellor for 12 months, who would support 65 children and young people with neurodevelopmental conditions, each likely to be receiving 12 x 1 sessions. 	£54,600	Jan-24		*bid states that "Were less funding awarded, the counsellor could work full time for a shorter period of time, or work for a year but on a reduced full time equivalent".
Diabetes Team	32.55	James Frost - BHRUT	Recruitment of a 0.6WTE childrens diabetes nurse specialist or diabetes educator to see and treat children diagnosed with diabetes within expected timeframes (improve access to Continuous Glucose Monitoring and Pumps). Newly diagnosed patients should be seen by the Diabetes team within 2 weeks of referral. The current waiting time is 3 months. Patients requiring follow up appointment – ideally 3 monthly, are having to wait 4 months at least. 280 patients are currently waiting from Havering.	£20,963	Oct-23		

Project	Rank after scoring	Bid Leads	Bid Description	Amount requested	Estimated Launch Date	Agreed Amount to be funded from 23/24 allocation (£100,000)	Comments
BeeWell	32.06	Sedina Lewis, Public Health Specialist, London Borough of Havering Lucy Goodfellow, Head of Insight, London Borough of Havering Palmela Witter, Participation and Influence Manager, London Borough of Havering Louise Dibsall, Acting Consultant in Public Health London Borough of Havering	Project supporting children & young peoples mental health (10-17) - seeing an increase in mental health cases amongst BCYP population post pandemic, cost of living and population increase. Proposal to set up BeeWell youth steering group who will oversee the development of their own schemes to supporting BCYP mental health. 0.5WTE post created within LBH to support project development, children incentivised to attend steering group through £10 vouchers.	Year 1 = £37,021.90 Year 2 = £29,021.90 Year 3 = £29,021.90	31st Jan-24		
Pre-payment certificates for care leavers (18-25)	31	Teresa Milanzi Papaya – LBH, Siobhan Hawthorne – NEL ICB, Kath Evans – Barts Health, Susan Gill – NEL ICB	The purchase and distribution of 50 pre-payment certificates for care leavers aged 18-25.	£6,000	Sep-23		
Children & Young Peoples integrated continence service	30.67	Gillian McNiece - NEL ICB	Recruitment of band 6 clinical nurse specialist (1 wte) and band 4 associate nurse (0.5WTE) to provide tier 2 continence service for children with continence issues. We only have 0.8WTE across 3 boroughs at the moment. Which means there is no oversight of the tier 1 service, the new service will: <ul style="list-style-type: none"> • Strengthening level 1 service through support and training to staff in line with recommendations contained within PCF Minimum standards for Continence care (2017) • Using a nurse associate role to create a Tier1 Plus rather than refer back to universal for follow up support. Some CYP may need more intense follow up and this will be provided by nurse associate thereby minimising risk of relapse • Early intervention for those with disabilities – this will be reflected in the relevant pathways • Oversight of containment: as stated in NHS England’s Excellence in continence care guidance : "It must be the exception, rather than the rule, that children and young people are provided with containment products. There will be an ‘ambition for continence’ approach , and before any containment product issued to CYP this should be reviewed by CNS to ensure that all appropriate support and guidance has been followed. Level 2 also to have oversight and audit of 6 monthly review process for those CYP using containment • Tier 2 should also provide training and support to education staff to raise awareness of continence difficulties that may impact at nursery, school or college and ensure children are supported appropriately with a full system approach 	£36,124	Sep-23		
Epilepsy nurse specialist for children	30	Denise Edwards – Clinical Lead Nurse for Specialist children’s Nursing (B&D) NELFT, Chair Epilepsy Task & Finish group BHR Dr Manjari Tanwar –Interim Associate Medical Director for children, Barking & Dagenham, NELFT and Consultant Paediatrician Ronan Fox – BHR Children’s Commissioner	Recruitment of childrens epilepsy nurse to ensure: <ul style="list-style-type: none"> • CYP with epilepsy have an agreed and comprehensive written epilepsy care plan. Have 1 nurse, should have 6. • CYP with epilepsy are seen by an epilepsy specialist nurse who they can contact between scheduled reviews. • CYP with a history of prolonged or repeated seizures have an agreed written emergency care plan. • Managing CYP transitions to adult service 	£73,313*(1/3rd of value mentioned in bid document as just for Havering rather than BHR)	TBC		
Mental Health in Starting Well front door multi-agency safeguarding hub (Children’s Services)	27.56	Tara Geere – Director of Starting Well, LB Havering	2 band 7 clinical psychologists recruited to the childrens multi agency safeguarding hub. Reduce pressure on CAMHS, prevent children from coming in to care, support to live at home	£92,372	Sep-23		



Project	Rank after scoring	Bid Leads	Bid Description	Amount requested	Estimated Launch Date	Agreed Amount to be funded from 23/24 allocation (£100,000)	Comments
Targeted CYP immunisation project	27.36	Helen Page (Havering Health)	Recruitment of 0.5WTE population health coordinator that will help increase vaccine uptake for those children that have fallen behind on their vaccines schedules.	£40,970	Jul-23	£0	
Children In Care Health Offer	26.28	Carol White (NELFT)	Initial health assessments for children and young people entering care must statutorily take place within 20 days after a care episode has commenced. This is locally performed by a community paediatrician. Demand has outstripped capacity. Proposal is to recruit an advanced nurse practitioner to undertake most of the work up for review by the paediatrician to ensure the 20 days is met.	£74,643*			*12 months

Option 1

Fund top 4 scoring bids (not already funded)

Ranking	Bid Name	Bid Value
3	Improving Mental Health Outcomes for Young Homeless People Project	£15,000
4	Improving access to talking therapies for children and young people with neurodevelopmental conditions (Autism, ADHD)	£54,600
5	Diabetes Team	£20,963
6	Bee-Well	£37,022

Total Funding Awarded would be: £127,585

Leaving deficit of **-£3230**

This would be first year of Bee-Well only and would need to find £3230 from elsewhere, there is £1535 left from overall HI pot, leaving a gap of £1695 to find – could reduce number of counselling sessions for children and young people with neurodevelopment problems from 780 sessions to 755 sessions, which would bring the cost of that service from £54,600 to £52,850, saving £1750, to fund the top 4 scoring bids?



Option 2

Fund top 3 scoring bids (not already funded) and next highest bid that can be afforded

Ranking	Bid Name	Bid Value
3	Improving Mental Health Outcomes for Young Homeless People Project	£15,000
4	Improving access to talking therapies for children and young people with neurodevelopmental conditions (Autism, ADHD)	£54,600
5	Diabetes Team	£20,963
7	Pre-payment certificates for care leavers	£6,000

Total Funding Awarded would be: £96,563

Leaving £27,792 in reserve

Could potentially extend the diabetes nurse for longer to use up full allocation or part fund another scheme?









- The BCYP Board members voted for option 1 as the preferred option

Ranking	Bid Name	Awarded amount
3	Improving Mental Health Outcomes for Young Homeless People Project	£15,000
4	Improving access to talking therapies for children and young people with neurodevelopmental conditions (Autism, ADHD)	£52905 (from BCYP and £1535 from £100k unallocated)
5	Diabetes Team	£20,963
6	Bee-Well	£37,022

Total Awarded = £125890 (£124,355 from BCYP ringfenced allocation + £1535 from unallocated HI funds)

 Improving mental health outcomes for y	 Talking therapies cyp with neurode	 Diabetes Team	 BeeWell
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- Obtain endorsement form Havering Partnership Board & approval from Havering ICB Sub Committee 13th September
- Section 256 agreement signed to transfer funds from ICB to LBH
- Letters out to successful and unsuccessful bids
- Develop/Implement schemes, governance, procurement etc

Havering ICB Sub-Committee

13 September 2023

Title of report	Havering Place Month 4 2023-24 Finance Overview
Author	Julia Summers, Head of Finance
Presented by	Sunil Thakker, Director of Finance
Contact for further information	Sunil.thakker@nhs.net juliasummers@nhs.net
Executive summary	<p>Key issues</p> <ul style="list-style-type: none"> • The month 4 year-to-date ICS position is a variance to plan of £58.4m. • In line with the operating plan and NHSE protocol the system is reporting a breakeven position at year-end. • The year-to-date variance to plan means that a formal finance recovery plan (FRP) has been developed and shared with regulators. This suggests that there is a potential system gap at year-end of £54.9m. • The drivers of the month 4 position include pressures relating to inflation, payroll, the impact of industrial action and run rate pressures such as ICB prescribing and mental health expenditure. Additionally, the is under delivery of efficiency schemes. • There is a high level of risk associated with delivery of the financial plan that will continue to be reported against throughout the financial year. • The Havering specific section of the report gives detail on spend that can be identified to place, including the better care fund and funds carried forward via a section 256 agreement or the BCF. • London Borough of Havering (LBH) has forecast an overspend against budget at year-end of £21.5m (based on month 3 information). • Financial information at place will continue to be developed throughout 23/24. <p>Recommendations</p> <ul style="list-style-type: none"> • Note the contents of the report
Action required	Note
Previous reporting	N/A
Next steps/ onward reporting	Regular updates to Havering Place based partnership
Conflicts of interest	No conflicts of interest

Strategic fit	Which of the ICS aims does this report align with? <ul style="list-style-type: none"> To enhance productivity and value for money
Impact on local people, health inequalities and sustainability	Update on financial sustainability of the system
Impact on finance, performance and quality	Financial plans are set of the resources available. The report provides an update on financial performance.
Risks	<p>There is a significant level of risk associated with the delivery of the ICBs financial plan. Mitigated risk across the health system is still in the region of £55m. Regulators have requested that the system continue to develop further mitigating actions to deliver a system breakeven position at year-end.</p> <p>The main risks flagged across the system are excess inflation, efficiency delivery, run rate and operational pressures, the impact of industrial action and a lost maternity CNST risk sitting with providers.</p> <p>Due to the level of risk associated with the delivery of the of the financial plan is currently rated 20 within the risk framework.</p>

1.0 Introduction

1.1 The month 4 finance report provides the sub-committee with an update of the ICB and wider NEL system financial position. In addition, information is included on spend that can be identified to Havering place.

1.2 The Havering sub-committee is asked to note the information in the presentation attached to this report. The attachment will be available to the committee electronically and a hard copy can be provided on request.

2.0 Key messages

2.1 The NEL health system and London Borough of Havering (LBH) are operating in an economic climate facing significant pressures and uncertainty.

As a result of the current pressures the year-to-date position for health partners is a variance to plan of £58.4m. In line with the operating plan and NHSE protocol the health partners will deliver a breakeven position by year end. There is a significant level of risk within this and the health system has developed a formal recovery plan.

LBH has reported a forecast overspend at year-end of £21.5m.

3.0 Month 4 Reporting

3.1 The attached presentation details the financial position of the ICB and NEL health partners. It flags pressures in the system in relation to inflation, efficiencies and run rate pressures in areas such as prescribing.

3.2 The attached presentation details areas of spend that are identifiable by place and gives detail of budgets. Additionally, further information is provided on key drives of spend such as continuing healthcare and the discharge to assess pathway. This information will continue to be developed and regular financial updates will be given to the partnership board.

4.0 Risks and mitigations

4.1 With regards to the health system has a high level of financial risk, largely in relation to inflation, activity, pressures and delivery of efficiencies.

4.2 Risks will continue to be reviewed and the finance recovery group will develop further mitigations to offset risk.

5.0 Conclusion / Recommendations

5.1 The partnership board is asked to note the information in the attached document.

6.0 Attachments

6.1 List any attached papers/appendices – Month 4 2023/24 Finance Overview

7.0 End

7.1 Julia Summers, Head of Finance NEL ICB



North East London

Month 4 2023-24 Finance Overview

Meeting name: Havering ICB sub-committee

Presenter: Sunil Thakker

Date: 13 September 2023

CONTENTS

	Slide Number
Executive Summary - Finance	3
NEL Financial Summary Month 4 - Health	4-5
System Efficiencies - Month 4 and Forecast	6
ICS - FRP, Risks and Mitigations	7-8
LBH Financial Position	9
Better Care Fund (BCF) 23-24	10
NEL ICB - BCF Discharge Funding Update	11
LBH - BCF Discharge Funding Update	12
2022-23 Health Funds carried forward (S256 / BCF)	13
Ageing Well - 21-22 and 22-23 carry forward	14
NEL ICB Continuing Healthcare (CHC) - Month 4 Update	15
NEL ICB - Discharge to Assess, Rehab and Equipment - Month 4 Update	16

Executive Summary - Finance

Month 4 ICS Position - YTD £58.4m variance against plan.

The ICS has reported a year to date deficit at month 4 of £62.9m. This gives an adverse variance to plan of £58.4m.

The main drivers are inflation, under delivery of the efficiency target, staffing (including agency usage), industrial action and other run rate pressures.

Month 4 I&E - YTD - ICS

		YTD	Forecast
Target	£m	(4.5)	0.0
Actual	£m	(62.9)	0.0
Variance			
Surplus / (Deficit)	£m	(58.4)	0.0

Financial Risks to the ICS Forecast outturn.

Gross risks across the system of £184m.

Main drivers – inflation, efficiency risk, run rate risks and income risks to providers.

The net risk is £54.9m. This assumes £129.1m of potential risk will be mitigated.

ICS Risk

		Gross Risk	Post Mitigations
System wide risks	£m	(184.0)	(184.0)
Operational improvements and recurrent mitigations	£m	0.0	70.3
Non Recurrent mitigations	£m	0.0	58.8
Total	£m	(184.0)	(54.9)

NEL ICB – YTD deficit of £12.5m against plan.

The ICB planned year-to-date surplus of £5.1m. The year-to-date reported position is a deficit of £7.4m which gives an adverse variance to plan of £12.5m. This is in line with the recently developed financial recovery plan (FRP).

The ICB run rate pressures, largely relate to prescribing and mental health and under delivery of efficiencies.

Month 4 I&E NEL ICB

		YTD	Forecast
Target	£m	5.1	15.4
Actual	£m	(7.4)	15.4
Variance			
Surplus / (Deficit)	£m	(12.5)	0.0

ICS Delivery of Efficiencies

Year-to-date efficiency plan across the system of £74.8m. Actual delivery of £46.6m, resulting in under delivery of £28.2m.

The ICB reports an over delivery of efficiencies at year-end with providers reporting under delivery. The net position is an under delivery of £11.9m.

ICS Efficiencies

		YTD	Forecast
Target	£m	74.8	277.8
Actual	£m	46.6	265.9
Variance			
£m		(28.2)	(11.9)

NEL Financial Summary Month 4 - Health

Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)			Full Year Forecast Surplus / (Deficit)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
North East London ICB	5.1	(7.4)	(12.5)	15.4	15.4	0.0
Providers	(9.6)	(55.5)	(45.9)	(15.3)	(15.3)	0.0
ICS Total	(4.5)	(62.9)	(58.4)	0.0	0.0	0.0

Month 4 Summary Position

- The year-to-date ICS position against the plan is a **deficit of £58.4m**. This is made up of a provider adverse variance to plan of £45.9m and an ICB adverse variance to plan of £12.5m.
- In line with the operating plan and NHSE reporting protocol the month 4 forecast position is a **reported breakeven position**. This assumes that providers will deliver a planned deficit of £15.3m and the ICB will deliver an offsetting surplus.
- However, as reported in previous months the year-to-date run rate suggests that there is a **risk of a year-end deficit**. This has resulted in a formal finance recovery plan (FRP).
- The FRP has been developed and signed off by the ICB, Trust CEO's and CFO's and shared with regulators at the beginning of August. The FRP assesses the impact of cost improvement schemes (CIPs) and other corrective actions. This leaves a **potential system gap at year-end of £54.9m**. Regulators have requested that further work is done to bring the position back in line with the plan (breakeven position at year-end).

NEL Financial Summary Month 4 - Health

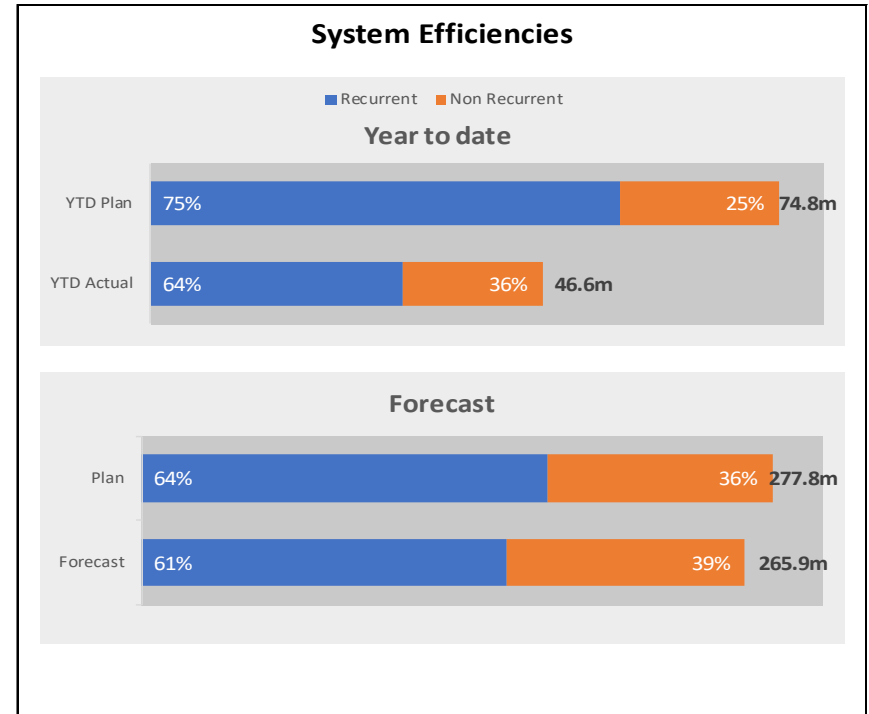
Organisations	Year to date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	(2.4)	(15.9)	(13.4)	(0.2)	(0.2)	0.0
Barts Health	(9.1)	(34.5)	(25.4)	(27.8)	(27.8)	0.0
East London NHSFT	0.4	(1.3)	(1.7)	5.4	5.4	0.0
Homerton	(0.3)	(5.3)	(5.0)	0.2	0.2	0.0
NELFT	1.9	1.5	(0.4)	7.0	7.0	0.0
Total NEL Providers	(9.6)	(55.5)	(45.9)	(15.3)	(15.3)	0.0
NEL ICB	5.1	(7.4)	(12.5)	15.4	15.4	0.0
NEL System Total	(4.5)	(62.9)	(58.4)	0.0	0.0	0.0

Month 4 Summary Position

- One of the main drivers of the ICS position is a year-to-date under delivery against the efficiency target. The total year-to-date position on efficiencies is an under delivery of £28.8m. This position is expected to improve at year-end as the result of the FRP stretch measures.
- ICB efficiency slippage accounts for £8.9m of its reported overspend. The balance is made up of ongoing run rate pressures in prescribing, mental health and community health services activity based contracts (such as adult placements, equipment and discharge to assess schemes).
- Provider efficiency slippage accounts for £19.3m of its reported overspend. System providers are also reporting pressures in relation to inflation, industrial action and staffing (including pay awards and agency usage).
- In terms of agency usage system providers are exceeding the agency cap set by NHSE for 23/24. The annual agency cap is set at £140.6m. Month 4 year-to-date spend on agency is £64m (46% of the cap). The extrapolated run rate suggests that provider outturn spend on agency could be in the region of £192m. However, providers are expecting to put corrective measures in place and have reported forecast agency spend of circa £153m (£12m above the cap).

System Efficiencies – Month 4 and Forecast

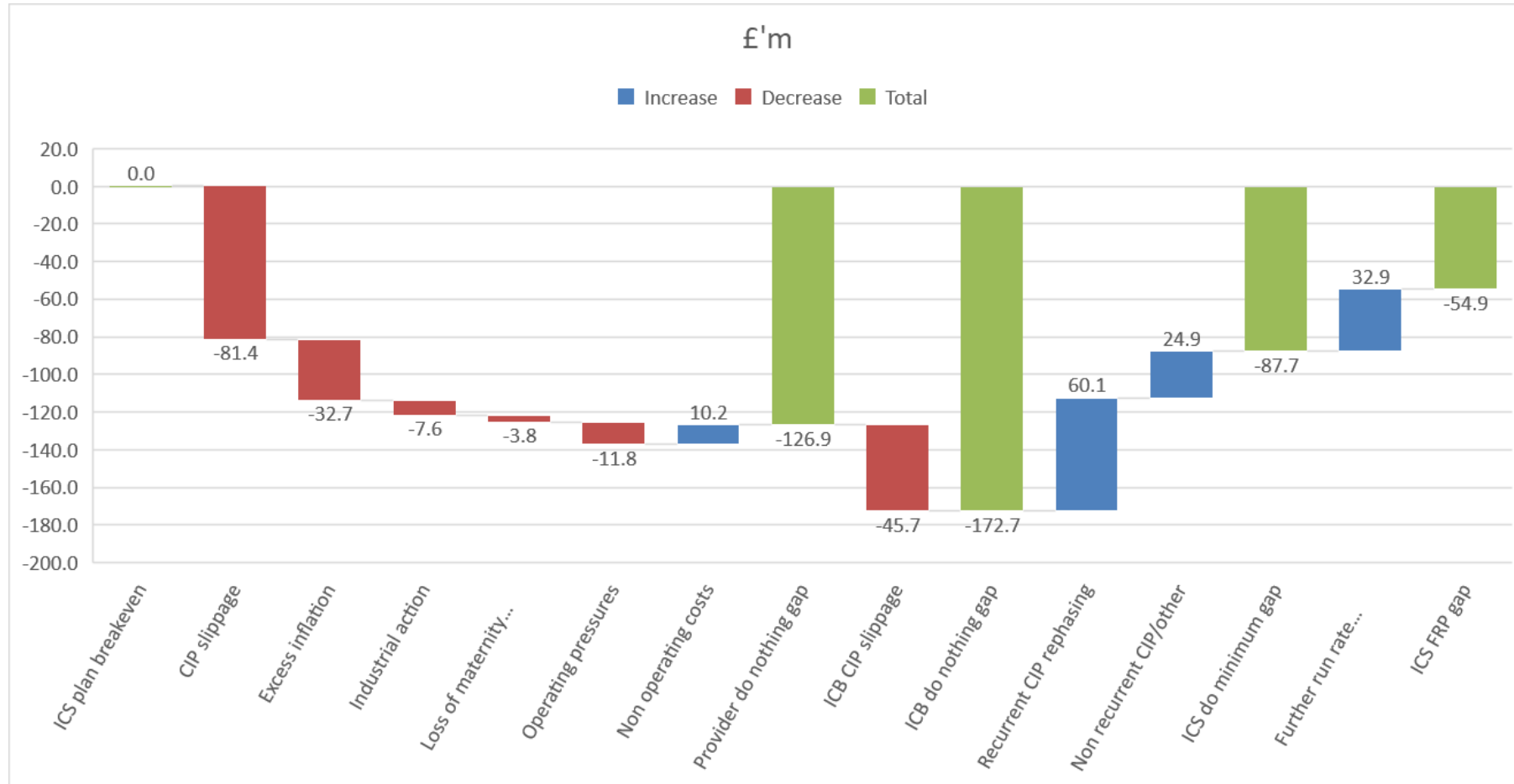
- The total year-to-date planned efficiency target for the NEL system is £74.8m and the forecast target is £277.8m.
- The year-to-date efficiencies delivered across the system is £46.6m, resulting in under delivery against the target of £28.2m.
- Delivery of efficiencies is a major risk to the system and there was a slow start to the delivery of efficiency schemes. The FRP has detailed a stretch to existing schemes which will improve the delivery run rate and will ramp up delivery towards the end of the financial year. This will lead to an improved position against the ICB efficiency target by year-end.
- As a result of the FRP and system work, the ICB is forecasting an over delivery against the efficiency target of £7.2m, with providers expecting under delivery of £19.1m. The total year-end position is a forecast under delivery of £11.9m.
- The information on the right is based on information submitted to NHSE from ICB data sources and provider financial returns. The chart shows the proportion of recurrent and non-recurrent schemes both in terms of the plan and actual performance.



Efficiencies	Year to date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Total Provider Efficiency	59.9	40.7	(19.3)	195.2	176.1	(19.1)
NEL ICB	14.8	5.9	(8.9)	82.6	89.8	7.2
Total System Efficiency	74.8	46.6	(28.2)	277.8	265.9	(11.9)

ICS - FRP, Risks and Mitigations

- The run rate of year-to-date ICS spend gives a straight line extrapolation of £172 (based on month 3). The FRP details delivery and control commitments that would potentially bring the ICS deficit position to £55m (this is the month 4 risk position reported to regulators). The bridge between the operating plan, straight line extrapolation and potential deficit is shown in the bridge below:



ICS – FRP, Risks and Mitigations

- The table below shows the financial risks reported to NHSE at month 4. As detailed in the previous slide the potential after mitigations is in line with the FRP and shows £54.9m outstanding risk.

Organisation / System wide	Description of risk	Risk Level	Potential Impact before mitigations £m	Potential Impact after mitigations £m
System wide	Efficiency delivery	High	(128.1)	(128.1)
System wide	Excess inflation	High	(32.7)	(32.7)
System wide	Industrial Action	High	(7.6)	(7.6)
System wide	Lost maternity CNST	High	(3.8)	(3.8)
System wide	Operational pressures	High	(11.8)	(11.8)
System wide	Operational improvements	Medium	0.0	10.2
System wide	Delivery of efficiencies - recurrent	Medium	0.0	60.1
System wide	Delivery of efficiencies - non recurrent	Medium	0.0	24.9
System wide	Run rate improvements	Medium	0.0	33.9
Total Risk			(184.0)	(54.9)

- The total unmitigated risk across the system is £184m. The main risks flagged by providers and the ICB are in relation to efficiency delivery, excess inflation and operational pressures. Additionally, the providers have flagged industrial action and lost maternity CNST income.
- The FRP has identified a series of potential mitigations, totalling £129.1m. These are in relation to operational and run rate improvements and further delivery of recurrent and non-recurrent efficiency schemes. The FRP has been shared with regulators, who have requested that the system continue to develop further mitigating actions to clear the outstanding risk and deliver the operating plan breakeven position at year-end.
- There is a high level of risk associated with the financial position of the ICS. This has been added to the risk register with a risk rating of 20 for both the ICB and ICS. This means that the risk of non-delivery remains very high.

LBH – Financial Position

Better Care Fund (BCF) 23-24

- A paper was presented to Havering Place Based Partnership Board to note and virtually sign off the BCF.
- The total BCF funding available, including additional discharge funding is £35.7m.
- The NHS additional funding of £527k relates to ageing well funds.
- The LA and ICB are required to submit regular reports to NHSE on the 23/24 discharge funds. Updates on this spend is given in this reporting pack.

	23/24 Allocation £
Disabled Facilities Grant	2,056,802
Improved Better Care Fund	6,824,956
NHS Minimum Fund	22,771,397
NHS Additional Funding	527,000
LA Additional Funding	873,730
Local Authority Discharge Fund	956,848
ICB Discharge Funding	1,730,862
Total	35,741,595

- Details of the schemes funded by the NHS minimum contribution are shown in the bottom table.
- A breakeven position was shown on these schemes at month 4.
- Reporting on the BCF will be developed through the year.

	23/24 Allocation £
Riverside	171,730
NELFT Community SLA	11,948,518
IPS - BCF	274,404
St Francis Hospice	174,572
AGE UK (Falls)	33,129
AGE UK (AFS Care Navigator)	15,471
Local Area Co-ordinators (LAC)	200,000
Reablement	1,520,914
BCF Social Care	6,140,441
BCF Care Act	812,089
Home, Settle and Support Service (HSSS)	188,320
Care Home Trusted Assessors	18,590
Hospital Discharge service (NELFT)	410,570
Home first (Essex Care Limited)	105,037
Ageing Well - NELFT	538,042
Falls Community - NELFT	219,572
Total NHS Funding	22,771,397

NEL ICB – BCF Discharge Funding Update

Scheme type	Year to date spend £000s	Full year forecast outturn spend (2023-24) £000s	Units	No of units/ packages provided - year to date
Home care or domiciliary care (Pathway 1)	238	538	Total contact hours	8,736
Home-based intermediate care services (Pathway 1)	79	240	Total contact hours	3,371
Bed based intermediate care services (Pathway 2)	0	0	Beds	0
Residential placements (Pathway 3)	185	644	Beds	32
Workforce recruitment and retention	0	188	FTE gained	0
Assistive technologies and equipment	22	120	Number of beneficiaries	85
Voluntary and community support	0	0		
All other spend	0	0		
Total ICB share of expenditure of the £300m Additional Discharge Fund	524	1,731		12,224

- The ICB has transferred £1.7m via the BCF to LBH for discharge funding.
- The table above is the month 4 return to NHSE. It shows that the full amount is likely to be committed at year-end.

LBH – BCF Discharge Funding Update

2022-23 Health Funds carried forward (S256 / BCF)

Scheme	£	Mechanism
BYCP	150,000	S256
Winter Demand and Capacity	269,000	S256
Virtual Wards	1,035,000	S256
Ageing Well 21/22 and 22/23	2,104,065	BCF
TOTAL	3,558,065	

- Funds were transferred to the LBH for specific schemes. Details of this are included on the table above.
- In total £3.6m is available in 23/24 for the above schemes.
- The BYCP fund has been committed to a MDT Child Health Hubs pilot to improve the health of children and young people through collaboration and engagement of patients, parents, primary and secondary care and public health services. Central to this is an introduction of three MDT coordinator posts who will work across all four PCNs. The working group is currently exploring the possibility of NELFT acting as host employer for the MDT coordinators via a local authority contract variation.
- Both winter demand and capacity and virtual ward funding have schemes developed that will be delivered by the health sector. Conversations are currently underway between LBH and the ICB about the most appropriate way to transfer funds to the correct provider.
- Ageing well is detailed on the next slide.

Ageing Well – 21-22 and 22-23 carry forward

	<i>Total Ageing Well Budget 22-24</i> £	<i>Allocated 22-24</i> £	<i>Budget 23-24 LBH Carry Forward</i> £	<i>Committed 23-24</i> £	<i>Plans in Development</i> £
Cost of Living - Warm Places	£100,000	£36,528	£63,472	£63,472	£0
Essential LCA	£75,000	£7,050	£67,950	£67,950	£0
Reablement pressures	£296,776	£0	£296,776	£296,776	0
Reablement Prevention	£108,333	£0	£108,333	£108,333	£0
Ward Enbalment	£97,294	£0	£97,294	£97,294	£0
Local Area Co-ordination	£125,000	£0	£125,000	£60,000	£65,000
Care homes escort	£24,000	£0	£24,000	£24,000	£0
Total Council Schemes	£826,403	£43,578	£782,825	£717,825	£65,000
Navigator	£52,500	£0	£52,500	£52,500	£0
Falls	£37,313	£5,014	£32,299	£32,299	£0
Blue Band	£721	£0	£721	£721	£0
Ancipatory/Proactive Care	£450,000	£0	£450,000	£0	£450,000
Project Manager	£123,717	£0	£123,717	£123,717	£0
Total ICB Schemes	£664,251	£5,014	£659,237	£209,237	£450,000
Frailty Strategy Refresh BHR	£662,000	£0	£662,000	£31,667	£630,333
TOTAL	£2,152,654	£48,592	£2,104,062	£958,729	£1,145,333

- Non-recurrent ageing well funds were carried forward as part of the BCF mechanism.
- Total funds available carried forward to 23/24 are £2.1m.
- The table shows the planned utilisation of funds – both committed schemes and areas where plans are still in development.
- £0.78m has been badged against council schemes, £0.66m will be delivered by the ICB and £0.66m is held by LBH for utilisation across BHR. At month 4 there is just under £1m funds committed with the remaining £1.1m still in the development stage.

NEL ICB Continuing Healthcare (CHC) – Month 4 Update

Place	CHC Spend Area	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s	Full Year Budget £000s	Full Year Forecast £000s	Forecast Variance £000s
Havering	CHC - Adult	9,955	9,072	883	29,864	27,215	2,649
	CHC - Children	791	620	171	2,374	1,861	514
	Funded Nursing Care	1,502	1,698	(196)	4,507	5,094	(587)
	Assessment & Support	0	0	0	0	0	0
	Total	12,249	11,390	859	36,746	34,170	2,576

- CHC budgets for 23/24 have been based on 22/23 outturn, uplifted for AQP and other planning uplifts.
- CHC spend at the end of month 4 for Havering is £11.4m, resulting in a £0.9m underspend against budget. The forecast position in Havering is a £2.6m underspend. This position is driven by a reduction in volume and package costs in adult and children's CHC compared to 22/23. This is partly offset by an overspend in funded nursing care packages.
- Although CHC spend is broken down by place, the Havering position does not include a share of the expected delivery of the efficiency target. Across the entire CHC portfolio there is an efficiency target of £15m. Whilst plans are in development this target is reported at a NEL wide level rather than a place level. Year-to-date delivery against the CHC efficiency target has been slower than expected and the ICB is reporting year-to-date slippage of £3.9m with expected slippage of £5.1m by year-end.
- As a result of the overall financial position of the ICB, further work is underway to establish additional workstreams and look for additional stretch. The forecast position against the efficiency target assumes that a further stretch measure is achieved. This remains a risk for the ICB as schemes are yet to be identified and there are ongoing inflationary pressures from both AQP (Any Qualified Provider) and non-AQP providers.

NEL ICB – Discharge to Assess, Rehab and Equipment – Month 4 Update

Service Description	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s	Annual Budget £000s	Forecast £000s	Forecast Variance £000s
D2A	826.9	1,058.9	(232.0)	2,480.7	3,176.8	(696.0)
Rehab	230.3	294.6	(64.4)	690.8	883.9	(193.1)
Equipment	152.3	209.4	(57.1)	457.0	628.3	(171.3)
TOTAL	1,209.5	1,563.0	(353.5)	3,628.5	4,689.0	(1,060.5)

- The total annual budget for Havering place for discharge to assess (D2A), rehab and equipment is £3.6m. This was based on 22/23 outturn and uplifted for the relevant planning uplifts.
- Based on the latest data there is a year-to-date reported overspend of £0.4m against these areas with an expected year-end overspend in the region of £1.1m.
- The drivers of the overspend are;
 - Patients with higher levels of acuity which means the ICB is incurring 1-2-1 costs and higher cost domiciliary care packages for them to be supported at home
 - Havering has commissioned 20 D2A beds in two nursing homes. These are at AQP rates which had resulted in a cost pressure.
 - High cost rehab packages
 - Equipment overspend is based on the latest data and reflects the costs of equipment issued when residents are discharged to their homes.