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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD
AGENDA

1.00 pm	Wednesday, 19 July 2017	Town Hall

Members: 16, Quorum: 9

BOARD MEMBERS:

Elected Members:	Cllr Wendy Brice-Thompson (Chairman) Cllr Gillian Ford Cllr Roger Ramsey Cllr Robert Benham
Officers of the Council:	Andrew Blake-Herbert, Chief Executive Tim Aldridge, Director of Children's Services Barbara Nicholls, Director of Adult Services Mark Ansell, Interim Director of Public Health
Havering Clinical Commissioning Group:	Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG) Dr Gurdev Saini, Board Member Havering CCG Conor Burke, Accountable Officer,Barking & Dagenham, Havering and Redbridge CCGs Alan Steward, Chief Operating Officer, Havering CCG
Other Organisations:	Anne-Marie Dean, Healthwatch Havering Matthew Hopkins, BHRUT Ceri Jacob, NHS England Jacqui Van Rossum, NELFT

For information about the meeting please contact:
Anthony Clements 01708 433065
anthony.clements@onesource.co.uk

What is the Health and Wellbeing Board?

Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities and improve outcomes for local residents. It will achieve this by coordinating the local NHS, social care, children's services and public health to develop greater integrated working to make the best use of resources collectively available.

What does the Health and Wellbeing Board do?

As of April 2013, Havering's HWB is responsible for the following key functions:

- Championing the local vision for health improvement, prevention / early intervention, integration and system reform
- Tackling health inequalities
- Using the Joint Strategic Needs Assessment (JSNA)and other evidence to determine priorities
- Developing a Joint Health and Wellbeing Strategy (JHWS)
- Ensuring patients, service users and the public are engaged in improving health and wellbeing
- Monitoring the impact of its work on the local community by considering annual reports and performance information

1. WELCOME AND INTRODUCTIONS

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

   Cllr Brice-Thompson

   Start time: 13.00

2. APOLOGIES FOR ABSENCE

   (If any) – receive.

   Cllr Brice-Thompson

3. DISCLOSURE OF INTERESTS

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

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

All.

4. MINUTES (Pages 1 - 10)

To approve as a correct record the minutes of the Committee held on 10 May 2017 (attached) and to authorise the Chairman to sign them.

Cllr. Brice-Thompson

13.05

5. ACTION LOG (Pages 11 - 12)

To consider the Board's Action Log (attached).

Cllr Brice-Thompson

13.10

6. HAVERING CAMHS UPDATE (Pages 13 - 28)

Report attached.

Jacqui van Rossum

13.20

7. CCG SYSTEM DELIVERY FRAMEWORK (Pages 29 - 32)

Report attached.

Alan Steward

13.35

8. CCG - CONSULTATION ON SERVICE RESTRICTION (Pages 33 - 38)

Report attached.

Alan Steward

13.45

9. HAVERING END OF LIFE CARE ANNUAL REPORT 2016/17 (Pages 39 - 44)

Report attached for noting.

Gurdev Saini

14.00

10. BETTER CARE FUND PLANNING FOR 2017-19 (Pages 45 - 60)

Report attached.

Keith Cheesman/Caroline May

14.15

11. BHR TRANSFORMING CARE PARTNERSHIP UPDATE (Pages 61 - 84)

Report attached.

Lee Salmon

14.25

12. INTEGRATED CARE PARTNERSHIP PROGRESS REPORT (Pages 85 - 88)

Report attached.

14.35

13. DRUGS AND ALCOHOL STRATEGY UPDATE (Pages 89 - 138)

Report attached.

Elaine Greenway

14.40

14. UPDATE ON NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (Pages 139 - 160)

Report attached.

Ian Tompkins

14.50

15. FORWARD PLAN (Pages 161 - 164)

Attached.

Elaine Greenway

14.55

16. DRAFT REFRESHED HEALTH AND WELLBEING BOARD STRATEGY INDICATOR UPDATE(for information) (Pages 165 - 168)

Attached for information.

Elaine Greenway.

17. DATE OF NEXT MEETING

Wednesday 20 September 2017, 1 pm, Havering Town Hall, committee room 2.

MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Committee Room 3B - Town Hall
10 May 2017 (1.00 - 2.25 pm)

Present:

Elected Members: Councillors Wendy Brice-Thompson (Chairman), Gillian Ford and Roger Ramsey

Officers of the Council: Tim Aldridge (Director of Children's Services) Keith Cheesman, Adult Services (substituting for Barbara Nicholls) Mark Ansell, Interim Director of Public Health

Havering Clinical Commissioning Group (CCG): Alan Steward (Chief Operating Officer, Havering CCG) Dr Maurice Sonomi, Board Member, Havering CCG (substituting for Dr Atul Aggarwal)

Other Organisations: Anne-Marie Dean (Healthwatch Havering) Carol White (NELFT) (substituting for Jacqui van Rossum) and Ceri Jacob (NHS England)

Also Present:

Sarah Tedford, Chief Operating Officer, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Andrew Rixom, Consultant in Public Health
Gloria Okewale, Public Health Support Officer
Jenny Gray, Dementia Liaison Officer
Ian Tompkins, East London Health & Care Partnership
June Mackochie, East London Health & Care Partnership

All decisions were taken with no votes against.

37 **WELCOME AND INTRODUCTIONS**

The Chairman gave details of arrangements in case of fire or other event that might require evacuation of the meeting room or building.

38 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Robert Benham, Andrew Blake-Herbert, Barbara Nicholls (Keith Cheesman substituting) Dr Atul Aggarwal (Dr Maurice Sonomi substituting) Dr Gurdev Saini, Conor Burke, Matthew Hopkins and Jacqui van Rossum (Carol White substituting).

Apologies were also received from Philipa Brent-Isherwood (Head of Business and Performance) and Elaine Greenway (Acting Consultant in Public Health).

39 DISCLOSURE OF INTERESTS

The following interest was disclosed.

9. UPDATE ON STP

Councillor Gillian Ford, Personal, Family relationship to presenter of item (Ian Tompkins).

40 MINUTES OF LAST MEETING AND MATTERS ARISING (NOT ON ACTION LOG OR AGENDA)

The minutes of the meeting held on 15 March 2017 were agreed as a correct record and signed by the Chairman. There were no matters arising not dealt with elsewhere on the agenda.

41 ACTION LOG

It was noted that the governance diagram and strategy dashboard had now been circulated to Members. The updated Board action log is attached to these minutes.

42 UPDATE ON REFERRAL TO TREATMENT DELAYS

A lot of work had taken place at BHRUT over the last two years to reduce delays to treatment. The Trust was ahead of its trajectory to meet the standard of 92% of patients treated within 18 weeks by September 2017. Clinical harm reviews had continued and no patients had come to serious harm while waiting for treatment.

The demand management programme established with local CCGs was working but there had not been any reduction in the number of referrals to hospital. There was now robust reporting in this area with externally assured processes and fortnightly meetings re delays to treatment were held between BHRUT and the local CCGs.

It was clarified that patients on a complex care pathway may not attend all their appointments but would be kept in the system until their treatment plan was sorted. Plans to deal with increased demand were already in place and pathways such as cardiology had been identified where work could focus on reducing referrals to hospital. More details of the Trust's work with GPs on this area could be shared with Healthwatch.

It was the responsibility of individual GP Practices to contact patients who did not attend hospital appointments. This was monitored by the CCG. Variations in referral rates between Practices would be addresse by the

Primary Care Networks planned by the CCG. A pathway for diabetic footcare was under development with the secondary care sector.

The Board:

- Noted the progress of RTT activity and the reduction in long waiting patients.
- Noted progress with the clinical harm reviews of long waiting patients.
- Noted the work and support BHRUT had given with the development of a system-wide RTT recovery plan in response to the legal directions placed on NHS Havering Clinical Commissioning Group by NHS England which came into force on 20 June 2016.
- Agreed that a further RTT update should be made at the September 2017 meeting when the 92% standard should be being achieved in full.

43 DEMENTIA STRATEGY FOR SIGN OFF

The vision of the strategy presented to the Board reflected the objectives of the National Dementia Strategy. There were currently approximately 3,400 people with dementia in Havering and this was expected to rise to around 5,000.

A number of minor additions/amendments were suggested and agreed:

- It was agreed that the principle of supporting dementia sufferers in the workplace should be added to the strategy.
- Wording in the strategy re the Havering Memory Service would be clarified so as to be clear that everyone had access to Admiral Nurse support.
- A section addressing the health needs of carers would also be added.
- Wording would be clarified to show that the need for different levels of support as the disease progressed would be addressed through regular review and updating of an individual's care plan.
- Peer support needed to be supplied for different age groups with for example work in progress with leisure centres to provide activities for younger people with dementia.
- It was agreed that work to increase the Dementia Friends offer to schools should also include colleges and youth groups.

The Board agreed to support the Dementia Strategy, with the addition of the comments and suggestions shown above.

44 INTEGRATED CARE PARTNERSHIP

Officers explained that they wished to embed the Integrated Care Partnership within locality working. The boundaries for localities would

match those for the recently established Primary Care Networks. The boundaries had also been designed to take account of population growth over the next 5-10 years. It was planned to involve all stakeholders in this work and a Locality Design Group had been established including GPs, BHRUT, NELFT and Healthwatch representatives.

It was felt that the locality model would be closer to local communities, allowing local people to self care more. The locality model would be piloted for children's and adult services. Work on children's services would focus on mental health and in particular the transition from child to adult services. A virtual multi-disciplinary team was being trialled as part of the project. The adult services pilot would focus on intermediate care with an objective of establishing a single assessment for care plans. An Integrated Localities Project had also been established aiming to integrate services with NELFT as a service provider.

The proposals had been well received at Overview and Scrutiny Sub-Committees and the Over 50s Forum. Updates on the plans could be brought to the Board on a quarterly basis. Relationships with service users would continue to be developed and it was noted that a voluntary and community sector representative was a member of the Locality Design Group. Community engagement would also be covered in the pilot work. It was planned that families, carers and service users would be part of the work on the children's pilot. A communications plan was being developed for the adult services pilot and this could be shared with the Board.

The Board noted the report and agreed to receive updates on progress on a quarterly basis.

45 **UPDATE ON STP**

It was noted that the STP would now be known as the East London Health and Care Partnership. The on-line briefing room had been established and details would be circulated. A video on the Partnership had also been produced and was currently being reissued.

The Partnership agreement had been circulated and the Partnership would be officially launched on 3 July. This would be followed on 4 July by the first meeting of the Partnership Community Group. Invitations for this would be sent in the next week and Local Authorities were helping to identify local groups who could be invited. A Mayor and Leaders' Advisory Group had also been established and contact with relevant Local Authority directors was also under way.

The Joint Health Overview and Scrutiny Committees would be invited to become members of the Assurance Group and a programme of further engagement would take place over the summer period. It was noted that a Redbridge scrutiny topic group was looking at the proposals to close A & E at King George Hospital but this work had been placed on hold until after the General Election. It was hoped to have more Council involvement, particularly in for example the change and transformation programme which sought to encourage to more on-line services.

Members felt that the report should emphasise more the role of Councils and Social Care in the Partnership. Officers confirmed that workforce issues were the number one priority with a separate workstream on this within the Partnership. The establishment of an academy for staff was being considered as part of the Partnership work. Similar proposals were being considered for the Council's social care staff, perhaps in conjunction with London Borough of Redbridge.

It was acknowledged that key worker accommodation was also an issue. Councillor Ramsey asked for the Partnership to assist with NHS Property who were resisting efforts to put more key worker housing on the St George's Hospital site. Partnership officers were aware of this issue and wished to lobby as a Partnership and seek alternative funding streams. The matter was currently with the Mayor of London and policy guidance was awaited.

It was agreed that an update on the system delivery plan should be brought to the next meeting of the Board. The Board noted the report.

46 HEALTH AND WELLBEING STRATEGY: EXTENSION TO JUNE 2019

It was noted that the report before the Board should have referred to local elections in May 2018 being taken into account, rather than as stated. The report sought to extend the Health and Wellbeing Strategy by six months. This would allow the new Health and Wellbeing Board a period of one year following the local elections in which to agree a new strategy.

The Board agreed:

- That the current (refreshed) Health and Wellbeing Board Strategy be extended to June 2019
- That the new strategy be for the period July 2019 – June 2023.

47 REFRESHED HEALTH AND WELLBEING BOARD STRATEGY DASHBOARD/INDICATOR UPDATE

A small set of overall indicators was proposed to be received by the Board. Items about specific concerns held by Board members could then be added as required. The Board would also receive reports from constituent groups

and other relevant bodies. Work on the health equity audit would be presented by Public Health to the Board over the coming year.

A document seeking suggestions for indicators would be circulated to Board members and it was recommended the Chairman should sign off the final version of the indicator set which would then be brought to the next meeting of the Board. Officers would discuss the establishment of an indicator for self-directed support for children and young people. It could be possible to break down the indicators chosen by locality area.

The Board agreed:

- The approach as detailed in the report in principle.
- That Health and Wellbeing Board members would provide comments by 31 May to the Chairman via the report author on the content of the indicator set. Comments to include:

    - which indicators from the long list should be added to the final indicator set
    - acceptability of the approach to an annual cycle of reports
    - acceptability on the proposal for health equity audit and any suggestions for topics that should be considered

- That the Chairman may then take action to agree the final indicator set which takes into account feedback received.

48 **FORWARD PLAN**

The delays in referral to treatment item would be brought back to the Health and Wellbeing Board in September 2017. The update on the STP/Integrated Care Partnership would also be kept as a standing item.

Guidance on the Better Care Fund was still awaited but it was agreed to take this item at the July 2017 meeting if possible. The issue of self-harming would be included in the CAMHS transformation paper. The CCG items on Service Restriction and Prior Approval and the System Delivery Plan would be combined.

Forthcoming items on the Integrated Care Partnership, Drug and Alcohol Strategy and the Local Plan would be kept as scheduled. A work programme for the rest of the year would be brought to the next meeting.

49 **DATE OF NEXT MEETING**

The next meeting would take place on Wednesday 19 July at 1 pm at Havering Town Hall.

Chairman

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Health and Wellbeing Board Action Log (following May 17 Board meeting)

No.	Date Raised	Board Member Action Owner	Non-Board Member Action Owner	Action	Date for completion	RAG rating	Comments
17.10	10 May 17	Alan Steward	Sarah Tedford, Louise Mitchell	An update on referral to treatment delays to be presented at September HWB meeting	20 September 17		
17.11	10 May 17	Gurdev Saini	Jenny Gray	Joint Dementia strategy to be updated with comments discussed at May HWB meeting	19 July 17		
17.12	10 May 17	Alan Steward, Barbara Nicholls	Keith Cheesman	An integrated care partnership (ICP), communications plan for the adult services pilot to be shared with HWB members.	19 July 17		
17.13	10 May 17	Alan Steward, Barbara Nicholls	Keith Cheesman	Quarterly progress report to be presented to HWB on the ICP	19 July 17		
17.14	10 May 17	All members	Elaine Greenway	HWB Members to provide comments on the refreshed health and wellbeing board strategy dashboard/indication for July HWB meeting	31 May 17		

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Havering CAMHS Update
Board Lead:	Jacqui Van Rossum, Executive Integrated Care Director, North East London NHS Foundation Trust (NELFT)
Report Author and contact details:	Jacqui Van Rossum, Executive Integrated Care Director, North East London NHS Foundation Trust (NELFT)

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☐ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

A summary of recent CAMHS developments that are supporting the outcomes for CYP in the Borough of Havering. It will also update in progress CAMHS transformation.

Havering
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RECOMMENDATIONS

That the Health and Wellbeing Board note the updates.

REPORT DETAIL

Please see attached presentation.

IMPLICATIONS AND RISKS

Financial implications and risks: None
Legal implications and risks: None
Human resource implications and risks: None
Equalities implications and risks: None

BACKGROUND PAPERS

None

NELFT NHS
NHS Foundation Trust

HAVERING CAMHS UPDATE

NELFT NHS
NHS Foundation Trust

CHILD & ADOLESCENT MENTAL HEALTH SERVICES

SERVICE UPDATE

Integrated Children's services at Acorn Centre, London Rd, Romford

NELFT NHS
NHS Foundation Trust

CURRENT POSITION

6 staff who have attended the Children and Young People's Improved Access to Psychological Therapies Training. (CYP- IAPT), more staff attending this year.

Total co-location to the Acorn Centre (Integrated Children's Servcie) by February 2017.

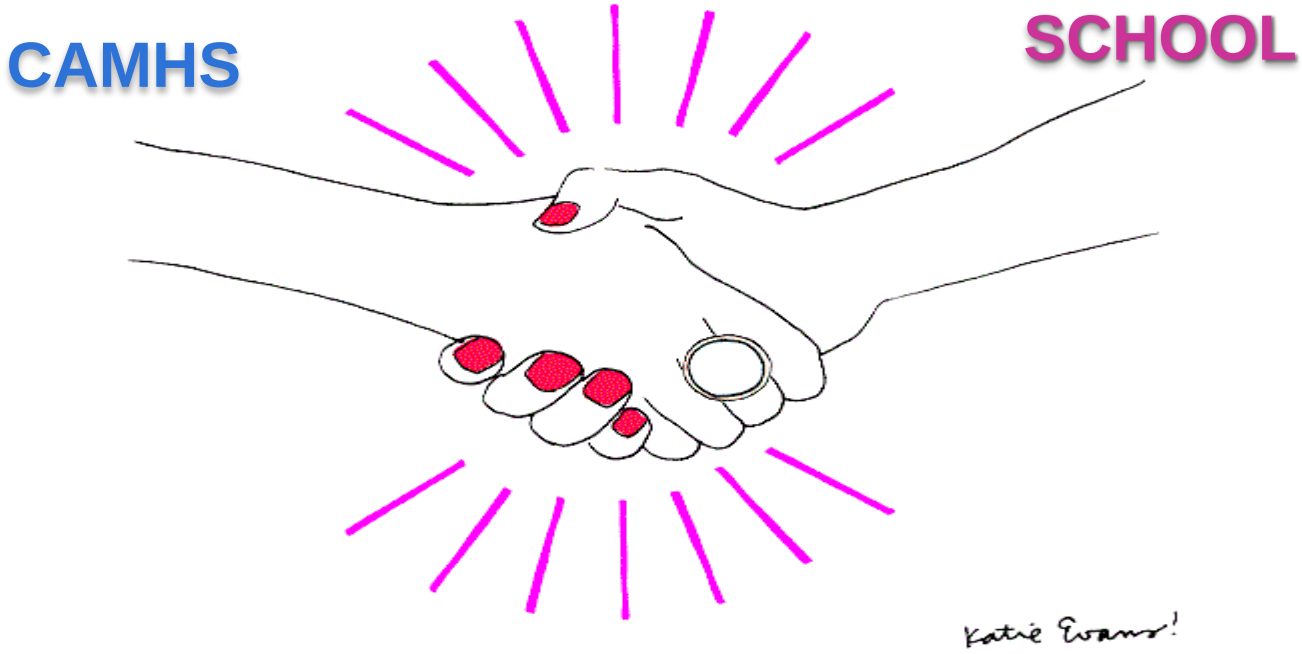
"Thrive" model to be introduced at Havering CAMHS.

Young peoples Home Treatment Team/Crisis Team created in Havering.

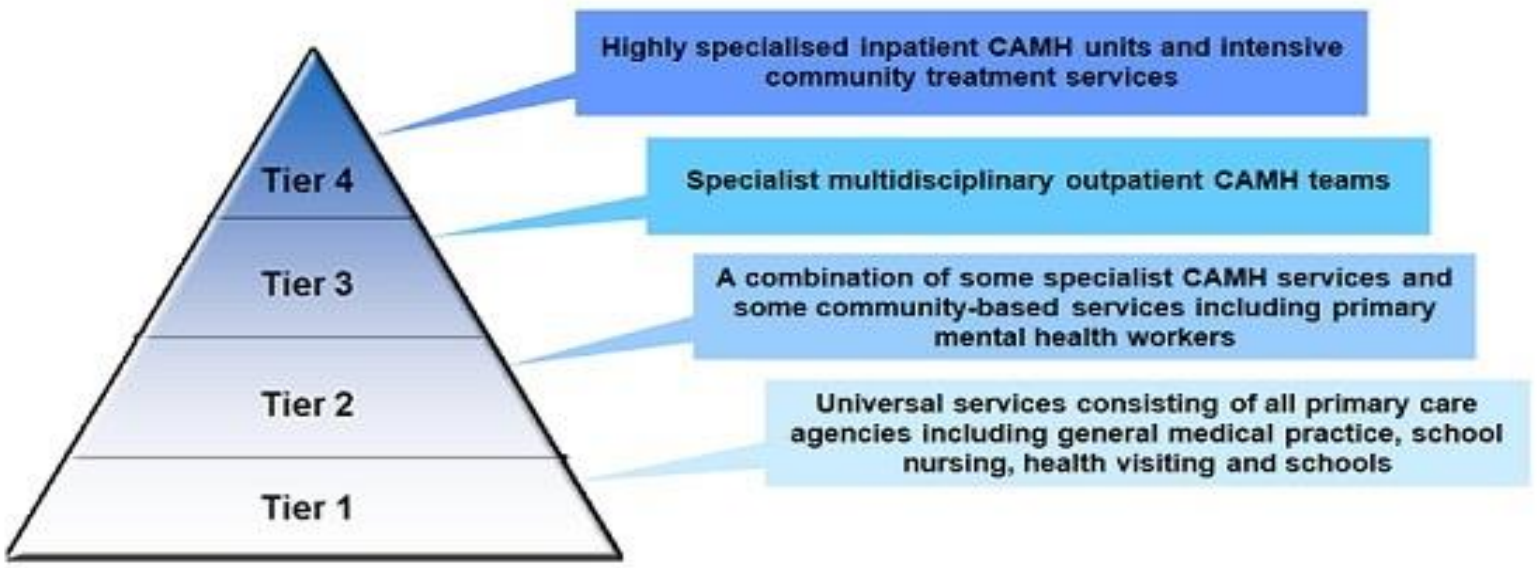
CURRENT POSITION continued……

- **Service Transformation**
- **Working in partnership with Children and Young People**
- **CYP IAPT evidence based therapies**
- **Routine Outcome Monitoring**

New School's Link Worker Role



Current CAMHS structure

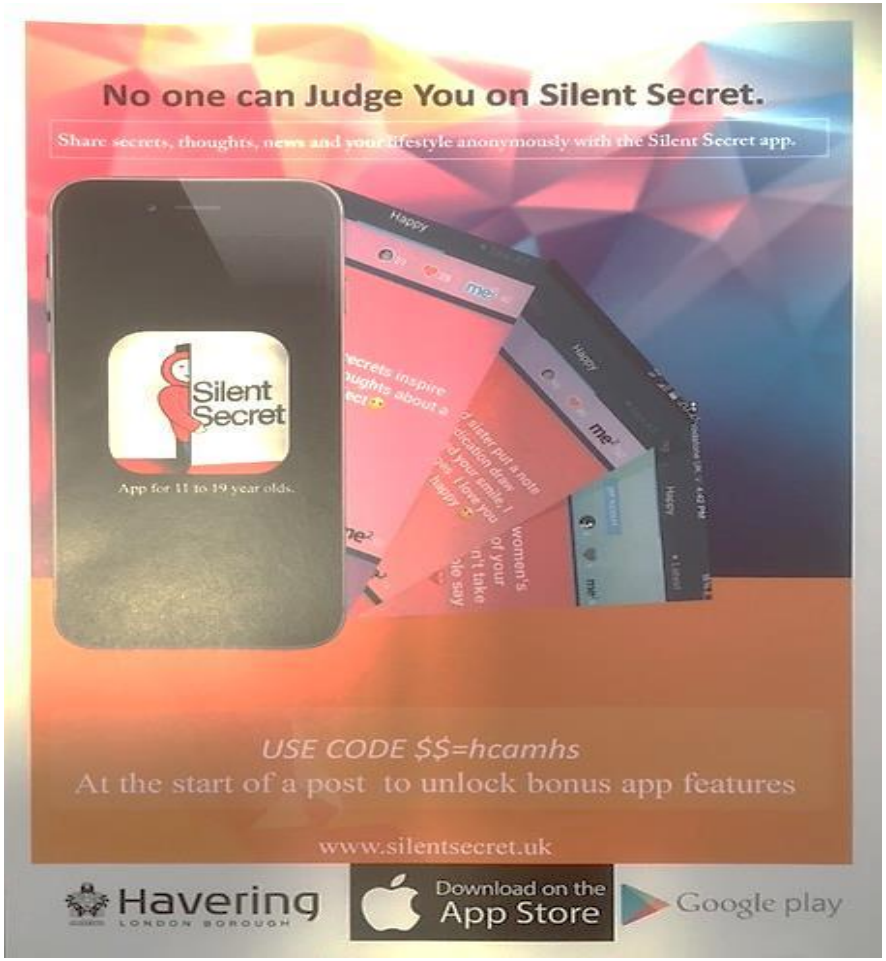


I-Thrive


Signposting, Self-management and one off contact
Goals focused evidence informed and outcomes focused intervention
Prevention & promotion
Risk management and crisis response
Extensive treatment


Getting Advice
Getting Help
THRIVING
Getting Risk Support
Getting More Help

Silent Secret App



NELFT NHS
NHS Foundation Trust

NELFT ‘My Mind’ PHONE APP

https://youtu.be/fz3pmn0ys10

NELFT NHS
NHS Foundation Trust

Crisis Provision in Havering

NELFT NHS
NHS Foundation Trust

Self-Harm figures July 2016-July 2017

Total amount of Self Harm referrals = 55% :

45% of self-harm referrals are Girls.

10% of self-harm referrals are Boys .

Age range of CYP who are referred with self-harming behaviours:

5-12 yrs 5%	**girls 4.5% boys 0.5%**
13-15 yrs 35%	**girls 30% boys 0.5%**
16-18 yrs 10%	**girls 7% boys 3%**

NELFT NHS
NHS Foundation Trust

Benefits to Young People and Their Families

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	System Delivery Framework
Board Lead:	Conor Burke, Accountable Officer, Barking & Dagenham, Havering and Redbridge CCGs
Report Author and contact details:	James Gregory, Project Lead**,** Barking & Dagenham, Havering and Redbridge CCGs

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

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- ☒ Theme 4: Quality of services and user experience

SUMMARY

During 2017/18 BHR CCGs are required to deliver £55m of saving, in year, with £35m against the BHRUT contract. In response to the financial challenge facing the BHR system, the CCGs have developed the System Delivery Framework, as a mechanism to drive system recovery.

The System Delivery Framework, incorporates changes to both local and system level governance across BHR, to support the programme. This includes implementation of the System Delivery and Performance Board (part of the sub-structure of the Integrated Care Programme board) which will take the lead role in scrutinizing and assuring implementation of system plans.

BHR CCGs and BHRUT issued a joint submission to regulators detailing plans and progress to date against identification and implementation of the £35m BHRUT tranche of the System Delivery Framework in March.

RECOMMENDATIONS

The HWB Board is asked to note current delivery against the System Delivery Framework.

REPORT DETAIL

This paper is to advise the Health and Wellbeing Board of progress made to date against implementation of the Systems Delivery Framework.

The financial challenges facing the BHR health system, following agreement of 2017-19 NHS contract values, are significant, requiring BHR CCGs to deliver an in-year (17/18) cost reduction of £55m, £35m of which is against the BHRUT contract. NHSE requires the BHR CCGs to achieve 'in-year breakeven' in 2017/18.

In its August 2016 draft proposals for governance of the Integrated Care Programme Board, the formation of a System Delivery and Performance Board was envisaged, acting as a forum to drive improved provider performance and joint ownership of plans.

System Delivery Framework position as of June 2017

As requested by both regulators (NHS England and NHS Improvement), BHR CCGs and BHRUT were required to submit a jointly owned document, detailing plans and processes to ensure delivery of the initial £35m tranche of the System Delivery Framework (SDF).

The CCGs completed this submission as required and meet regularly with NHSE to discuss progress.

The latest position (June 2017) against the SDF is as follows:

1. BHR CCGs have identified a total opportunity of £44.0m
2. BHRUT and BHR CCGs have agreed a joint process of assuring schemes. In addition governance arrangements have been developed at a system level (using existing ICPB structures) to ensure wider system ownership of the plan.
3. CCGs are assured of a value of £32.9m (against the entire £55m programme)
4. BHRUT are assured of a value of £18.0m (against the £35m BHRUT specific element of the programme)
5. BHR CCGs are undertaking a review of 17/18 investment assumptions to understand if these could be used to support the underlying financial position. This review process will be managed through the CCGs Financial Recovery Programme Board
6. The CCGs continue to work closely with system partners, BHRUT and NELFT to develop additional pathway opportunities, to mitigate the current unidentified
7. CCGs have implemented robust processes for monitoring delivery and performance of "live" schemes, scheme level reviews are taking place on a weekly basis, with escalation of issues to the Financial Recovery Programme Board.

Summary of Schemes

The Plan is composed of the following assured schemes.

Programme	Description	Value
Planned Care	Redesign of pathways to reduce secondary care referrals for example on gastro and ENT (ear. Nose and Throat). Service restrictions through Spending NHS Wisely – see separate report on agenda	£9.9m
Urgent Care	Pathway improvements to reduce demand and improve use of community services and self-care	£1.4m
Medicines Management	Improved use of generic and lower cost drugs and waste reduction	£5.1m
Complex Care	Improved pathways on equipment, CHC and management of support to care homes	£2.3m
Children Services	Demand management with increased support and advice	£0.3m
Mental Health	Reducing pathway duplication. Contract review with NELFT	£1.4m
Estates	Rationalisation of estates to reduce void charges	£1.9m
Contracts	Review of all contracts and embedding cost reductions with providers	£5.3m
Pipeline opportunities	Review of pathways to reduce duplication and improve effectiveness £1.2m	£1.2m
Corporate	Review of corporate spend and planned investments	£4.1m

Total		£32.9m

Future Development

As part of the further development of the ICP, a number of Board to Board sessions have been developed between CCGs, BHRUT and NELFT. These sessions have considered the system financial gap have targeted three “big ticket” items for development. These are:

1. Referral management service – to manage patient referrals from primary care to acute from the point of referral (by whichever source) through to appointment booking and following on from the learning from recovering the Planned Care backlog.
2. Pressure ulcers – These are caused when an area of skin is placed under pressure such as being in bed for a long period without proper care and attention. It is estimated that this costs the BHR system over £9m each year. Training and education for staff across the BHR system are a key part of tackling this.
3. System–wide discharge programme – implementing discharge to assess and other more complex discharge processes to provide much better and quicker assessment and support to getting people back home after time in hospital.

These are being worked up and plans will be presented to the System Delivery and Performance Board.

IMPLICATIONS AND RISKS

The System Delivery Plan (and the System Performance and Delivery Board) manages the financial risk to the CCG and partners in the health economy. Business cases for investment will be agreed through the Integrated Care Partnership and individual organisations where required..

Any measures to reduce expenditure that are likely to impact on local people must have quality and equality impact assessments conducted.

No additional risks are outlined in this report.

BACKGROUND PAPERS

None.

Havering
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HEALTH & WELLBEING BOARD

Subject Heading:	CCG - Consultation on Service Restriction
Board Lead:	Dr Atul Aggarwal, Havering CCG
Report Author and contact details:	Zoe Anderson On behalf of BHR CCGs zoe.anderson@nhs.net 020 3688 1083

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

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SUMMARY

As part of Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups' work to save £55 million in 2017/18, 'Spending NHS money wisely' identified a potential £5.2 million of savings through restricting or ceasing funding for a number of non-life threatening treatments and procedures in the following areas

- In-vitro fertilisation (IVF)
- Male and female sterilisation
- NHS prescribing
- Cosmetic procedures
- Weight loss surgery

An eight week consultation ran from 23 March to 18 May 2017 to seek local people's views on the proposals.

This report outlines the decisions reached by the CCG governing bodies regarding which treatments and procedures will no longer be funded, which are estimated to save the CCGs up to £3.03 million a year.

RECOMMENDATIONS

The board is asked to note the decisions reached.

REPORT DETAIL

Spending NHS money wisely' identified a potential £5.2 million of savings through restricting or ceasing funding for a number of non-life threatening treatments and procedures in the following areas

- In-vitro fertilisation (IVF)
- Male and female sterilisation
- NHS prescribing
- Cosmetic procedures
- Weight loss surgery

An eight week consultation ran from 23 March to 18 May 2017 to seek local people's views on the proposals.

During the consultation, CCG staff and clinical leads presented to community groups and patient groups, held drop-in sessions in public places, and carried out social media activity, in order to reach as many people as possible across the three boroughs.

This involved:

6 – public drop in sessions
26 – public meetings and events attended
800+ – leaflets distributed at meetings and events
2,200 – consultation website views
490 – consultation-related documents downloaded from websites
12 – newspaper and radio reports about the consultation
128 – tweets about the consultation
80,998 – potential number of people the tweets could have reached
661 – responses received

Analysing the responses to the consultation, showed that there was a mix of support for and against the proposals. Overall, the most strongly-supported proposals were in the prescribing and cosmetic procedures categories. More than 80% of respondents support or strongly support proposals to stop prescribing fish oil

supplements, multivitamins, rubefacient creams, cough and cold remedies, and over the counter painkillers such as paracetamol. The same strong levels of support were received for proposals to stop funding facelifts and brow lifts, breast enlargement, and re-doing breast enlargement.

The least strongly-supported proposals were stopping funding IVF for women aged 40-41 (60% of respondents against or strongly against), stopping funding male and female sterilisation (54% of respondents against or strongly against), as well as certain cosmetic procedures including treatment for swelling in testicles, varicose vein surgery, and surgery for excessive sweating.

Clinical evaluation panel and process
A 'clinical evaluation panel' of GP clinical directors was convened to consider the evidence and make recommendations on the proposals.

The panel was supported by a panel of non-voting experts including a pharmacist, patient engagement manager and Dr Andrew Rixom, Consultant in Public Health, London Borough of Havering.

The objective was to arrive at a recommendation for each proposal that considered the amount each proposal was likely to save, the impact that proposal was likely to have on affected individuals and the wider impact the proposal could have on the health of the population as a whole as well as other health and social care services.

Clinical leads scored on the following:

1. **Patient experience**: how much the patients' quality of life will be affected by the proposal.

2. **Clinical impact:** how much patients' health will be affected by the proposal.

3. **Equality impact:** the extent to which the change will disproportionately impact one part of the community.

4. **Impact on other services:** the extent to which the proposal will affect the way that other services operate.

Reaching a decision
The clinical evaluation panel's recommendations regarding which treatments and procedures the CCGs should no longer fund, and in some cases continue to fund, formed part of a decision-making business case that went to the governing bodies .

This meeting in common took place on 29 June 2017 and the following was agreed:

Procedures the local NHS will no longer fund	
Procedure	**Decision**
Gluten-free products	GPs to stop prescribing gluten-free products.

Medicines for dental conditions	GPs to stop prescribing medicines for dental conditions.
Head lice and scabies medicines	GPs to stop prescribing medicines for head lice and scabies.
Rubefacient creams and gels	GPs to stop prescribing Rubefacient creams and gels such as 'Deep Heat' and 'Tiger Balm'
Omega-3 and other fish oil supplements	GPs to stop prescribing Omega-3 and other fish oil supplements
Multivitamin supplements	GPs to stop prescribing multivitamin supplements
Eye vitamin supplements	GPs to stop prescribing eye vitamin supplements
Colic remedies for babies	GPs to stop prescribing colic remedies for babies
Cough and cold remedies	GPs to stop prescribing cough and cold remedies
Painkillers	GPs to stop prescribing painkillers for adults with acute pain Children and those with chronic pain will continue to be prescribed these
Soya-based formula milk	GPs to stop prescribing soya-based formula milk.
Travel vaccinations	GPs to stop providing the following vaccines free of charge: • Hepatitis A and B combined • Hepatitis B • Meningococcal meningitis • Japanese encephalitis • Rabies • Tick-borne encephalitis • Tuberculosis • Yellow fever
Face lift and brow lift surgery	Stop funding face lift and brow lifts
Breast enlargement	Stop funding breast enlargement surgery.
Revising breast enlargement	Stop funding revision of breast enlargement surgery
Hyperhidrosis surgery	Stop funding surgery to reduce excessive sweating.
Trigger finger surgery	Stop funding surgery for trigger finger
Scrotum swellings surgery	Stop funding surgery to treat scrotum swellings
Labiaplasty	Stop funding labiaplasty surgery
Varicose vein surgery	Stop funding surgery for varicose veins

Note: Stopping funding these surgical procedures does not apply to patients who have had major trauma, cancer or severe burns and require this surgery as a result.

Procedures the local NHS will restrict access to	
Procedure	**Decision**
IVF	Fund one IVF embryo transfer for women aged 23-39 (previous policy was to fund three) Stop funding IVF for women aged 40-41 (previous policy was to fund one embryo transfer)

New eligibility criteria for weight loss surgery	Weight loss surgery will only be funded if a person has a body mass index (BMI) of 35 or above and type 2 diabetes
Procedures the local NHS will continue to fund	
Procedure	**Decision**
Male and female sterilisation	Continue to fund male and female sterilisation.
Surgery to the outside of the ear	Continue to fund cosmetic surgery to the outside of the ear.
Surgical removal of moles, scars, cysts and birthmarks	Continue to fund cosmetic procedures for surgical removal of moles, scars, cysts and birthmarks.
Surgical removal of vascular lesions	Continue to fund cosmetic procedures for surgical removal of vascular lesions.
Hair removal	Continue to fund cosmetic procedures for hair removal.
Breast reduction	Continue to fund cosmetic procedures for breast reduction.
Surgery for ‘man boobs’	Continue to fund surgery for ‘man boobs’.
Tummy tuck surgery	Unable to reach a decision.

These changes will result in a potential saving to the CCGs of £3.03 million a year.

IMPLICATIONS AND RISKS

Next steps

These changes take effect from Monday 10 July 2017, meaning that only new referrals and prescriptions will be affected. The decisions have been communicated to all GPs, stakeholders and providers. All GPs will receive a suite of materials that will help them to explain the changes to affected patients.

BACKGROUND PAPERS

Further information, including the consultation document and decision-making business case is on the CCG website: www.haveringccg.nhs.uk/spending-wisely

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HEALTH & WELLBEING BOARD

Subject Heading:	**Havering End of Life Care Annual Report 2016/17**
Board Lead:	**Dr Gurdev Saini** **Clinical Director, Havering CCG**
Report Author and contact details:	**Dr Gurdev Saini** **Clinical Director, Havering CCG**

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☐ Theme 4: Quality of services and user experience

SUMMARY

This annual report summarises progress made with the End of Life (EOL) Care in Havering during 2016/17

RECOMMENDATIONS

The Board is asked to note the report and comment on progress made with End of Life Care in Havering during 2016/17

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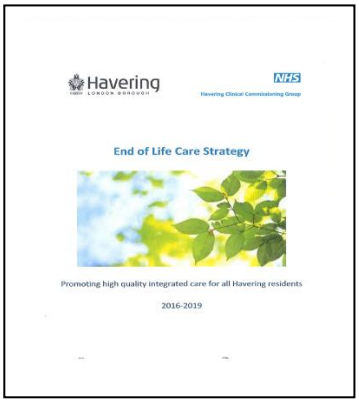
REPORT DETAIL

Havering End of Life Care Annual Report 2016/17

Havering End of Life Care Strategy

The Strategy was launched in April 2016 and was presented to GPs at the April round of Cluster meetings. The early focus was to get GP practices to develop end of life care plans for patients using the Health Analytics platform. Havering CCG had piloted the development of care plans and through the Strategy Action Plan had set a target to develop a rolling average of 500 active care plans by March 2017. This has been achieved.



The strategic objectives of the strategy are:

- Encourage people to discuss death and dying
- Identify all people who are nearing the end of their life
- Have more effective care planning
- A co-ordinated care across health spectrum
- Ensure that all services provide high quality End of Life Care

CQC Inequalities in EOL Care report published

Havering CCG was one of 20 CCGs selected by CQC for the local fieldwork phase of the review into the inequalities of end of life care. We were selected based on a review of CCG level data about geographic area, demographic characteristics, and a number of end of life care metrics, for example from the National Survey of Bereaved People (VOICES).

Unlike CQC inspections, thematic reviews take a care pathway approach and focus on people's experience and how services work in partnership to deliver this within a local area rather than on the activity of a single individual provider.

Following the review Havering CCG was cited in examples of good practice for the Gold Standards Framework training commissioned for GPs and care homes; for the programme of aligning care and nursing homes to GP practices and for the progress made with End of Life care through the local steering group. A link to the report is below.

www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_GoodPractice_FINAL_2.pdf

Standard DNACPR form introduced to be used by BHR CCGs

One of the actions of the BHR Steering Group has been the introduction of a standard DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) across the three boroughs. The form was agreed for use by Barking & Dagenham and Havering LMC, Redbridge LMC and London Ambulance Service. Where appropriate the DNACPR form can be uploaded to the EoL care plans recorded on health analytics as well as being available in a patient's home.

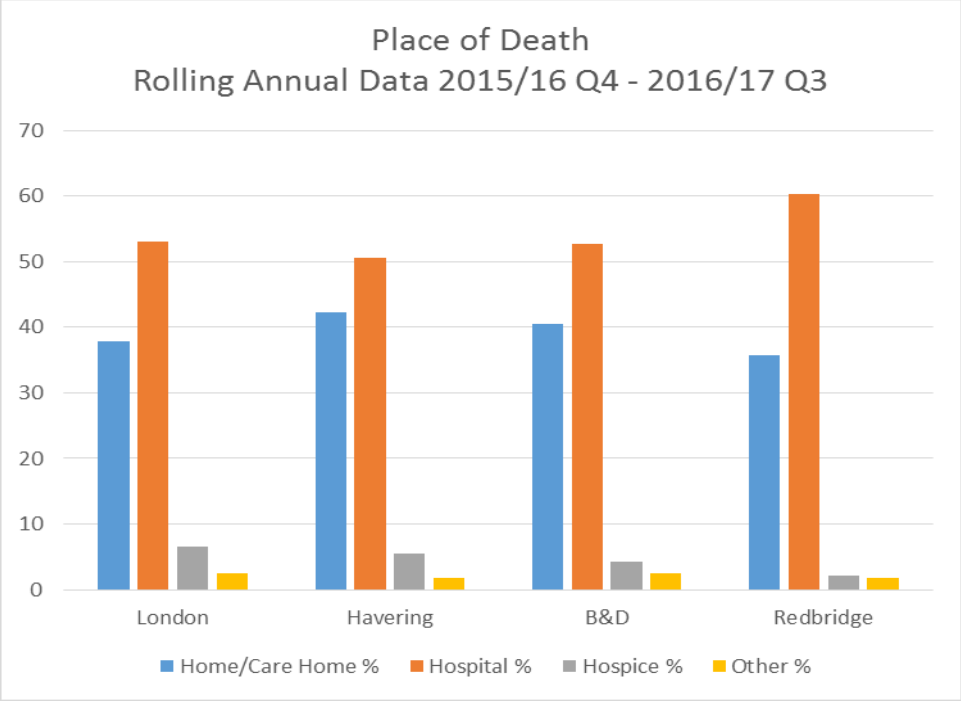
Havering Death Café

Since the introduction of the Havering Death Café, we have held 6 events around the borough. These have been held in Romford, Harold Hill, Ardleigh Green and Upminster to date. The aim of a Death Café is to increase awareness of death to help people make the most of their life. A death café is a group directed discussion of death with no agenda, objectives or themes. It is a discussion group rather than a grief support or counselling session.

BHR End of Life Steering Group

Havering CCG had its own EoL steering group chaired by Dr Saini until 2016 when the BHR and Havering EoL steering groups merged, with Dr Saini taking over as chair of the merged group. It was agreed that if the three boroughs aligned their work more closely more could be achieved for End of Life Care. Havering CCG have achieved significant improvements through their working group so it had been proposed that this be combined with the BHR EoL Steering Group to avoid duplication and increase improvement for patients. Dr Saini highlighted that the EoL group should be opened to all types of patients who are reaching the last stages of their life including children. The Terms of Reference have been amended to reflect this. The group meets quarterly and includes representation from BHR CCGs, LBH, LBBD, LBR, NELFT, NELCSU, LAS, PELC, Marie Curie, St. Francis Hospice, Haven Hospice, Richard Hospice and other stakeholders as required.

Place of Death



Havering CCG began the first wave of Gold Standard Framework training for Havering GPs during 2012/13 at that time the number of Havering deaths occurring in hospital was 54% against the London average of 49%. Ongoing GSF training and progress made with End of Life Care since then in Havering shows that 50.6% of all deaths now occur in hospital compared to the London average of 53.1% with 52.7% in Barking & Dagenham and 60.3% in Redbridge.

New EOL Care Facilitator appointed by NELFT

Caroline Game has joined the Havering Team in April 2017 replacing Amanda Young who left in August 2016.

Caroline has made rapid progress linking in with primary care to support GSF coding and rating of patients on palliative care registers. Supporting practices to develop care plans on Health Analytics. Triangulating palliative care registers to care homes, supporting advanced care planning and personalised care plans.

Electronic End of Life Care Plans

As mentioned above, BHR CCGs have adopted Health Analytics as the platform for sharing EOL care plans. Plans can be viewed and amended by staff in Primary Care, BHRUT, SFH, and NELFT. Havering have pioneered the use of electronic care plans and currently have over 500 patients with an EOL care plan recorded on Health Analytics which has met our target for 2016/17. Barking & Dagenham and Redbridge are now using the same system.

Social Finance Incubator Project
Dr Saini expressed an interest in this project on behalf of Havering CCG. It was decided to take a BHR wide approach and a number of meetings took place with the Social Finance Team and representatives of BHR CCGs. A feasibility study was undertaken and it was decided not to proceed at this particular time.

Age UK Care Navigators
Age UK Redbridge, Barking and Havering, is offering Care Navigation support to End of Life patients living in the above boroughs which started 1st March 2017. This follows a successful Age UK Integrated Care Programme Pilot (jointly funded by BHR CCGs and Age UK) which supported people with multiple health conditions and has now being extended to End of Life patients in the last 6 months to 12 months left to live. Age UK Care Navigators will use a tailored guided conversation with the person to collect information for completing the Advance Care Plan with the aim to enable them to live well in their remaining time and die well. This support may include providing information/advice to individuals about a range of services and facilitating access to services in the community to maximise comfort and wellbeing. E.g. facilitating access to befriending support, access to counselling, bereavement support for family members, benefits advice and information, legal advice including Power of Attorney, etc.

Children's Hospice
BHR CCGs commission **Haven House** in Waltham Forest – Woodford, who provide hospice services for Havering residents.

Services offered include:
- Overnight respite - residential
- Day time support – on/off site
- End of Life Care
- Step down
- A range of other support for the patients and their families

Commissioners are currently working with the Hospice to identify gaps and challenges in services for children and young people and provide solutions. This includes transition pathways into adult hospice services, hospice at home and respite care.

Saint Francis Hospice
A key shared strategic aim is to ensure that people who are dying and who want to remain at home have the care and support they need to enable them to stay at home. SFH have continued to work in partnership with GPs, District and Community Nurses, social care providers, and people who are poorly, their family, carers and friends to:
- Encourage an opening up of conversations about end of life care, and offer expert education to all in the health and care community
- Provide hands on help through the Hospice at Home team, to support people through this time and prevent unwanted hospital admissions
- Ensure a 24/7 advice and support service for people at home
- Support nursing homes in their support of residents who are now frail and approaching end of life
- Support hospital to home discharges for people at end of life, who want to be at home, who need that extra support to get there
- Support best use of hospice beds for people who are not managing at home, or for whom hospital care is not the right care now.

- SFH have developed services now offering outpatients for doctors, nurses and all AHPs and have a service that reaches out to the isolated - Orangline

SFH have supported the development/securing of a universally recognised local DNACPR form and worked with local GP leads to ensure a Time to Learn teaching session with focus on this and on the importance of advance care planning for people approaching the end of life, also championing the Electronic Palliative Care Coordination System Havering CCG has chosen, Health Analytics and e-referrals.

Conclusion
Whilst good progress has been made with End of Life care in Havering there are still areas that need further development. We need to reach out to BAME communities to enable discussion of EoL issues. A plan is being developed to pull together common themes across BHR and we are working with the National End of Life Care programme board to develop metrics for EoL.

IMPLICATIONS AND RISKS

End of Life Care has ceased to be specifically managed by the Havering CCG locality and is part of a BHR wide programme. This may result in a change of focus.

BACKGROUND PAPERS

None

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HEALTH & WELLBEING BOARD

Subject Heading:	Better Care Fund Planning for 2017-19
Board Lead:	Barbara Nicholls, Director, Adult Social Care and Health
Report Author and contact details:	Caroline May, Head of Business Management, Adult Social Care Caroline.May@Havering.gov.uk t. 01708 433671

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
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- ☒ Theme 4: Quality of services and user experience

SUMMARY

The purpose of this report is to provide the Health and Wellbeing Board with an update on the way in which the Better Care Fund (BCF) delivered against its 2016/17 plan and also to set out further details about the proposed plans for the financial years 2017/18 and 2018/19.

At time of preparation of this paper, the Planning Guidance had just been published (5th July 2017), but the extent of requirements and implications have not yet been fully digested. This paper therefore reflects the latest understanding of what is required as at the date of publishing the report. It is of note there is a new requirement for plans to cover two years, not one year as previously, and these plans are, as before, required to be jointly developed and approved by the Health and Wellbeing Board.

The BCF has been established by Government to provide funds to local areas to support the integration of health and social care. It aims to ensure a closer integration between health and social care, putting person centred care and wellbeing at the heart of the decision making process. The BCF is a vital part of both NHS planning and local government planning.

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2015/16 was the first year of the BCF nationally. Section 75 of the National Health Service Act 2006 gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payments may be made towards expenditure incurred in the exerciser of prescribed local authority functions and prescribed NHS functions.

In the Spending Review of 2016, it was announced that additional BCF funding of £105m (17/18), £825m (18/19) and £1.5bn (19/20) would be allocated nationally, described as the "Improved Better Care Fund". Havering's allocations are £0 (17/18), £2m (18/19) and £4.2m (19/20).

Further to this, the Spring Budget (8 March) included a new grant, worth £2bn over the next three years, to be paid to local authorities (LAs) with social care responsibilities. Havering's share of this is £3.76m (17/18), £2.84m (18/19), £1.42m (19/20).

The BCF policy requires the pooling of budgets and a section 75 agreement about how integration will be taken forward and the funding prioritised to support this. In Havering, the indicative minimum pooled fund totals £21.96m in 2017/18, rising to £23.34m for 2018/19.

Agreed plans, signed off by the HWB, must be submitted by 11th September 2017, however areas need to confirm draft metrics in respect of delayed transfers of care by 21st July 2017. In addition, the first quarterly iBCF returns are to be submitted by local authorities by 21st July. As with previous years, this necessitates a process requiring consideration by HWB outside of its usual meeting process.

RECOMMENDATIONS

1. Delegate authority to the HWBB Chair to approve the final submission of the BCF Plan 2017/19 to NHS England for submission as required by the guidelines, **subject to** obtaining approval from the Council and the Havering Clinical Commissioning Group (CCG).

2. Agree the intention to prepare a three borough, two stage approach for the plan, which will be subject to further consultation and agreement with the HWBB.

3. To receive, at the first opportunity, the final submission that was made, and subsequently to receive monitoring reports at six monthly intervals.

4. Delegate authority to the HWBB Chair to approve BCF statutory reporting returns each quarter.

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REPORT DETAIL

1.0 2016/17 Plan Outcomes

Our 2016/17 plan set out plans across seven schemes

BCF 1: Customer Interface
BCF 2&3: Intermediate Care and Integrated Localities
BCF 4: Carers and Voluntary Sector
BCF 5: Learning Disabilities
BCF 6: Long Term Conditions
BCF 7: Enabler: Integrated Commissioning

Briefly, progress against these is as follows:

1.1 BCF 1: Customer Interface

Information and Guidance about care and support in the community

Information is fundamental to enabling people, carers and families to take control of, and make well-informed choices about their care and support and how they fund it. The information and guidance service, known as Care Point, launched September 2015. The service, provided by Family Mosaic, offers free independent information and guidance to Havering residents who want to find out more about care and support, health and wellbeing and advice for carers.

Since the launch the Care Point service has developed and extended its reach by increasing the number of locations used across the borough to provide residents with information. Care Point can be accessed in places such as, Romford Shopping Centre, Queen's Hospital, Children's Centres, Libraries, Job Centres and various GP Surgeries.

The number of residents accessing Care Point has been increasing steadily each month. From when the service launched through to April 2017 the service provided information and guidance on 8,245 occurrences to Havering residents. In addition to queries about care and support the most common area residents have required assistance has been with welfare benefit and blue badge claims. We have been regularly collecting feedback on the outcome of the service provided from a sample of residents that have used Care Point. For the 2016 monitoring period this showed that 92% of respondents found the information they had been given 'very useful' and 91% had been able to resolve their issue. Mystery shopping exercises indicated similar positive results regarding the information provided.

Next steps include:

- Develop new ways of reaching people in the local community and varying the use of community hubs based on the demand.
- Target information and advice at particular parts of the community that are hard to reach or would benefit most from receiving the service.

- Continue to build relationships with local stakeholders to generate referrals and share information.
- Establish a local information and advice (I&A) steering group comprising of local I&A stakeholders, to ensure up-to-date information is maintained and reduce duplication.
- Consider overlap and join-up with other local information providing services.

Care and Support Website

The care and support information and advice website, also known as Care Point, was rebranded and launched December 2015. The website has been updated following a series of user meetings to understand how it could be improved for them. Project group meetings have also been held, initiated by Healthwatch Havering, with Care Point community service, Havering Children's Services, Safeguarding and Adult Social Care to develop and improve the website further. This has resulted in clearer pages, reduction in drop down options and number of clicks required to navigate. The content has been updated on a regular basis with content owners identified. Statistical analysis has shown an increase in the number of visits to the website. Feedback from focus groups has been positive about the improvements.

The next step will be to collect feedback from a wider sample of residents on how useful they find the website. A process needs to be agreed to ensure the website is steered and maintained by content owners, but managed at a central point that can regulate and quality check information before it is published.

Integrated first point on contact

The Council are currently redesigning the first point of contact or 'front door' to adult social care. The aim is to develop an integrated health and social care first point of contact which is more coordinated and skilled.

1.2 BCF 2 & 3: Intermediate Care and Integrated Localities

Intermediate Care Pathway

There has been significant progress with the integration the Intensive Rehabilitation Service (IRS) and Reablement – the Havering Reablement service was re-commissioned and the contract was won by North East London Foundation Trust (NELFT) which has enabled the integration of the reablement service with the rehab service. The service transferred on 18th April 2017 and NELFT are working to ensure the integration of these two services results in people receiving a more streamlined and coordinated approach to their recovery. The teams will work together to identify people that are receiving both rehab and reablement and will develop joint assessments, care planning and MDTs and will coordinate visits to ensure the services work in partnership to improve outcomes.

Whilst the progress with the rehab and reablement service is positive, further changes to the intermediate care pathway are required to ensure all services are appropriately integrated to further reduce duplication and fragmentation in the system. The Intermediate Care programme for 17/18 will focus on the design and implementation of a full intermediate care tier including services across health care, social care and the voluntary sector.

A key element of the intermediate care redesign is the delivery of 'Home First' which sets the principle that people are discharged as soon as they are medically stable and assessed within their own home ensuring that that no long term care decisions are made at an acute

bedside. It is imperative that the design of the intermediate care tier results in the community services being able to respond in a way that supports the 'Home First' model.

A significant amount of work has already been completed to streamline therapy assessment processes in the hospital which has supported the new referral pathway for the reablement and rehab service.

The programme of work to re-design the intermediate care tier and implement Home First will include the following:

- development of a single access point for referrals
- development of an assessment function which can assess within 2 hours of the person arriving at home
- implementation of trusted assessor models
- review of current use of assistive technology as part of intermediate care with a view to integrate it into the redesigned 'tier' of services.

Although there are currently different arrangements for intermediate care across Havering, Barking and Dagenham and Redbridge it has been agreed that the design of the new intermediate care tier will, in principle, be a single design across the 3 boroughs.

Integrated Localities

The Council and NELFT have continued to work in partnership to integrate the community health and social care teams to improve outcomes for service users.

Phase 1 of the project (Co-location) is now complete with 41 adult social care staff now located across the 4 localities– Cranham, Elm Park, Romford and Harold Hill. A number of staff feedback sessions were undertaken in Dec 2016 to gather information from all staff members regarding the co-location and their views on further integrating the teams. The feedback was generally very positive, good working relationships have formed in the teams and there has been improved communication and information sharing. Areas for improvement have been identified by staff have been collated into an action plan which is owned by the project group. The most significant areas for improvement were IT system integration, access to each other's systems, ineffective referral pathways between teams, duplication in workload and general IT issues.

To improve the access issues, staff now have read-only access to each other's IT systems allowing them to obtain appropriate information about service users prior to visits/assessments/reviews. This has been very well received in the teams and they have reported that it enables more informed decision making and reduces the time spent calling various teams for information.

The focus for Phase 2 of the project is to move from co-location to fully integrated teams. There has been further review of current operational processes for both health and social care and identifying areas that can be joined up to support integrated working across health and social care. Some of the key areas that are being developed are:

- Joint consent process
- Joint assessment process
- Joint care planning process
- Referral pathways between teams
- Review of community OT function across health and social care

Some of the workforce development that was planned for early 2017 has been postponed due to the development of the Adults Localities Model for Havering. This is a significant system wide programme of work which will expand on the current locality model to include other key services such as housing, pharmacy, voluntary sector, employment and welfare presenting a more joined up service with stronger inter professional relationships. The initial design of the locality model resulted in the locality boundaries being changed from 4 to 3; North, Central and South. The detailed design of these localities is currently underway and will inform any physical movement of staff required to meet the service demand in the new localities. The design will also inform further work required in terms of the integration of operational community teams.

1.3 BCF 4: Carers and Voluntary Sector

- Identification of carers and carer awareness
- Building carer friendly communities
- Carer information and advice
- Carer Prevention and Wellbeing
- Co-production with carers
- Carers assessments

The Havering Carers Strategy and Action Plan 2017 to 2019 was approved by Cabinet in January 2017 and launched in February 2017. The Strategy was developed by carers, jointly with Havering Council and the Havering Clinical Commissioning Group and sets out our plans for the next three years.

The Action Plan responds to the requirements of the Care Act 2014 and responds to the outcomes identified by carers of Havering residents. There are 7 priorities:

1. Focus on Wellbeing
2. Focus on Information and Advice
3. Focus on a range of high quality support for carers
4. Focus on working with GP practices
5. Focus on working to raise awareness and access to carers assessments and reviews
6. Focus on carer involvement in the Hospital Discharge process
7. Focus on safeguarding.

The Havering Carers Partnership Board is responsible for overseeing the delivery of the Action Plan. Membership has been reviewed and developed and carers have now joined the Board and are attending meetings regularly.

A carers consultation group, *Havering Carers Voice,* was established in Autumn 2016, providing carers with opportunities to work with commissioners on a regular basis to have direct input into the delivery of the Carers Strategy, to influence Commissioning and service delivery, service reviews and redesign.

The Havering Carers Information Booklet has been updated and continues to be circulated widely across Havering including to GP practices to provide carers with an overview of the range of local support available and information on how to access it.

Havering Carers Week 2017 included several community based events for carers in fitting with the Building Carer Friendly Communities theme, including GP practice based events to identify new and 'hidden' carers.

The Havering Carers Forum continues to meet on a quarterly basis. Over 70 carers attended a recent meeting to meet other carers, visit information tables, to hear speakers and participate in Q&A sessions including Direct Payments and the new pre-paid card, wills and Power of Attorney and carers assessments.

The Havering Carers, Inclusion and Peer Support tender was published in early 2017. The Joint Commissioning Unit are seeking providers of services for October 2017 onwards that are outcome focused, are in fitting with the Care Act and promote prevention, independence, personalisation and choice.

Tenderers have been invited to submit proposals for services that deliver one, two or three of the following three outcomes:

- Outcome 1: Social Inclusion
- Outcome 2: Building resilient communities by encouraging Peer Support
- Outcome 3: Supporting and sustaining carers in their roles

Commissioning intentions are aligned to the Havering Carers Strategy commitment to develop general and specific support for carers aged 18 and over, who care for people aged 18 and over who are elderly and/or frail, have learning disabilities, have mental health needs, are affected by dementia and/or have physical disabilities and/or sensory issues.

The tender is currently being evaluated.

1.4 BCF 5: Learning Disabilities

Over the course of the year, we have;

- Continued to develop our local services including housing options for people with learning disabilities and autism. This year we have seen several new providers enter the borough who have worked with the commissioners to meet the local need and future demand of this customer group. We have been able to work with some providers to remodel and reshape how they deliver their services in order to align with commissioning intent and the requirements of the customer groups. There has also been a decommissioning of a provision no longer needed – 1 property handed back to the Housing dept. This work is supported by the Quality and Outcomes Team who have been continuing with the monitoring of all local residential and supported living services.
- Continued developing a Shared Lives service for Havering. This has been more challenging than expected and our long term placement target is lower than we wanted. However, with support, the service has built the foundations required to be an established scheme and now has 8 full time shared lives carers available in the borough. We have been working across health and social care partners to explore how we can utilise the service, this will continue into next year.
- Grown our Learning Disabilities and Autism Provider Forum and have used other media to work far closer with our provider colleagues. The feedback from these

events has been positive and has allowed us the opportunities to engage and consult with our market.

- The programme of work to convert Havering's remaining block contracts to a spot arrangement continued throughout the year delivering efficiencies and ensuring firmer arrangements with the providers. Those that remain have required additional work in order to reach this goal therefore have been mandated to a project officer within the JCU.
- Work has progressed well on the Havering Autism Strategy and is expected to be approved and signed off by the autumn. Through the Autism Partnership Board the strategy will set out local priorities and actions for the next 3 years. Alongside this work, there has been progress to review the Autism diagnostic service across NEFLT and the post diagnosis offer in BHR. The post diagnosis offer will be co-ordinated across BHR and will be expected to be a mix of commissioned services and reasonable adjustments to existing provision, utilising the VCS where possible.
- The Transforming Care Partnership has continued to work across BHR to deliver the plans set out for this cohort. This year we have continued to support our most vulnerable individuals in the community. There are still a number of people living in hospitals and secure environments which we are planning for in the coming year ahead. Havering is carrying out work on the housing section of the plan, which is hoped to build collaborative commissioning practise and at sufficient scale to be able to have a market ready for the demand.
- Developed a specific role within the JCU to manage the Complex Placement activity. This role will ensure that we continuously develop our systems and practises to realise VFM and good outcomes for our customers. The role will also shape how we work across BHR by working with the brokerage and placement functions in each local authority.

1.5 BCF 6: Long Term Conditions

In 2016/17 the aim of the CCG for long term conditions was to reduce A&E attendances and 470 non- elective admissions by shifting care from secondary care to community through an integrated approach, through improved care for patients focussing on CKD, falls, end of life and COPD. Overall the performance on the Long Term Conditions ('LTC') element of Havering's Better Care Fund in 16/17 has improved compared to 15/16, we exceeded the planned reduction by 9.6%. Some highlights included:

Ambulatory Care – through a contract arbitration process with BHRUT, we have increased the use of the BHRUT ambulatory care pathway in 2016/17, achieving 6.3% more unplanned admissions overall compared to 15/16.

Nursing & Care Homes - the target was to align 40 nursing and care homes to a GPs to improve the health and wellbeing of residents in care homes by increasing access to GP services in a timely way. In 16/17 a total of 37 care homes were aligned, we have rolled over this process to align the remaining 3 to GPs in 2017/18. We are also exploring how Health 1000 (the specialist complex care practice) can take a lead role in providing support to nursing and care homes.

Falls - We continued to develop a better falls pathway to reduce the number of patients conveyed to hospital following a 'no harm fall' and working with the GPs to better manage Falls in Primary Care. We provided a Falls kit training for clinicians and continued to deliver the falls car scheme (Rapid Response Vehicle (CTT/LAS falls car).

Acute Kidney Injury (AKI)/Chronic Kidney Disease (CKD) – we targeted patients with early stage CKD targeted for improved self-management, particularly focusing on avoiding long term consequences, i.e. management of patients with EGFR less than 60 in primary care to reduce the need for more intensive renal support in secondary care. We further developed a Sick Day Rules campaign to raise awareness of the risks associated with AKI. We set up a BHR wide steering group which meet monthly to monitor implementation of our agreed AKI/CKD actions for 2016/17.

Integrated Care Management - the scheme was rolled over from 15/16 to reduce unplanned admissions based on a Multidisciplinary team approach with consultant geriatricians for the top 1% of the primary care population who are likely to be admitted due to their underlying conditions. We set up a BHR wide steering group to agree and monitor actions for planned reduction and improve service quality and outcomes. This will be embedded in the work of Localities for 2018/19.

End of Life – the overall aim for this scheme was to increase the number of people dying at home if they choose to do so, through appropriate documentation and care planning for all patients on an EOL pathway; and recording the plans on health analytics, with the aim of ensuring the care plans are shared across providers. The target number of EOL care plans in 16/17 was 500 and these were exceeded. Evidence suggests that in 16/17 42.2% people died in their homes or care home; 50.6% died in hospital; 5.5% died at the hospice and 1.7% other. This is a better achievement compared to London averages for 16/17 where only 37% died at home or care homes; 53.1% died in hospital; 6.5% died at the hospice and 2.5% other.

2.0 2017/18/19 Plan

2.1 Disabled Facilities Grant

The 2016/17 expenditure on Disabled Facilities Grants was £812,000 with over half of these resources being spent on providing 88 wet rooms/level access showers.
The Integration and Better Care Fund Policy Framework 2017-19 states that the **national funding** for Disabled Facilities Grant will be:

£1.115bn for 2017-18,
£1.499bn for 2018-19 (indicative)
£1.837bn for 2019-20 (indicative)

As a result Havering has seen an increase in its budgets for 2017/18, but has yet to have confirmed allocations for future years. In light of the proposed future increases in the Better Care Fund resources for DFG, it would be an appropriate time to review all of the outputs and outcomes as they relate to the delivery of Disabled Facilities Grants. This review will include:

- A benchmarking exercise looking at how Disabled Facilities Grants are delivered in Barking and Dagenham and Redbridge Councils.
- An examination of the opportunities that will be available to Havering residents if the authority adopts a Renewals Policy enabling the Council to offer discretionary grants.
- One-to-one interviews with clients who applied for assistance but decided not to take up their opportunity of having a Disabled Facilities Grants
- One-to-one interviews with clients who were unable to take up assistance following completion of the means test

- A look at the opportunities still available for internal integration, in relation to the range of services provided by the authority, to assist older home owners and clients with disabilities.
- Look at the opportunity available for using the Housing Service procurement frameworks and pool of building surveyors
- A look at the opportunities available for partnership working with Barking and Dagenham and Redbridge Councils
- Review the opportunities that would be available if some of the new services were outsourced
- Continue the dialogue with the voluntary sector regarding the role they hope to play in delivering social care objectives
- Looking at the production of a rolling publicity planner aimed at ensuring that the authority actively promotes all forms of grants funded via better care plan resources.
- Engage with Housing Associations, Registered Providers and Private Landlords to enable the better coordination of work for people with disabilities.
- A review of how we can improve all health and safety issues associated with the delivery of Disabled Facilities Grants.

It is recognised that planning guidance has been received too late to develop proper understanding of the implications in time for this HWB report and that our proposals may be subject to further change and development. It is also recognised that there has been limited discussion with CCG at this stage, although the principle of a three borough plan and the high level principles of a staged approach have been discussed in various ways with the CCG.

The timetable for submission and assurance has been set out as follows:

Milestone	**Date**
Publication of Government Policy Framework	31 March 2017
BCF Planning Requirements; Planning Return template, BCF Allocations published	4 July 2017
First Quarterly monitoring returns on use of IBCF funding from Local Authorities.	21 July 2017
Areas to confirm draft DToC metrics to BCST	21 July 2017
BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local authorities).	11 September 2017
Scrutiny of BCF plans by regional assurers	12 – 25 September 2017
Regional moderation	w/c 25 September 2017

The February report to this Board described some of the issues and limitations of the BCF approach taken in previous years. It also touched on the emerging constraints on Adult Social Care services. These have in part been addressed by the announcements of additional funding and we are required to describe and agree how this funding will be used, particularly to address the support of transfers of care from acute hospitals.

Whilst we have successfully implemented plans to date there are limits to the range and depth of change and innovation BCF has been able to deliver, partly due to resources being locked into existing services and schemes, with tight budget constraints. Innovation has largely arisen through utilisation of areas of underspend and carry forward which are proportionately small areas of overall BCF spend.

There has been a focus upon both metrics which are monitored with little or no consequence, partly due to the removal of the risk share, and the deployment of small sums leaving little time for planning and development.

With a sustained focus upon our improved management of Delayed Transfers of care as a system it is clear that success will be achieved through working together across BHR in connected solutions that can reflect both local conditions and deliver systemic change.

2.2 Proposed Approach

Barking Havering and Redbridge CCG's and the north east London Boroughs of Havering, Barking & Dagenham and Redbridge have a strong history of successful collaboration across health and social care, leading to real improvements for our local population driven by the Integrated Care Partnership Board (and the previous Integrated Care Coalition and Urgent Care Boards). We know that the BHR system has significant challenges to tackle including health inequalities; care, quality and financial sustainability; along with a diverse, increasing and highly mobile and in some cases deprived population with unique needs.

As a part of this deepening partnership, we are working up a wider borough approach to developing our BCF plan for the two year period covering 2017-19. This is to reflect and align to the ICP vision and direction of travel and will adopt a staged approach which will allow the detail of a joint plan to evolve and develop through 2017-18 and be implemented in 2018-19.

The proposal is that this plan will seek to build upon previous years of BCF planning, working alongside our health and care system - ICP, Sustainable Transformation Plan and other key strategies including Health and Wellbeing Strategies, and direction provided by our respective Health and Wellbeing Boards. Initial discussions with NHS England have already taken place to discuss and test our idea and a potential way forward, and some of the practical hurdles we would need to overcome in relation to implementation and monitoring arrangements for example.

2.3 BCF Funding

The BCF consists of the following streams:

- Improved Better Care Fund (iBCF) to provide stability and extra capacity in local care systems. New grant allocation to LAs to fund adult social care, as announced in the 2015 Spending Review and Spring Budget 2017.
- Disabled Facilities Grant (DFG) for home adaptations and technologies to support people to live independently at home.
- Care Act monies to support the implementation of the Care Act 2014.
- Carers' Break funding so carers can have a break.
- Reablement funding to maintain reablement capacity in LAs, community health services, independent/voluntary sectors.

The Local Authorities are keen to ensure that additional funding from Government is used to deal first and foremost with structural social care deficits within their budgets; and linked to this therefore, targeting improved market stability in the home care and residential care

markets. The LAs noted that delayed transfers due to social care remain at negligible levels, as social care continues to support getting people out of hospital and address delayed transfers, leading to localised market capacity issues and budget pressure (overspends). Greater use of residential care and residential with nursing care places across the boroughs might destabilise those markets locally or push prices up for Local Authorities but there is opportunity to work together to minimise any impact.

2.4 Funding Requirement

Under the NHS Mandate for 2017/18, NHS England will be required to ring-fence £3.624 billion within its overall allocation to CCGs to establish the BCF. Full BCF 2017/18 funding allocations have not yet been confirmed.

In the Spending Review of 2016, it was announced that additional BCF funding of £105m (17/18), £825m (18/19) and £1.5bn (19/20) would be allocated nationally, described as the "Improved Better Care Fund". Havering's allocations are £0 (17/18), £2m (18/19) and £4.2m (19/20).

Further to this, the Spring Budget (8 March) included a new grant, worth £2bn over the next three years, to be paid to local authorities (LAs) with social care responsibilities. Havering's share of this is £3.76m (17/18), £2.84m (18/19), £1.42m (19/20).

This funding will be additional to the existing Improved Better Care Fund (IBCF) allocations to LAs. The grant conditions for the IBCF will require councils to include this money in the local BCF Plan, and is intended to enable areas to take immediate action to fund care packages for more people, support social care providers, and relieve pressure on the NHS locally by implementing best practice set out in the "High Impact Change Model" for managing transfers of care.

Havering's expected minimum funding allocations over 2016/17, 2017/18 and 2018/19 are per the table below:

Description	2016/17 £'000	2017/18 £'000	2018/19 £'000	Movement 17/18	Movement 18/19
Revenue funding via CCGs	16,352	16,645	16,961	293	316
Disabled Facilities Grant (DFG) funding *	1,426	1,553	1,553*	127	0*
iBCF	-	0	1,978	0	1,978
Additional Grant	-	3,761	2,844	3,761	-917
Total	**17,778**	**21,959**	**23,336**	**4,181**	**1,377**

* DFG allocation for 2018/19 not yet confirmed

The BCF policy requires the pooling of budgets and a section 75 agreement about how integration will be taken forward and the funding prioritised to support this. In Havering, the indicative minimum pooled fund totals £21.96m in 2017/18, rising to £23.34m for 2018/19.

In 2016/17 there was also Local Authority non-recurrent revenue funding of £842k contribution from base budget (funding the reablement service, now the Integrated

Rehabilitation and Reablement Service, launched on 19th April 2017). In 2017/18 it is expected this contribution from base budget will remain and is over and above the minimum requirement.

The Disabled Facilities Grant (DFG) allocations were increased from £829k to £1.4m in 2016/17. This was to encourage areas to think strategically about the use of home adaptations, use of technologies to support people in their own homes, and to take a joined-up approach to improving outcomes across health, social care and housing. Further detail is awaited on allocations and of any new expectations within the guidance.

2.5 Risk Share

In 2015/16 there was a performance element totalling £857k within the pool. This was related to the non-elective admissions performance metric, which had a target activity reduction. A connected risk share was apportioned between the local authority and the CCG. The performance fund was not achieved and so this element of the pooled fund was not passed onto the council and instead was paid directly to health to offset acute pressures. Changes in the 2016/17 guidance removed the requirement for a performance fund, and after lengthy discussions, it was agreed that there would be no risk share arrangement, on the basis. For 2017/18 and 2018/19, it is expected that Local areas are expected to re-consider including a risk sharing arrangement which is specifically linked to the delivery of their plan. There will be further discussions between the Council and the CCG to determine the approach and the level of risk that will need to be finalised before final submissions and the changes to the Section 75 Pooled Fund.

2.6 Better Care Fund 2017/19 First Submission

The first submission draft plan is 11 September 2017 and planning discussions will require further approval by the Joint Management and Commissioning Forum and is subject to HWB chair sign off for the second submission as required to meet the submission deadlines, as yet unpublished.

2.7 Section 75

There will be a requirement to amend the s.75 to reflect the locally agreed risk share and also update the relevant schedules. As per s.75 the financial arrangements will remain the same including the invoicing processes between the two partners.

2.8 BCF Spending

With the guidance now published, an indicative spending profile across community health, social care and housing (with the latter responsible for the Disabled Facilities Grant), will now be drawn up for consideration initially by the Joint Management and Commissioning Forum (JMCF) with recommendations then made for consideration by the Havering CCG Governing Body and Havering Council through it's appropriate executive decision making route.

One major scheme is proposed - the creation of an Intermediate Care Tier – which has interest for both CCG and LAs, which is funded by both at present, and that has demonstrable impact and consequence across Health and Social Care if not delivered. This would be a significant system enabler and provides some positive opportunities, including:

- CCG could put a significant proportion or the entire Community Health budget into the pool to meet the BCF requirement for non-hospital community spend
- LAs could put the Reablement/Crisis Intervention cost in, plus any other relevant spend – like Help not Hospital, etc
- BCF would then be targeted to drive the new commissioned service, jointly monitoring the delivery and eventually the service effectiveness (both existing and new)

This would lend itself to a broader BHR wide shared BCF approach with a designated 'lead commissioner' from the LAs with governance better placed at the strategic BHR wide level.

In light of the BHR Integrated Care Partnership vision and direction of travel, as well as the likely 'graduation' principles, there is merit in reviewing the depth to which the BCF plan might be aligned or joined across BHR HWB's. Given the delay in the issue of guidance and policy, and the likely speed with which the plans will be required, it is unlikely that there is sufficient time available to bring the three plans together in 2017/18. However, a staged approach could be adopted which would allow the detail of that joint plan might be formed through 2017/18 to be implemented in 2018/19.

This may be structured in such a way as to provide the flexibilities of each borough to ensure that the "protection of social care" element is still fulfilled directly, but the remaining pool is then used to support a more integrated plan. Moreover, the protection of social care within the BCF to be visible and protected for social care purposes (that do of course positively impact on the whole system) but again, this once established, has a lower governance focus with joint management forums – which move to an improved focus upon local innovation opportunities and which can take into account local operating conditions / variations in need and demand. Without such a focus it is unlikely that marked progress can be made.

In the first year of BCF we move to revised governance arrangements – 'Tier 1' – overarching BHR themes and services, completed through retention of 'Tier 2' (JMCF / JEMC etc) providing both BHR wide and a local area focus.

BHR wide governance then leads itself to an overarching pool for such monies – drawn from the respective local areas.

It is recognised that Councils are largely bearing the costs of BCF administration and associated commissioning activity.

The additional social care grant monies, confirmed within the recent budget, are to be part of the BCF pool - with specific conditions; activity will need to be agreed with CCG colleagues and aligned within the BCF plan, although not forming a core of the BCF plan itself. It is clear that Councils face a number of challenges including necessary steps to stabilise the local market and related inflationary pressures, alongside demand pressures, which would in themselves, require utilisation of grant monies which are clearly expressed within the

accompanying grant conditions. Taking steps to improve market sustainability would ordinarily introduce costs which would be unsustainable to Councils and prevent building for medium term benefit.

2.9 Proposed Staged Plan – Three Borough

- Year 1
  - Take account of specific requirements from the planning guidance that can be implemented within the short timescale provided
  - Set out principles for two year plan
  - Build common interest elements across three boroughs – align plan formats, agree common commissioning / provision interests, agree common “scheme(s)”
  - Map lead commissioning opportunities with necessary delegations
  - Agree single or separate Section 75
  - Set out and implement governance arrangements and practical working arrangements so we achieve these ahead of year 2
  - Spirit & intent agreement in place on direction of travel
  - Identify commissioning requirements and required resourcing to support these.

- Year 2
  - Principal ‘scheme’ in place
  - Single S75 pool with area based contributions
  - Joint commissioning strategy / resourced plan
  - Governance structure fully in place

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IMPLICATIONS AND RISKS

Financial implications and risks:

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Legal implications and risks:

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Human Resources implications and risks:

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Equalities implications and risks:

Any significant decisions arising from this report have or will be subject to normal governance and impact assessment processes within the relevant organisation.

BACKGROUND PAPERS

Integration and Better Care Fund planning requirements for 2017-19
https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf

2017-19 Integration and Better Care Fund Policy Framework
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf

Minimum allocations for the BCF from CCGs for 2017-19
https://www.england.nhs.uk/wp-content/uploads/2017/07/better-care-fund-ccg-min-allocations.xlsx

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HEALTH & WELLBEING BOARD

Subject Heading:	BHR Transforming Care Partnership Plan update
Board Lead:	Wendy Brice Thompson
Report Author and contact details:	Lee Salmon Ext 4414

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

This is a report updating the board on the developments of the BHR Transforming Care Partnership Plan.

The BHR Transforming Care Partnership comprises of the CCGs and Local Authorities for Barking and Dagenham, Havering and Redbridge, NHSE London specialist commissioning and the North East London Foundation Trust (NELFT). This TCP is referred to as the Outer North East London (ONEL) area by the National TCP Programme.

Each of the 7 commissioning organisations is represented at the BHR Transforming Care Programme Board, which is chaired by the BHR CCGs Programme Director Mental Health and Learning Disabilities (Senior Responsible Officer) working closely with the Director for Adult Social Care London Borough of Havering (Deputy Chair).

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In October 2015, NHS England (NHSE), the Association of Directors of Adult Social Services (ADASS) and the Local Government Association announced a national plan called *'Building the Right Support'*. The programme was an extension of the Winterbourne View programme and aims to ensure that more people are supported in the community rather than in placements in institutional settings, namely Assessment and Treatment Units (ATUs), within the next 4 years.

BHR TCP submitted its vision and work plan on 11 April 2016 following consultation with stakeholders and approval of the vision and plan by all of the relevant Health & Wellbeing Boards (HWBB) across Barking and Dagenham, Havering and Redbridge.

Following the first year of delivery the National TCP Programme has now asked all TCP areas to refresh, strengthen and summarise their plans.

In May 2017 BHR TCP board undertook a stocktake exercise in preparation for the refresh and to look at performance against year one of our plan.

This process brings together learning from the first year of TCP delivery, and a number of strands of work TCPs have been undertaking in recent months.

TCPs have been asked to set out a narrative summary of their plans and to provide a summary of their finance and capacity plans and comment on how we will ensure that there is a Clear Plan of How Services Will Change.

RECOMMENDATIONS

- Review stocktake summary and note the current performance and progress that has been made in developing the BHR Transforming Care Partnership vision to date.
- Review the revised plan for BHR TCP.

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REPORT DETAIL

1.1 Highlights from Barking Havering and Redbridge Transforming Care Partnership NHSE Stocktake 12 May 2017 – **please refer to the attached document.**

1.2 Members of the Partnership Board and operational leads in the partnership organisations have all contributed to the stocktake exercise, taking into account the learning from year 1, the transformation requirements and inpatient trajectory for year 2 and the system challenges.

1.3 The requirement from NHS England's National Programme to refresh our plan asks local TCP boards to describe how services will change in order to deliver the continued ambition of *Building the Right Support*.

1.4 This has translated into BHR's stating the high level outcomes of reducing inpatient numbers and reducing bed capacity. The revised plan aims to;

- **Reduce the number of inpatient beds commissioned from 26 in March 2016 to 14 in March 2019**.
- **Decommission out of area beds as long stay patients are discharged into the community.**
- **Reduce the number of beds commissioned under the block contract with NELFT**
- **Strengthen community services**
- **Specialised Commissioning**
- **Clarity on cost pressures/savings**
- **Understanding and being ready for the housing need**
- **Workforce development**

1.5 Governance and Implementation of the revised plan will be monitored via a milestone action plan which is reviewed at each TCP Board meeting.

1.6 The TCP Board will receive reports on progress against TCP plan at each Board meeting along with a performance dashboard. Work is organised into a number of work streams each led by a partner organisation. A regular report on milestones made to NHSE regional team and reviewed at London TCP leads meetings.

1.7 There are links to shared children's work across BHR to ensure in particular transition arrangements work for young people likely to experience crisis as young adults.

1.8 This work is supported by a range of additional meetings to support key elements of delivery:

- Regular meetings with NHSE and specialist commissioning to plan discharges and transition.
- Regular commissioner meetings to support discharge.

1.9 The BHR feeds into the NEL STP through the SRO role – which leads both the BHR TCP programme but also the NEL STP programme.

IMPLICATIONS AND RISKS

BACKGROUND PAPERS

NELFT NHS
NHS Foundation Trust

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

London Borough of Barking & Dagenham

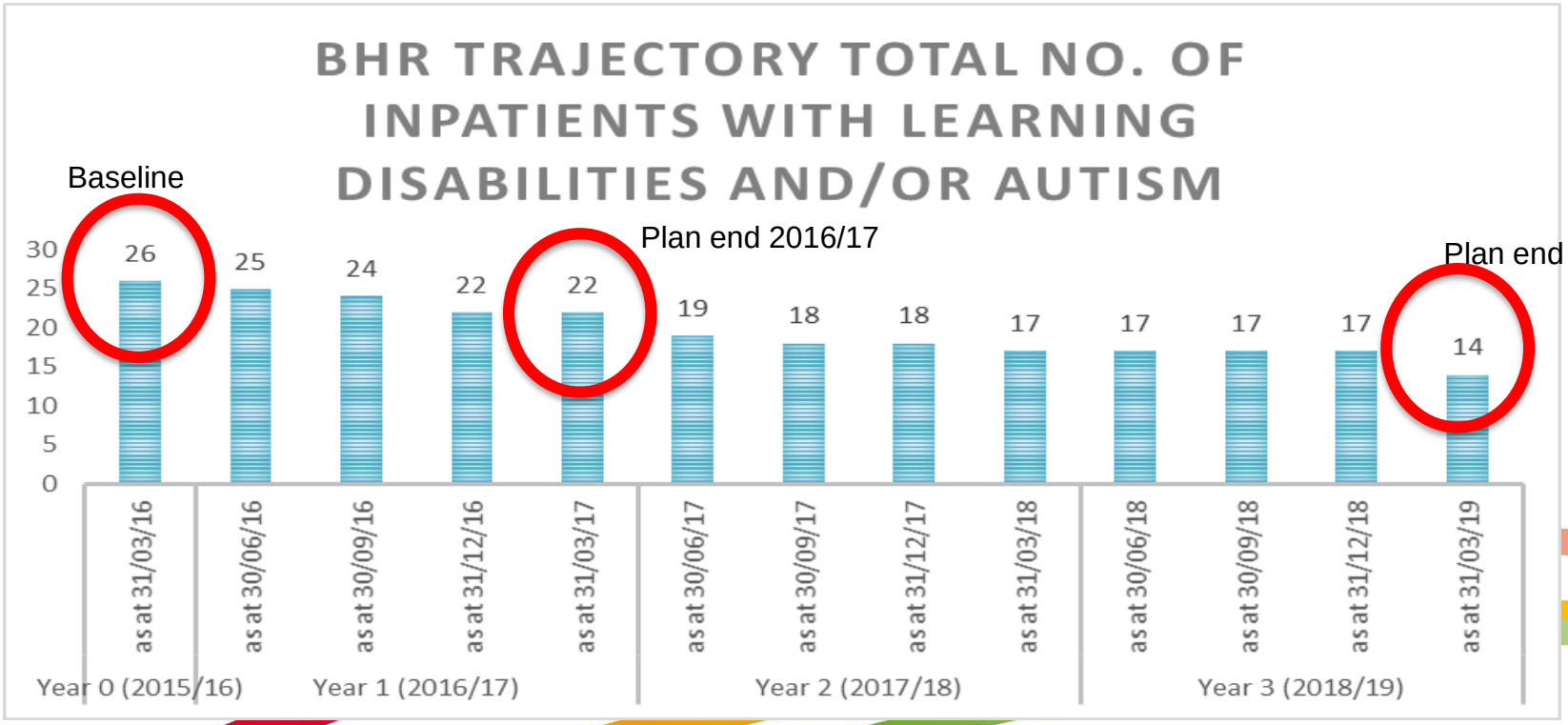
Havering London Borough

London Borough of Redbridge

Barking Havering and Redbridge Transforming Care Partnership NHSE Stocktake 12 May 2017

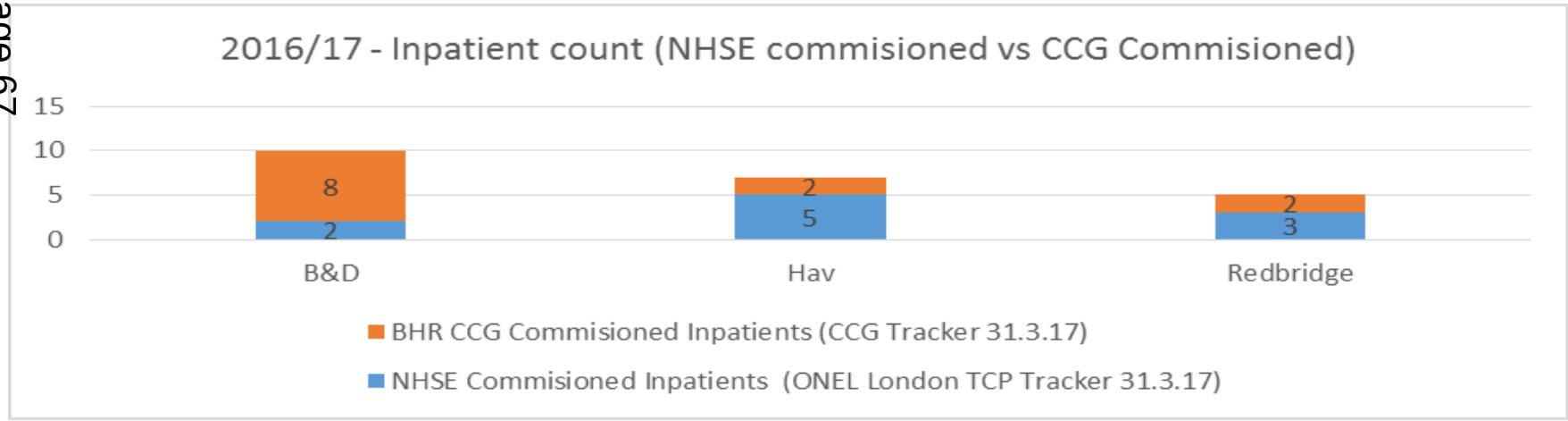
Performance trajectory

- BHR TCP plan is to reduce the number of inpatient beds commissioned from 26 in March 2016 to 14 in March 2019
- The partnership did not achieve the plan for 16/17, reducing the number of inpatients to 23 in April 2017 against a plan of 22
- Between April 16 and March 17 there were 26 discharges and 19 admissions



Current performance

- Currently on target with 22 inpatients as at 30.4.17. comprising 12 CCG and 10 Spec Comm inpatients
- Overall inpatient rate currently 37.96 inpatients per million GP registered population against baseline of 44.86 and trajectory of 24.16 end 2018/19.
- Better performance in Havering and Redbridge makes up for less good performance in B&D.
- Better performance for CCG commissioned inpatients overall makes up for slightly below plan performance for spec comm commissioned inpatients
- In April 2017 there were 11 people who have been inpatients for 5 or more years (6 CCG commissioned and 5 spec comm commissioned)
- Responsible commissioner status for S117 discharges is being queried for 3 patients



Performance

Performance management process

Discharges and admissions

- Monthly borough based CTR assurance meetings to review risk registers are tracked by CCG LD commissioner
- Quarterly surgeries have been set up between spec comm and community care coordinators to strengthen discharge planning
- Monthly tracker meetings with NHSE Strategic Programme Manager, CCG LD commissioners and spec comm to review TCP tracker and discharge dates
- Monthly escalation meetings between TCP SRO and LBBD commissioning director ASC and LD commissioners to monitor discharge processes and address barriers to discharge
- Monthly meeting with SRO, programme manager and CCG legal to address any legal issues regarding responsible commissioner status
- Root cause analysis of admissions and delayed discharges discussed at TCP Board to implement learning e.g.

Area of review	Action
Admissions into CAMHS tier 4 beds	Training of tier 3/Interact teams (June – August ‘17)
Section 117 funding apportionment	Develop BHR S117 policy (June ‘17)

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Performance

Discharges of people with long lengths of stay (> 3years)

March 2017: 11 people with LOS > 5 years (6 CCG and 5 Spec comm)
All patients are out of borough
1 Individual reviewed by "I'm out of here team" in 16/17
3 individuals where responsible commissioner for discharge is in dispute

More focus on this cohort in 17-19 plan:

TCP Board has prioritised use of NHSE non-recurrent funding on expediting discharges of the > 5 years cohort:

- currently exploring North West London's Placement Efficiency Project for local implementation
- Linked into the Avenues work commissioned by NHSE on 5+inpatient needs assessments.

Our plan 17/19

The TCP Board agreed 8 workstreams to support the delivery of the TCP plan in December 2016 (Page 7) linked to the Building the Right Support principles.

The Board held a workshop on 4 May to refresh plan for 17/19 based on learning from 16/17 and in particular responding to the system challenges in delivering the planned trajectory including:

- Strengthening systems for effective engagement and discharge planning between spec comm care coordinators and local community teams/commissioners particularly for mental health
- Reducing the number of placements out of borough: In March 2017 there were 11 OOA placements – 2 above March 2016. This is primarily due to PD needs.
- Financial risks and cost pressures associated with the shift of care from inpatient to community including: higher cost of complex care packages in comparison to inpatient care
- Development of a strong business case for community investment that provides assurance on return on investment for commissioners through bed closures
- Feedback from stakeholder engagement event in January 2017 on crisis support
- Targeting of £200K non-recurrent funding from NHSE London to deliver 17/18 priorities
- Potential opportunity to deploy resource for Lumos to support pilot in one borough
- Clinical and management resource available to drive through delivery of the plan

- The work stream leads are updating actions for 17-19 in May 2018. An example of workstream 1 action plan is included on slide 8
- The refreshed plan will be signed off at 7 June TCP Board meeting.

Workstream & Objective	Proposed Plan elements 17-19
Community based care and support (BRS principle 7/8) Enable people with LD/Autism and behaviour that challenges to avoid crisis and to continue to live in community settings Support people with LD/Autism and behaviour that challenges that are in inpatient care to be discharged from hospital into community based care	• Implement effective community/blue light CTRs • Implement admission avoidance processes • Improve management of crisis • Implement effective hospital gatekeeping function • Offer community respite as alternative to hospital care • Implement effective arrangements to receive people from CCG and spec comm inpatient facilities into local community based care
Inpatient care (BRS principle 9) Support people with more complex inpatient needs to be cared for in the local ATU wherever possible and to be discharged into community based care in a timely way.	• Review Out of Borough hospital placements • Demand and capacity modelling for inpatient care across BHR and NEL • Commission service in line with need and complexity • Develop service specification for ATU • Implement effective discharge planning processes
Developing community solutions (BRS principle 5) Develop housing solutions and providers to meet the needs of local people in TCP cohort	• Business case for a respite/short breaks resource available for children and adults • intelligence/evidence gathering – gaps, voids, sites and vacant buildings across BHR • Transition plan across BHR in which to fully understand the projections. • Brokerage function across BHR for LD/Complex care and support.
Developing the right support – families, carers and workforce (BRS principle 4) Ensure that everyone working with people in the TCP cohort has the right skills, support and development	• Develop PBS strategy and implementation plan • Develop workforce strategy and plan • Provider development
Children and transition Ensure that children and young people needing TCP cohort care transition effectively into services with a focus on early intervention and community based care	• Implement appropriate identification and admission avoidance processes for children and young people • Take forward TCP children guidance (due to be issued shortly) • Work with CYPMHTP lead/children lead to ensure specific needs of children and young people likely to be in TCP cohort met
Improving health and wellbeing (BRS principle 6) Address health inequalities and mortality gap for people with learning disabilities	• LD health checks • Implement output of mortality review work • Ensure mainstream services across health and social care make reasonable adjustments for people with LD
Co-design and engagement People in TCP cohort, families and carers co-design service developments	• Co-design strategy and plan which covers all other work streams • TCP Carers Forum
Integrated & personalised commissioning Commissioning supports and enables personalised and integrated care	• Finance plan and S75 pooled budget development • Personal Health Budgets and Personal Budgets • S117 arrangements

Workstream 1 Community Based Care and Support
Aims
- **To enable people with LD/Autism & behaviour that challenges to avoid crisis and to continue to live in community settings**
- **To support people with LD/Autism & behaviour that challenges in inpatient care to be discharged from hospital into community based care**

TCP plan objective	Learning 16/17	Action 17-19	Timeline
All community patients at risk of admission have CTR	79% of TCP cohort recorded as having CTR (01/17) Children's CTR not embedded across all teams (RCA) Development and quality of support plans varies across boroughs. CTR assurance meetings mechanism for ensuring CTRs take place for relevant patients.	• Complete training programme on CTR for CLDTs and CYP services. • Establish regular monthly CTR assurance meetings to identify patients requiring community CTR – targeted on B&D	August 17 May 17
Implement robust all age admissions avoidance registers	Most admissions in B&D (B&D 9, Havering 3, Redbridge 4). Admissions avoidance registers/processes established in H and R but not in B&D. CYP RCA highlighted need to engage tier 3 and Interact CYP crisis service.	• CYP/TCP leads in place and contributing monthly to CTR assurance meetings. • Start monthly reporting on numbers on registers to TCP Board.	August 17 June 17
Improve management of crisis	Outreach/crisis model developed with NELFT adult services unaffordable and difficult to define ROI. User and carer view that PBS needed more. Some success with nurse led CYP crisis model (Interact) but needs to be integrated within wider TCP work.	• Develop and implement PBS strategy supported by clinical psychology and working with family carers and providers to prevent crisis. • Review CYP crisis offer for TCP cohort. • CTR assurance meetings to review all 52 week residential school placement transition arrangements.	December 17 Sept 17 August 17
Implement effective inpatient gatekeeping function	Lack of effective gatekeeping in children and adult inpatient care – particularly B&D.	Develop ATU specification with INEL based on NEL TCP cohort needs	Jan 18
Develop community respite offer	Limited spot purchased respite largely available as direct payments – difficult to quantify value.	Undertake options appraisal across BHR and draft service specification	August 17
Implement collaborative discharge process between inpatient care & community	Lack of process between spec comm and BHR community teams – particularly where under care of MH not CLDTs. Challenges where patients OOA.	• Establish spec comm surgeries and agree standard discharge planning processes. • Commission OOA and 5+ year patient review and placement support service	Sept 17 Dec 17
Ensure effective community services to support discharge	Gaps in community provision – autism, personality disorder, community forensic. Lack of recurrent investment funding and financial pressures where community packages are above inpatient costs.	• Complete TCP cohort needs assessment. • Develop business case for children autism support • Develop proposals to enhance for adult autism post diagnosis pathway • Develop business cases for use of CCG TCP investment – recurrent/non-recurrent - potentially with INEL for specialist services	August 17 June 17 Nov 17 July 17

Finance

How is TCP progressing its understanding of the financial implications of Transforming Care

Financial planning is being based on the following assumptions:

Discharges

- Cost of community packages will cost the same or more than a CCG inpatient bed (average £180K) – will impact on LAs (more risk for B&D LA);
- Cost of community packages will cost more than a spec com inpatient bed (proposed transfer to CCGs of £120K N/R p.a.) – will impact on CCGs/LAs (more risk for Havering CCG/LBH)
- 3 funding disputes re. S117 responsible commissioner will be resolved in BHR's favour

Admissions

- Rate of admissions in 17/18 and 18/19 will be less than 16/17 (plans targeted on B&D and CAMHS tier 4 admissions)
- ALOS will reduce as discharge processes improve
- This may have a longer term impact on the number of beds commissioned from NELFT (to be modelled)

Work is progressing to get a better analysis of the financial implications:

- Financial mapping CCG inpatients - care co-ordinators reviewing 2 years discharge plans to a) assess likely support and accommodation needs and b) discharge timeline to forecast type of package required and anticipated cost apportioned to commissioners and c) financial risk
- Early confirmation of responsible commissioner for all TCP patients on tracker

Finance

Risks

- Identified a gap in suitable local providers for some needs which is driving out of borough placements (autism, PD)
- The discharge of complex patients will present a cost pressure on local commissioners
- National guidelines not yet in place to support transfer of funding from specialist commissioning

Opportunities

- More focus on brokering best value from providers and developing the local provider market

Partnership agreement

- Current mechanism for pooled budgets is through borough based BCF Section 75s with Local Authorities as lead commissioner agreed
- Financial mapping work will inform a joint commissioning discussion on the scope and establishment of a pooled budget and risk share arrangements
- Would wish to agree the principle of an in-year transfer of resource from Spec comm whilst partnership agreements are being developed

Finance

16/17 funding

- BHR TCP received £110k one year NHSE funding in 16/17 to support crisis/outreach and to impact in particular on reducing number of inpatients.
- Some of this funding has been used to train staff across BHR in adult and children services on CTR and associated admission avoidance processes.
- Remaining funding has been used to extend the expertise and capacity of the TCP delivery team to focus on delivery of the plan and strengthen the operational arrangements with borough CLDTs and childrens services.

Community Services

- Challenges in developing community services in 16/17. In particular:
  - Inpatient cohort is relatively small in BHR and there is not scope as in other areas to reduce numbers of inpatient wards to release funding for community developments.
  - Difficulty in demonstrating ROI for new services/service enhancements given constrained financial position.
  - The financial risks to LAs and CCGs associated with increase in complex community packages to partnership as a whole from increased discharges has not been assessed in full. Partnership discussions around development of enhanced community offer to mitigate those risks have therefore been hampered.

- The work stream plan for Community Services is set out on preceding slide.

- The plan includes an action to deliver a needs assessment for the TCP cohort now and into the future. This work will inform partnership understanding of financial risk and will enable discussions around development of community services – as well as a supporting a number of other work streams including housing/accommodation, provider development and workforce needed to care for patients in community settings

- The enhancement of community services for children and young people is being progressed through the CAMHS transformation plans. Additional investment has been made to community CAMHS services to support implementation of the THRIVE model of care and single point of access to services. Through the urgent and emergency care vanguard, the provider is piloting a new crisis pathway which strengthen the gateway to tier 4 beds.

Community Services

- Workforce development has focused on two main identified gaps to date.
  - **Positive Behaviour Support:** £100k funding identified to support development of strategy and implement plan. This reflects family carer/user feedback. INEL model and models in other parts of London are being considered, with a workshop with INEL planned on 31 May for frontline staff representatives followed by local clinical input and development of specification/commissioning of training and support package. Link to Children's Mental Health THRIVE model and associated Positive Parenting support being taken forward through CAMHS plan.
  - **Management of criminality and personality disorder in community** – this has been identified as a gap in particular in respect of spec comm inpatient cohort and OOA CCG inpatient cases. This work is at an early stage but will involve review of evidence, development of a business case for funding based on reducing cost of complex care packages.
- The plan for 17/19 includes the development of a wider workforce development plan informed by cohort needs assessment, provider work and work to develop a joint specification for community and inpatient care.

Provider Development

- BHR TCP has attended 2 NHS England facilitated pan London Providers meetings aimed at sharing with providers insight into the local needs – for example autism, personality disorder

- The sessions have also developed provider understanding of CTR processes and how to engage with CLDTs to avert admissions. Providers have identified their workforce development needs, especially training in Positive Behaviour Support – a factor which will inform the development of the BHR TCP PBS strategy

- Local progress in this area to date has focused on developing the range of providers able to work with a number of complex B&D inpatients – using the CQC and NHSE provider lists. This work has identified a number of providers able to offer a community based service in B&D and a number of B&D buildings that could be developed to provide appropriate accommodation

- The BHR TCP actions for 17/19 on provider development are embedded in two work streams ***Developing Community Solutions*** *and* ***Developing the right support – families, carers and workforce***

- **Developing Community Solutions** is focused on development of providers and accommodation/ housing offer to meet needs of TCP cohort. Further information on housing accommodation slide.

- **Developing the right support** focuses on developing the workforce skills of local providers to meet local needs. For example this will include how providers working with our TCP cohort deliver PBS in line with emerging PBS strategy. Further information on the community services slide.

Housing/Accommodation

BHR is developing a housing/accommodation strategy to be considered by TCP Board September 2017. The purpose of the strategy is:

- To stimulate the housing market and ensure there is a ready market of housing providers willing and able to respond to demand to enable people to have access the right housing at the right time and provide a choice of accommodation to people with a learning disability and/or autism who display behaviour that challenges, or those at risk can choose from
- To develop a pipeline of local housing developments to meet existing and future needs
- To engage local housing departments in the housing requirements of the local partnership
- To inform capital investment plans
- Estimate the likely impact to budgets in coming years
- To provide increased clarity and certainty to providers against the backdrop of future funding for supported housing

Two developments so far that would support need identified in B&D and Havering – both bespoke builds providing up to 17 units that could be designed to meet specific needs of cohort as well as options around short term crisis support and facilities for staff to live in enabling more complex patients to be cared for in community setting in environments developed for their specific needs.

Housing/Accommodation

Further work is planned with NHSE and CCGs capital/estates leads to understand the capital requirements and to develop business cases to support this work further.

The cohort needs assessment work planned will further support the development of the strategy to reflect specific service user needs. Working with spec comm on the needs assessment will be crucial to understanding the complex needs of these patients.

This work will inform wider local authority housing strategy and will inform market shaping activities that take a whole system, lifespan approach to commissioning for people with a learning disability and/or autism, enabling them to live good lives in the community.

Dynamic Registers

- The TCP Board took stock of at risk of admission registers in the 3 boroughs in January 2017 – identifying register lead, number rated red and amber, number of children and arrangements in place to ensure monthly updates. Position as follows:

AROA Jan 17	Havering	Redbridge	B&D
Red rated adult	7	6	No response
Amber rated adult	17	15	No response
Children	0	0	No response

- This work identified that Havering and Redbridge had basic systems in place but had identified issues around engagement with children's services. This has led to identification of specific children leads in all boroughs with the responsibility to include children in the register – backed up with further training planned June-August
- The work also identified a number of issues in B&D which are being addressed through the new All Age Disability service operational from April 17
- This will continue to be closely monitored through the TCP Board. The registers will also form part of stage 3 needs assessment where the needs of patients at risk of admission are understood from a commissioning perspective in more detail

Risks

Risk/issue	Mitigation
There is a risk that specialised commissioning proposals for discharging people into the community (TCP transfers and New Models of Care) will have an adverse impact on CCG/ LA finance if not managed in a planned way with risks share arrangements in place.	- Financial mapping of spec comm caseload to assess financial risk. - Development of local partnership agreement that enables funding to transfer from Spec comm to CCG/LA - STP engagement if NHSE New Models of Care Workstream to support strategic planning.
CCG transformation funds for community services will not be secured unless the case can be made for delivery of savings across the pathway of care.	- Complete financial mapping work to establish level of financial risk and opportunities for redesign - Implement 17/18 programme to roll out PBS to workforce - Ensure related MH service developments e.g. CAMHS crisis pathway, improve pathway for TCP cohort
The cost of community packages may be more than cost of inpatient care. This is exacerbated by 2/3 average inpatient cost transfer proposed from spec comm to local partners.	- Complete financial mapping work to establish level of financial risk and opportunities for redesign
Local commissioners may not have the capability and capacity to manage complex discharges for long stay patients.	- Non-recurrent funding sourced from NHSE to commission additional support for discharge - NHSE commissioned support from Avenues to assess the needs of long stay patients.
There is limited capacity within local commissioning teams to deliver transformation plan milestones and focus on performance management of discharges/ business as usual.	- Recruitment commenced for additional commissioning post and project support
Local workforce may not be in place to cope effectively with patients discharged by specialised commissioning inpatient beds (e.g. therapies, psychology, local forensic based services).	- Further work needed to develop workforce strategy (17/19 plan)

Support

It would be helpful to be able to access NHSE support in the following areas:

- Navigating and understanding capital funding mechanisms and development of effective business case processes
- Workforce development expertise – support to scope what is needed from Skills for Care/Skills for Health
- Evidence base for community forensic service
- Expertise and hand on help with demand and capacity modelling for ATU across NEL
- Support to intercede with non-London commissioners and providers where inpatient to be discharged OOA.
- Good practice examples of inpatient needs assessments that can be undertaken rapidly to inform planning.

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HEALTH & WELLBEING BOARD

Subject Heading:	Integrated Care Partnership update
Board Lead:	Barbara Nicholls, Director, Adult Social Care and Health
Report Author and contact details:	Keith Cheesman, Head of Integration Keith.Cheesman@Havering.gov.uk t. 01708 4337421

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

The purpose of this report is to provide the Health and Wellbeing Board with a brief update on the progress being made through the Barking, Havering and Redbridge Integrated Care Partnership towards Locality working in Havering and the current activity to review Accountable Care System model of care.

RECOMMENDATIONS

1. To note the progress and to agree to receive further regular reports.

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REPORT DETAIL

1 Integrated Care Partnership Board Review of Accountable Care

The Integrated Care Partnership Board has commissioned reviews of both the Provider aspect of Accountable Care and of the future for Joint Commissioning. The two reviews will be considered in parallel at the end of July.

These reviews build upon the work undertaken in 2016 which culminated in the submission of a Strategic Outline Case to NHS England, reported previously to this Board.

2 Havering Localities

Work is underway with partners across the Local Authority, NHS, local Pharmacies and Voluntary Sector to make changes to the way our local health and care services work together. We have been looking find the best ways of joining up services and are developing approaches built on the needs of local communities.

For our Children's services we will be take a preventive whole family approach to 'emotional health and wellbeing', with a 'key worker' assigned according to their case dependant on their individual needs, who can give them the support and information that they require, drawn from a team of professionals with a variety of specialisms. This will feel like a more seamless, easier to access, joined up service and will deliver better outcomes for our service users. It will aim to prevent the need for further, more intensive services later in life.

For our Adult services too, we are aiming to provide a more seamless 'virtual team' approach, again drawing the right support from a range of options, dependent upon need. This team, including GPs, therapists, carers and pharmacists, will support people to live independently on their own home, try to avoid unnecessary stays in hospital or visits to A&E. It will also help to get people home from hospital as quickly as possible and to get settled at home to recover more quickly.

2.1 Children and Families

Families would be identified by key stakeholders, across a targeted area, initially Gooshays and Heaton within 2-3 schools and the GP surgery. Any intervention should have measurable outcomes such as a change in negative behaviour patterns e.g. school attendance, behaviour issues and emotional concerns. The expected benefit will be to reduce referral to children's social care.

The key attributes of the pilot are:

- A whole family Approach

- Focus: 15-20 families who do not meet threshold but who, experience predicts, are those who will need support if we don't intervene (primary prevention)
- Using a multi-disciplinary approach
- Seamless and reliant on a "case holder" model, reduced handovers.
- Underpinned by a programme of joint training, thus creating consistency and resilience in the system

2.2 Adults

The Adults Locality model is centred on the Intermediate Care Tier, the suite of services from across NHS and local authority which seeks to provide up to six weeks of care and support to help people get back on their feet and to live independently following a hospital stay or a change in their physical ability through, perhaps through a fall or bout of illness.

Modelling and detailed design of a new Intermediate Care Tier begins in the next few weeks. It will draw together Reablement, Rehabilitation, Community Treatment Team, Voluntary Sector services and build a connected, single approach to support people in their own homes, to reduce unnecessary admissions to hospital and accelerate discharge if admission was necessary.

The Localities model develops this further to include links with the Council's Housing, Employment and Skills and Leisure teams, as well as GPs, Pharmacies and community groups.

IMPLICATIONS AND RISKS

Financial implications and risks:
Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Legal implications and risks:
Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Human Resources implications and risks:
Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Equalities implications and risks:
Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

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BACKGROUND PAPERS

None

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HEALTH & WELLBEING BOARD

Subject Heading:	Drug and Alcohol Harm Reduction Strategy 2017 Report
Board Lead:	Mark Ansell, Acting Director of Public Health
Report Author and contact details:	Elaine Greenway Elaine.greenway@havering.gov.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

A three year Drug and Alcohol Harm Reduction Strategy was produced for the Health and Wellbeing Board and the Havering Community Safety Partnership in 2016, together with a detailed one-year action plan. The strategy sets out the approach for achieving the overall aim of reducing the harms caused by substance misuse.

The vision articulated in the strategy is for:

- children and young people to be informed and supported in their early years so that there is less risk of them misusing substances in later life.
- young people who do develop problems to have treatment and support so that their lives are not blighted by substance misuse.
- adult residents understand individual health risks associated with alcohol and so manage their drinking within safer limits.

- residents and visitors are free from the harms caused by other people's substance abuse.
- there is a halt to the demand for, and supply of drugs, which fuels criminal behaviour.
- where people have serious problems with substance misuse, they receive specialist treatment to recover – and remain in recovery.

The Health and Wellbeing Board acknowledged that the strategy and action plan encompassed many broad areas of work, many of which were already being managed through existing work programmes. Therefore, in order to avoid duplication, it was agreed that year 1 actions would be monitored by the relevant lead service area. This report has been produced by the Public Health Service with contributions from the service leads: Community Safety, Children's Services and Adult Commissioning (now the Joint Commissioning Unit). It presents an update on progress during year on, and actions proposed for year two (2017-18).

The Community Safety Partnership has received the report. The Partnership has requested a specific set of indicators be developed that focuses on a criminal justice agenda. In light of this, it is proposed that, going forward, future reports to the Health and Wellbeing Board include an indicator set that is more tailored to a health and wellbeing agenda, and which is based on the Local Alcohol Profile and the Public Health Profile of substance misuse. Future reports to still include detailed reporting against the action plan as per this 2017 report. If agreed, the relevant pages of the strategy will be amended accordingly.

RECOMMENDATIONS

To note the progress made in year one, as set out in the:

- Drug and Alcohol Harm Reduction 2017 Progress Report, which provides a brief summary
- Refreshed Draft Action Plan 2017-18 which provides In-depth information about actions that were scheduled for 16-17 (as well as descriptions of actions planned for 17-18)

To comment on the proposed actions for 17-18 described in the Refreshed Draft Action Plan 2017-18. Comments to be sent to the report author by 2 August 2017.

To agree the proposal that future reports include an indicator set that is more tailored to a health and wellbeing agenda, and which is based on the Local Alcohol Profile and the Public Health Profile of substance misuse.

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REPORT DETAIL

Two documents provide the report detail:

- The Havering Drug and Alcohol Harm Reduction 2017 Progress Report, which summarises the main policy/other changes, highlights successes and challenges, and summarises some of the key actions for 2017
- The detailed Refreshed Draft Action Plan 2017-18:
    - describes actions planned for 16-17. The majority of actions have been completed, or are on track. In terms of the small number that have not been completed (red rag-rated), see columns “Comments on 16-17 activity” and “16-17 RAG”.
    - describes proposed actions for 17-18 (both continuing actions from 16-17 and new actions)

IMPLICATIONS AND RISKS

Any significant decisions arising from the strategy and the year two action plan accompanying this report have or will be subject to normal governance processes within the relevant organisation. There are no additional significant implications.

BACKGROUND PAPERS

The following papers are attached:

- Drug and Alcohol Harm Reduction 2017 Progress Report
- Refreshed Draft Action Plan 2017-18

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Havering Drug and Alcohol Harm Reduction Strategy 2016-19
2017 Progress Report and 2017-18 Draft Action Plan

1.0 Background

The Drug and Alcohol Harm Reduction Strategy 2016-19 was approved by the Health and Wellbeing Board (HWB) and Community Safety Partnership (CSP) in 2016. The strategy was underpinned by a detailed action plan for the period April 2016 – March 2017, with a refresh due annually. It was agreed that a report would be presented to the HWB and CSP in 2017, describing progress in the first year, and presenting a draft refreshed action plan for 2017-18.

The 2016-19 strategy set out the local multi-agency approach to reducing the harms caused by drugs and alcohol, described under three main objectives:

- Preventing harm to individuals
- Preventing harm to family life, children and vulnerable adults
- Preventing harm to the wider community

Oversight of the delivery of the strategy is through existing groups and arrangements:

Responsible Group:	Monitor actions and KPIs relating to:
Havering Community Safety, through the Violence Against Women Group and the Safe and Sound Partnership	Community safety and Licensing
Children's Services Improvement Board	MASH, Early Help, Children's services
Public Health Service	Drug and alcohol treatment services, Healthy Schools Programme and CCG actions
Adult commissioning	Vulnerable older adults, adult social care

It was agreed that the leads will produce an end of year annual report, with each lead summarising their achievements of KPIs. This report has been prepared by the Public Health Service with content provided by the remaining three lead areas (Community Safety/Licensing, Children's Services and Adult Social Care). The report:

- summarises main changes affecting the drug and alcohol harm reduction approach in Havering
- highlights main successes, challenges and issues during 2016-17, and key additional actions for 2017-18
- presents Key Performance Outcome and Indicators
- presents a draft refreshed action plan for 2017-18

The Health and Wellbeing Board and Community Safety Partnership are asked to:

- Note and comment on the report, and seek clarification on any aspect of the content
- Approve the draft action plan for 2017-18

2.0 Main policy/other changes relating to drug and alcohol issues

2.1 Public Health England has published a paper on the Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies. This describes how:

- Among people aged 15-49 in England, alcohol is now the leading risk factor for ill-health, early mortality and disability
- Alcohol is the fifth leading risk factor for ill-health across all age groups
- There has been an increased consumption of alcohol among women

None of the above changes the direction of the strategy, although these factors have been taken into account when refreshing the action plan.

2.2 With effect from 6 April 2017, Immigration Services becomes a Responsible Authority under licensing legislation. This is anticipated to strengthen joint working to address non-duty paid alcohol.

2.3 The law on so-called "legal highs" changed on 26 May 2016 when the New Psychoactive Substances Act came into force. This gave police and local authorities greater powers to tackle the trade in psychoactive substances. The issue of psychoactive substances is still a relatively new phenomenon, with information, advice and tools continuing to be made available nationally. Further actions will be incorporated into the action plan over the forthcoming year as appropriate.

3.0 Main successes during 2016-17

3.1 Romford has been chosen as one of 33 locations as part of the Home Office Local Alcohol Action Area 2 programme.

3.2 There has been a strengthening of the arrangements for those experiencing domestic violence where substance misuse is an issue. Referral pathways have been agreed, and the adult substance misuse treatment service attends key risk management panels. Processes for MARAC referrals similarly strengthened and a toolkit developed and implemented.

3.3 LBH Commissioners reprocured a young person's substance misuse service to commence April 2017. A range of teams were involved in developing the service specification, including the Youth Offending Team, Community Safety, and Public Health.

3.4 Collaboration between the Council and CCG has resulted in a protocol developed whereby ex-offenders with no place of residence can now register with a GP in the borough

3.5 The drug and alcohol treatment service has continued to focus on improving successful treatment completions which have involved a range of initiatives, including fostering better joint working with mutual aid groups, and strengthening other partnerships to increase employment/education opportunities. This includes training ex-service users to be peer mentors. This type of system-wide approach is essential for ensuring people who successfully complete their treatment are not readmitted to the service.

3.6 A local drug information system in Havering has been established for issuing health alerts (treatment service, probation, police, health agencies) – with links across London and nationally

3.7 Joint protocols have been developed between partner agencies (drug and alcohol treatment service and mental health / children's services, etc). Many people who have problems with drugs will also have mental health problems. It is essential that the different agencies have effective working protocols to ensure that patients get the best treatment for the limited resources that are available (awaiting sign off by Mental Health Partnership Board).

3.8 Local safeguarding training also covers the specific risks for children and vulnerable adults where drugs and alcohol is a factor.

3.9 Training sessions focusing on the issues of drugs and alcohol have been delivered to a range of groups and professionals

3.10 The drug and alcohol treatment service has strengthened provision for marginalised groups who are typically at higher risk or who traditionally may not receive services that are appropriate for them, including lesbian, gay, bisexual and transgender

3.11 Following a CQC Safeguarding inspection in August, the adult treatment service has implemented the recommendations to improve safeguarding of children with a particular focus on areas of workforce training, liaison with other services, recording and reporting and governance

3.12 Following a CQC inspection in November, the adult treatment service is implementing actions to improve service provision with a focus on areas of case management, prescribing governance, workforce development and communications with GPs

3.13 There has been a successful shift in increasing the proportion of clients with alcohol problems being treated by the adult treatment service, compared to clients with drug issues

3.14 The adult substance misuse service opened a recovery hub in May, which is a key element of supporting adults to remain recovered. This offers counselling, education, training, mentoring. This is highly dependent on volunteers who are usually people who have had experience of substance misuse, and who are trained to counsel and mentor.

3.15 The Council set up a contract framework for providers of residential specialist detox and rehabilitation services, which has resulted in a more cost-effective and quality assured process

4.0 Main issues/challenges during 2016-17

4.1 Organisational restructures have impacted on timescales for completing some actions (Council services, CCG, Probation Services). Actions have been prioritised to ensure that important system-wide improvements are made, such as the agreement of joint protocols that are described above.

4.2 The governance arrangements have proved to be varied in how well the groups have monitored progress against the action plan:

- 4.2.1 Established groups, such as the Violence Against Women Group and the Safe and Sound Partnership have continued to monitor actions allocated to those areas.
- 4.2.2 Public Health has embedded monitoring of actions into various workstreams, including for example contract monitoring meetings.
- 4.2.3 There is not an established group within Adult Social Care to monitor progress against the action plan, this has resulted in the governance being managed through the Joint Commissioning Unit.
- 4.2.4 The Children's Services Improvement Board was to have monitored delivery of the D&A strategy and action plan. Taking into account the structural changes in Children's Services, the Service is asked to review the governance arrangements during 2017-18 to identify whether the governance arrangements are appropriate.

4.3 Nationally there has been an increase in the number of drug related deaths, which are primarily associated with an ageing population who have been using opiates and alcohol for a long time. Ageing drug users with long standing substance misuse problems have very complex needs, and this is affecting demand for tier 4 treatment.

5.0 Key Additional actions for 2017-18 (also see action plan)

5.1 As a result of Romford being chosen as one of 33 locations as part of the Home Office's Local Alcohol Action Area 2 programme, there will be a focus on developing safe zones in the night time economy and dispersal zones at night.

5.2 Public Health is leading an area of work on suicide prevention, in partnership with Barking & Dagenham and Redbridge, which is an important issue that overlaps with mental health provision, and drug and alcohol issues

5.3 Strengthen the treatment service recovery hub and recovery services, to increase the number of people successfully leaving the treatment service without relapse

5.4 Set up a Drug Related Deaths Panel, in response to increases in national trends for DRDs

5.5 Council to support the mobilisation of the new young people's substance misuse service with a focus on joint working arrangements with Children's Social Care, Early Help, Youth Offending Service and the adult substance misuse service

5.6 Strengthen joint working arrangements between young people and adult substance misuse services with a particular focus on joint training, prescribing, transitional arrangements and working with families

5.7 Working with the young carers service, young people and adult substance misuse services to Improve the identification of young carers and referral and engagement into the young carers service.

5.8 Adult substance misuse service to grow and develop pharmacy based needle exchange provision in Havering

5.9 Adult substance misuse service to improve criminal justice referrals into treatment with a particular focus on prison release, alcohol and drug treatment requirement orders – this will need to take into account barriers via prison release/criminal justice

5.10 Most treatment services are designed for younger people and so in order to overcome any barriers faced by older people, information sessions to be delivered to Adult Social Care, with Adult Social Care Learning & Development team to monitor the uptake and success of sessions

5.11 In partnership with substance misuse treatment services, Housing to identify and agree key harm reduction actions

5.12 During 2017-18 it is planned to monitor the rate of reoffending of those in contact with drug and alcohol services. This information will be presented as a KPI in the 2018 report.

6.0 Key Performance Outcomes and Indicators

It was agreed to receive a combination of measurement of process, outputs and outcomes. Taken together these help to describe the local picture and guide where to invest attention and resources

- Processes describe type or level of activity
- Outputs are primarily measuring products and services delivered
- Outcomes which are the result of the delivery of processes and outputs from a range of programmes and initiatives. It usually takes a long time for the impact of initiatives to be felt. Outcome indicators are especially useful in enabling comparisons with other areas as there will be common methodologies used, and the data are validated.

Indicator or Outcome	Havering	Comparators	Commentary
Health			
Years of life lost due to alcohol related conditions (male)	609 per 100,000	London 691 England 797	Data for 2015: Havering is better than London and much better than England. The trend over time has remained fairly constant in Havering (Provided by Public Health)
Years of life lost due to alcohol related conditions (female)	225 per 100,000	London 238 England 311	Data for 2015: Havering is similar to London, and better than England. Locally, there was a general improvement in Havering between 2008 and 2012, following which the trend appears to have reversed, with a slight worsening in 2013 which has been sustained (until 2015) (Provided by Public Health)
Admission episodes for alcohol-related CVD conditions (male)	1,830 per 100,000	London 1,750 England 1,560	Data for 2014-15: Havering is worse than London, and worse than England. The trend shows a steady increase Havering since 2008 (Provided by Public Health)
Alcohol related road traffic accidents (in which at least one driver failed a breath test)	17.7 per 1000	London 9.8 England 26.0	Data for 2013-2015: Havering is worse than London, but better than England (2015) Locally, this has remained at roughly the same rate since 2010 (Provided by Public Health)
Treatment Services			
Proportion waiting more than three weeks for drug treatment	3.2	London 0.9 England 2.1	Data for 2015-16: In Havering more people waited longer to enter drug treatment than was the case in London or England. (Provided by Public Health)
Proportion waiting more than three weeks for alcohol treatment	1.7	London 1.1 England 4.1	Data for 2015-16: In Havering, a slightly higher percentage of people waited longer to enter alcohol treatment than is the case for London, but Havering is better than England. (Provided by Public Health)

Successful completion of treatment of opiate use	7.9%	London 7.6% England 6.7%	Data for 2015: Havering is similar to London, and slightly better than England (Provided by Public Health)
Successful completion of treatment for non-opiate use	40.1%	London 40.1 England 37.3	Data for 2015: Havering is the same as London, and better than England (Provided by Public Health)
Successful completion of treatment for alcohol	34.8%	London 41.3 England 38.4	Data for 2015: Havering is worse than London, and slightly worse than England (Provided by Public Health)
Community Safety			
Testing on Arrest – achieve 95%	Target not achieved	Target 15 per month	Provided by Community Safety
Alcohol Treatment Requirements (annual)	Starts: 25 Completed: 14	Target 28 Target 16	Provided by Community Safety
Drugs Rehabilitation Requirements (annual)	Starts: 35 Completed: 25	Target 35 Target 17	Provided by Community Safety
Number of individuals testing positive for drugs who fail to engage with treatment service and where there is subsequently a failure in follow up	6		Provided by Community Safety from reports received from Metropolitan Police Service
Children and families			
% of current foster carers having attended information sessions on substance misuse during the three years to end Mar 2017	0%		Provided by Children's Services obtaining figures from Fostering
% of Early Help home assessment visits attended by WDP Havering where substance misuse is, or is identified as likely to be, an issue	*[1]		Data for 2016-17 (Provided by Commissioner)
% of recovery plans produced by WDP for	*[2]		Data for 2016-17 (Provided by Commissioner)

[1] Number suppressed due to small numbers
[2] Number suppressed due to small numbers

parents that are shared with Early Help			
Substance misuse by children who had been looked after continuously for at least 12 months	4% (6/151)		Data for 2015-16 (Provided by Children's Services)
Parental Substance Abuse (number and percentage)	CIN 2% (n=6) CP 3.9% (n=12) LAC *[3]		Data for 2016-17 for 11 months to end Feb 17 (Provided by Children's Services)
Parental Alcohol Abuse (number and percentage)	CIN 2% (n=6) CP 2.3% (n-7) LAC 0% (n=0)		Data for 2016-17 for 11 months to end Feb 17 (Provided by Children's Services)

Further commentary on indicators where Havering is worse than both London and England

Admission episodes for alcohol-related CVD conditions (male)

The Local Alcohol Profile published by Public Health England (PHE) describes 67 indicators[4]. For 63 indicators, Havering is either similar, or better, than London / England. This indicator is one of four where Havering is shown to be worse than London and worse than England. The other three worse indicators also relate to admissions for alcohol-related conditions (but not mortality caused by alcohol). The strategy's position is that for those people who are drinking at seriously high levels, it is important that they have access to specialist treatment. One of the priorities when the drug and alcohol treatment service was recommissioned in 2015 was to increase access to specialist alcohol treatment. This has been achieved and continues to remain a priority for the service.

Proportion waiting more than three weeks for drug treatment

In 2015-16 proportionately more people waited longer to enter drug treatment than was the case in London or England (Havering 3.2; London 0.9; England 2.1). The Commissioner reports that out of an active average caseload of 480 clients (2016-17), there are approximately 20 clients per year who are waiting longer than three weeks to start their first treatment in Havering (both drugs and alcohol). In order to address this, the Provider reconfigured the service in 2017 to reduce the number of clients waiting for treatment, by centralising its assessment and allocation process. This has shown some early success in improving access and reducing waiting times. The Council Commissioner will continue to monitor the Provider's performance to keep waiting times to a minimum.

Successful completion of treatment for alcohol

In 2015, Havering was worse than London, and slightly worse than England (Havering 34.8%; London 41.3%; England 38.4%). Commissioners receive quarterly statistics from Public Health England which

[3] Number suppressed due to small numbers

[4] Havering Local Alcohol Profile 2017 (3 May 2017), available from https://fingertips.phe.org.uk/profile/local-alcohol-profiles, or from the author on request

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are restricted and may not be published. The Commissioner reports that in 20176/17, latest PHE figures have shown that performance has improved. In addition, the Council receives monthly performance reports from the Provider. These reports have shown a consistent improvement in the number of successful treatment completions during 2016-17 that led to the service exceeding its annual performance target in the reporting period.

Drug and Alcohol Harm Reduction Strategy 2016-19: Refreshed Draft Action Plan 2017-18

Objective 1: Preventing harm to the individual										
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Timescale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitor-ed by**	**Comments on 16-17 activity**	**16-17 RAg**	**17- RAG**
1.1	ACTION COMPLETE – REMOVE FOR 17-18 Specialist young people's substance misuse service recommissioned in 2016, in consultation with key partners; youth offending team, community safety, education services, public health service	Service commissioned: KPIs, service specification informed by key partners	Engagement by key partners; youth offending team, community safety, education services, public health service, equality impact advisor	Sept 16	LBH Commissioner		LBH Public Health Service	Action completed. Service commissioned. Contract to commence April 17. A communication strategy will be delivered (1.1b).		

Colour coded columns: Monitored by and Comments	Community Safety	Public Health	Children's Services	Adult Social Care		
Columns: 16-17 RAG & 17-18 RAG	Completed	Part completed	On track	Not completed	Not started	Not applicable

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1.1b	NEW ACTION 17-:18 Communications strategy to inform partners of new specialist young people's service to be delivered during 17-18. Thereafter ongoing promotion to key agencies.	Schools and other services refer / engage with the specialist young people's misuse service. Satisfaction by Youth Offending Team that service meeting the needs of young offenders.	Engagement by schools.	Apr 17 and on-going	LBH Commissioner		LBH Public Health Service	Not applicable		
1.2	ONGOING FOR 17-18 Substance misuse awareness sessions to be delivered to Looked After Children and their carers (inc foster carers and semi-independent placement providers) – including association with CSE	Foster carers more knowledgeable about substance misuse by young people	Young People's Substance Misuse Service commissioned	On-going	LBH Commissioner		LBH Public Health Service	Action not commenced during 16017. To commence 17-18		

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1.3	ONGOING FOR 17-18 Identify young people (aged under) who are at a higher risk of harm caused through risky behaviours (inc drug and alcohol misuse) – including appropriate response such as referral to appropriate young people's substance misuse service.	Young people who are at higher risk to be referred by NELFT School Nursing Service Early Help Service Children's Social Care Schools	Young People's Substance Misuse Service commissioned LBH Commissioner to monitor contract on referral sources	On-going	NELFT School Nursing Service Early Help Service Children's Social Care Schools		LBH Children's Services	Referrals continue to be made		
1.4	ONGOING FOR 17-18 Healthy Schools programme to provide information drugs and alcohol to the whole school community including national campaigns and information about the effect of substances on the unborn child.	Information provided to schools. Schools report that the information is useful.	Healthy Schools Co-ordinator recruited Engagement by schools	On-going	LBH (Healthy Schools Officer))	Dependent on decisions re funding /Traded Services status of Healthy Schools programme	LBH Public Health Service	Recruitment successful. Planning took place in 16-17 for Healthy Schools Officer to work with new specialist young people's service.		

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1.5	ONGOING FOR 17-18 Drug and alcohol service provider to support schools develop their drugs policy and deliver substance misuse awareness training to headteachers and wider school workforce NEW FOR 17-18: Information materials to be produced for school governors. Progress on training and support given to schools by the treatment service to be monitored by commissioner .	Schools develop drugs policies as part of the Healthy Schools Programme. Awareness training delivered to headteachers.	Young People's Substance Misuse Service commissioned Healthy Schools Co-ordinator recruited Engagement by schools Support of public health specialists .	On-going	LBH Commissioner LBH Healthy Schools Co-ordinator LBH Commissioner	Schools	LBH Public Health Service	Contract for new specialist young people' drug treatment service to include requirements to deliver training.		

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1.6	ONGOING FOR 17-18 Drug and alcohol service provider to advise schools and parents how to report concerns about availability of drugs, and under age sales of alcohol	Schools and parents aware of how to report concerns.	Young People's Substance Misuse Service commissioned Healthy Schools Co-ordinator recruited Engagement by schools	Annually – at optimum time for schools	LBH Commissioner LBH Healthy Schools Co-ordinator	Schools	LBH Public Health Service	See action 3.15.(re schools portal)		

Colour coded columns: Monitored by and Comments	Community Safety	Public Health	Children's Services	Adult Social Care		
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1.7	ONGOING FOR 17-18 Information and factsheets about not drinking in pregnancy and during breastfeeding to be displayed in Children's Centres NEW FOR 17-18 Reliable digital resources to be identified by LBH public health, and promoted to parents by Children Centres	Information and factsheets to be available in Children's Centres Frontline workers actively promoting messages.	LBH Officer Capacity (Children Centre frontline workers) LBH Frontline staff trained in IBA	Ongoing To be agreed where resource /capacity allow	LBH Early Help, BHRUT maternity Services, NELFT health visiting and school nursing services	Children's Centres	LBH Children's Services	Lack of availability of national resources / promotional activity – this action not delivered during 16-17		

Colour coded columns: Monitored by and Comments	Community Safety	Public Health	Children's Services	Adult Social Care	
Columns: 16-17 RAG & 17-18 RAG	Completed	Part completed	On track	Not completed	Not started	Not applicable

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1.8	COMPLETED BUT RETAIN FOR REVIEW 17-18 Develop consistent messages and signpost parents to information that will support parents in their discussions with their children about drugs and alcohol	Key messaging for parents agreed by LBH Public Health Service and partners, and hosted by LBH website	LBH Officer Capacity (Public Health Service, Communications, Commissioner) Engage-ment by partner agencies	March 17 Review Mar 18	LBH Public Health		LBH Public Health Service	Information for parents published on LBH Public Health pages (summer 2016).		

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1.9	COMPLETED 16-17 Havering contraception service to advise women to abstain from alcohol when planning a pregnancy NEW FOR 17-18 Commissioners to monitor sexual health service contract re women receiving advice re abstaining from alcohol when planning a pregnancy	Contraception service to display information about alcohol in pregnancy Service to deliver IBA to women considering pregnancy	Sexual health service commissioned.	Apr 16 and ongoing To be agreed- where resources allow	LBH Commissioner	BHRUT Joint Commissioners	LBH Public Health Service	Included in the interim contract and will remain in place until 30 Sept.		
1.10	ONGOING FOR 17-18 Skills audit to be undertaken among health visitors and school nurse workforce on levels of skills for engaging with families on the topic of substance misuse, including safeguarding concerns relating to drugs and alcohol. Findings to be used to inform workforce development, including numbers to be trained on IBA.	Skills audit undertaken. Workforce development plan informed by results. Workforce trained in IBA.	Way forward to be agreed between service and commissioners	To be agreed: where resources allow	LBH Commissioner	LSCB Co-ordinator WDP Havering	LBH Public Health Service	Insufficient resources to take forward 16-17. To be incorporated into 17- 18 action plan (Timescale by Mar)		

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1.11	ONGOING FOR 17-18 Continue to advise pregnant women and new parents about risks of co-sleeping with an infant	Routine antenatal advice given Routine postnatal advice to parents by midwives, health visitors, Children's Centres.		On-going	BHR Maternity Services NELFT (Health visitors)	LBH Children's Centres	LBH Children's Services	Information awaited	n/a	n/a
1.12	ONGOING FOR 17-18 Deliver training to Pubs/clubs door staff on how to recognise fake ID	Businesses better trained to recognise fake ID	Capacity of Police Engagement by businesses	On-going	Metropolitan Police	LBH Licensing Officers	LBH Community Safety	Action superceded by the introduction of ScanNet		
1.13	ONGOING FOR 17-18 Deliver training to retailers and licensed trade on complying with legislation, inc sales of age-restricted products, and nitrous oxide for non-food purposes. Training to be uploaded to Council website.	Businesses better trained on legislation	Capacity of Licensing Engagement by businesses	On-going	LBH Licensing		LBH Community Safety	Trading Standards offered training face to face but poor uptake from trade/ Online training now available on (CTSI website). Trading Standards signpost businesses to training via Licensing newsletter, talks and written advice		

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1.14	ONGOING FOR 17-18 Information about drugs and alcohol, including where to report concerns, to be cascaded to voluntary organisations that provide activities to children and young people	Agreed information products for voluntary organisations	LBH Officer Capacity (Public Health Service, Trading Standards, Commissioner, Communications, Community Development)	To be agreed - where resources allow	LBH Public Health		LBH Public Health Service	Insufficient resources to take forward 16-17. Carry forward to 17-18.		
1.15	ONGOING FOR 17-18 Sexual health services to (a) offer brief advice about alcohol to young people and adults where alcohol plays a part in risky sexual behaviour (b) deliver IBA and psychosexual counselling to MSM re Chemsex	Sexual health service performance against KPI	Sexual health service commissioned, and KPI agreed for IBA	Ongoing monitoring	LBH Commissioner	LBH Public Health Service to advise	LBH Public Health Service	This incorporated into interim contract - to remain in place until 30 Sept . 17-18: monitor delivery		

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1.16	ONGOING FOR 17- Drug and alcohol treatment service to demonstrate to commissioner how advice and services are meeting the needs of LGBT, veterans, ethnic minorities, ex-offenders, those leaving care (including via mutual aid organisations). NEW FOR 17-18 Drug and alcohol treatment service to strengthen links with agencies that support young people leaving care.	Evidence of evidence-based programmes of work in place/planned by substance misuse treatment specialists that meet the needs of harder to reach groups	Engagement by mutual aid organisations, and by organisations	Mar 17 Mar 18	LBH Commissioner		LBH Public Health Service	Service - engaged with Veterans Charity and developed processes: ex-service personnel signposted to support. - nominated LGBT lead & London MSM networking group - pursuing the strengthening links with agencies that support young people leaving care.		
1.17	ONGOING FOR 17-18 WDP and NELFT Mental Health Services to develop an integrated approach to presentations at the acute hospital that involve mental health and substance misuse NEW FOR 17-18 Review effectiveness of arrangement	Written protocols in place	Agreement of commissioners	Jul 16	CCG Mental Health Commissioner LBH Commissioner	BHRUT	LBH Public Health Service	Delayed. Protocol now drafted between WDP AND NELFT mental health services– to be presented to Mental Health Partnership (summer 17) Effectiveness of arrangements to be monitored 17- 18 and reviewed		

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1.18	ONGOING FOR 17-18 Ensure the care pathway for women during the perinatal period meets the needs of women with substance misuse problems, including onward referral. NEW FOR 17-18 Discussions to take place with CCG Maternity Commissioner, Early Help Service and substance misuse treatment service to agree pathway.	Care pathway shared with maternity commissioner, mental health commissioner, substance misuse commissioner, Early Help service	Agree-ment of commissioners	Mar 17 Mar 18	CCG Maternity Commissioner WDP Havering/ LBH Commissioner	LBH Early Help Service Perinatal Steering Group	LBH Public Health Service	Pathway design required. Initial discussions identified issues re workforce training, referral pathway and joint working arrangements including specialist advice for individual cases.		

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1.19	ACTION COMPLETE – REMOVE FOR 17-18 Understand how to provide better support to mutual aid groups and improve access and take up of mutual aid services. WDP Havering to scope needs of mutual aid groups and propose plan of action to commissioner	Proposals received by Commissioner	Proposals based on evidence base and consultation with mutual aid groups	Dec 16	LBH Commissioner	Mutual Aid organisations LBH Community Development	LBH Public Health Service	Proposals submitted to commissioner by treatment service, and following arrangements now in place: WDP delivering SMART programme (currently x3 groups running at service). Promoting and registering service users with Breaking Free, which is an online service that provides information about local support groups		
1.20	ONGOING FOR 17-18 CCG and adult social care to plan for the needs of older adults who are long-term users of opiates, including end of life care.	Plans in place	CCG and Adult Social Care capacity	Dec 16 Revised: Mar 18	CCG Commissioner Adults Social Care Commissioner	NELFT Community Services	Adult Social Care (ASC) Strategy & Commissioning Team	Insufficient capacity to take this forward 16-17. See also 1.28		

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1.21	ONGOING FOR 17-18 The drug and alcohol treatment service will be further developed to meet the needs of those with problematic use of prescription and over-the-counter medication, including: (a) advising GPs to treat (b) directly treating (where appropriate)	Reports received from WDPH Havering detailing D&A Consultant advice provided to GPs	Capacity of WDP Havering Engagement with GPs Ensure adherence to referral/care pathways Identified budgetary allocation for any GP prescribing	On-going	LBH Commissioner	CCG GPs Pharmacists	LBH Public Health Service	Advice given. Action ongoing. WDP's Communication Strategy outlines actions to engage with GPs including information pack (see action 1.21b)		

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1.21b	NEW FOR 17-18 Drug and alcohol treatment service to provide information to GPs	Information session delivered to GPs at PTI event.	Capacity of WDP Havering Agreement from PTI organiser	Apr 17	LBH Commissioner	CCG GPs	LBH Public Health Service			
1.22	ONGOING FOR 17-18 Produce guidance for prescribers on "Review of medicines with the potential for misuse"	Guidance produced for prescribers approved at Area Prescribing sub-Committee and on CCG website	Prescriber education and training via quarterly prescribing forums	16-17: June 16 17-18: Mar 18	BHR CCG Medicines Management	Local Medical Committee GPs WDP Havering	LBH Public Health Service	BHR CCG Medicines Management met with stakeholders Jan 17. Subsequently, prescriber guidance will be produced during 17-18		
1.23	ONGOING FOR 17-18 Devise and deliver a programme of education for prescribers on the topics of prescription only and over the counter medicines misuse and dependence.	Training programme delivered	Prescribers trained	Dec 16	BHR CCG Medicines Management	Local Medical Committee GPs	LBH Public Health Service	As per 1.22, this is in development. Action will be completed during 17-18		

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1.24	ONGOING FOR 17-18 Reduce the prescribing of benzodiazapines and Z drugs, as part of the 2016/17 medicines management work plan	Reduction in prescription items from baseline	Practice support, quarterly prescribing performance scorecards	Dec 17	BHR CCG Medicines Management	Local Medical Committee GPs	LBH Public Health Service	On track to be completed within timescale (Dec 17)		
1.25	ONGOING FOR 17-18 Council Public Health Service to ensure that GPs are provided with information and an updated AUDIT tool to screen for level of alcohol-related risks to health, once new national tools are published	Tools actively in use by GPs e.g. as part of Health Check programme	Materials to be provided by PHE/national body; local distribution requested via CCG	When national materials available	LBH Commissioner Havering CCG	GPs	LBH Public Health Service	No new national tools produced since new guidelines introduced. WDP, at PTI session with GPs, to signpost to PHE Alcohol Learning Resources (Apr 17)		

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1.26	ACTION COMPLETED – REMOVE FOR 17-18 Set up a local drug information system in Havering for issuing public health alerts on new and/or novel, potent, adulterated or contaminated drugs.	System set up, relevant partners engaged	Task and finish group to establish system Evaluation of effectiveness end of year 1	Apr 16 – Jun 16	LBH Public Health	LBH Commissioner MPS, WDP Havering, Community Safety CCG, GPs, Pharmacists, BHRUT,	LBH Public Health Service	LDIS in place and working effectively (since October 2016). See 1.26b		
1.26b	NEW FOR 17-18 Relevant partners to report to D&A partnership re the effectiveness of the local drug information system.	Report received by D&A Partnership	Partner-ship meeting	Dec 17	LBH Public Health	WDP, LBH Commissioner	LBH Public Health Service			
1.27	ONGOING FOR 17-18 Monitor demand and stimulate innovative solutions to meet the needs of increasingly ethnically-diverse population, some of whom will inevitably develop substance misuse problems.	Report, describing solutions	Contract monitoring	Apr 16 and on-going 17-18: Apr 17 and on-going	LBH Commissioner WDP Havering	Faith groups Community groups	LBH Public Health Service	See 1.16 progress column Communication Strategy outlines actions link into hard to reach groups including faith and community groups.		

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Columns: 16-17 RAG & 17-18 RAG	Completed	Part completed	On track	Not completed	Not started	Not applicable

Objective 1: Preventing harm to the individual										
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Timescale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitor-ed by**	**Comments on 16-17 activity**	**16-17 RAg**	**17- RAG**
1.28	ONGOING FOR 17-18 Provide training to raise awareness of issues of drugs and alcohol, including prevention, for Adult Social Care staff and commissioned provider staff, capitalising on existing and planned training sessions and communication forums (including Carers Forum).	Staff groups trained	Adult Social Care to organise – capacity of the drug and alcohol treatment service	Mar 17	LBH Commissioner LBH Adult Social Strategy & Commissioning Team	WDP Havering Adult Social Care commissioned services	Adult Social Care (ASC) Strategy & Commissioning Team	Action part completed 16-17, Meetings and training provided for Safe & Sound Partnership (May) Training arranged for Adult Social Care Commissioning Team (June)		
1.29	NEW FOR -17-18 In partnership with substance misuse treatment services and in discussion with Commissioner, Housing to identify and agree key actions for17 -19	Actions agreed	Tba	Tba	Housing Public Health Public Health Commissioner	Adult Social Care	LBH Public health			
1.30	NEW FOR 17-18 Three borough multi-agency suicide prevention work taking place during 2017 onwards to take into account people affecting by drug misuse problems	Suicide prevention approach to be developed in consultation with treatment services	Availability of treatment services	Mar 18	Public Health	CCG BHRUT Nelft LBH: Adult Social Care, Housing Communications	LBH Public Health			

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1.31	NEW FOR 17-18 Develop proposals for Drug Related Deaths Panel to be established	Proposal completed	Capacity of relevant agencies	Mar 18	Public health		LBH Public Health			
1.32	NEW FOR 17-18 Develop pharmacy needle exchange provision	Needle exchange provision established	Pharmacists engage-ment	Mar 18	Public Health Commissioner	NHS England	Public Health Commissioner			

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Objective 2: Preventing harm to the family										
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Timescale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 16-17 activity**	**16-17 RAg**	**17- RAG**
2.1	ONGOING FOR 17-18 Substance Misuse Treatment Service and Mental Health Service will take part in "Team around the Family" meetings where substance misuse/mental health are identified as a factor,	Records of meetings showing attendance by Substance Misuse Treatment Service and Mental Health Service in "Team around the Family" meetings	Processes established: invitation, recording of attendance, review of arrangements	Commence Apr 16	LBH Early Help Service	WDP Havering NELFT Mental Health	LBH Children's Services	Delayed. To be carried forward to 2017		
2.2	ONGOING FOR 17-18 Substance Misuse Treatment Service and Mental Health Service to agree a joint protocol where there is dual diagnosis (substance misuse and mental health)	Protocol in place and implemented - Substance Misuse Treatment Service Commissioner and Mental Health Service Commissioner to be informed	Protocol in place	June 16 and ongoing Review Sept 17	LBH Commissioner CCG Commissioner	NELFT WDP Havering	LBH Public Health Service	Delayed – but protocol now drafted between WDP AND NELFT mental health services– to be presented to Mental Health Partnership (summer 17) Effectiveness of arrangements to be monitored 17- – review in September		

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Objective 2: Preventing harm to the family										
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2.3	ACTION COMPLETE – REMOVE FOR 17-18 Provide access to alcohol and drug intervention treatment programmes for victims and perpetrators of domestic abuse	Protocol in place and implemented	Protocol/referral processes established between LBH Commissioner, VAWG lead and substance misuse treatment service	Apr 16 and ongoing	VAWG strategic partnership VAWG Officer LBH Commissioner		LBH Community Safety	Part completed: protocol and referral pathway in place. Implementation part delivered (see below) and to be continued in 2017-18. See 2.4 & 2.5 Implementation completed - Those identified as victims or perpetrators of domestic abuse are placed on safeguarding risk register and reviewed at clinical and safeguarding meetings. - Treatment Service has an identified DV lead and established links with VAWG Co-ordinator and attends MARAC		
2.4	ONGOING FOR 17-18 VAWG strategic partnership to Increase awareness of domestic abuse among agencies and residents through communications.	Communication delivered		Apr !6 and on-going	VAWG strategic partnership VAWG Officer		LBH Community Safety	A range of training and communications delivered, including via the Domestic Violence Champions Network, training (such as DASH RICC training), resources guides (available on Council website), events and DV Awareness Day.		

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2.5	ONGOING FOR 17-18 Integrate VAWG into all relevant service areas and ensure effective inter-agency co-ordination By Training of Domestic Abuse/VAWG Champions based in local authority departments, statutory partnership agencies and local private/voluntary sector services.	DA Champions trained	Costs of trainer Costs of maintaining Champions data base	Apr 16 and on-going	VAWG strategic partnership VAWG Officer	LBH services Partner agencies Private and voluntary sector services	LBH Community Safety	25 New Champions trained in Q1. 25 more to be trained in Q3. 30 professionals also trained to use the DASH RIC in Q2 with 30 more to be trained in Q4. Two days booked.DASH RIC training. Champions Database through Reducing the Risk including a monthly newsletter:		
2.6	ONGOING FOR 17-18 Continue to improve the efficiency and effectiveness of the MARAC.	Monthly MARACs held An increase in appropriate MARAC referrals MARAC Toolkit developed	MARAC Toolkit in place	Apr 16 and ongoing	VAWG strategic partnership VAWG Officer		LBH Community Safety	MARAC toolkit has been developed and MARACs held twice a month. VAWG Officer attends agency risk management meetings to raise awareness of MARAC, ensuring appropriate referrals. MARAC Chair and Coordinator are presenting at Safeguarding week.		

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2.7	ACTION NO LONGER REQUIRED – REMOVE FOR 2017 A Task and Finish Group to be set up to identify issues, barriers and solutions for information sharing, and develop an action plan of implementation	Action plan developed and implemented		Jul 16	LBH Early Help Service		LBH Children's Services	This was superseded by actions taken to achieve 2.8 below A joint working protocol is being developed (as at Mar 17) which will be finalised 17-.		
2.8	ONGOING FOR 17-18 Early Help, WDP Havering and NELFT mental health services to collaborate on strengthening staff induction programmes so that staff have a good understanding of roles of partner agencies, and know who are the key individuals in each of the agencies	Induction processes reviewed and strengthened. Frontline staff and managers better informed.		Jul 16 Revised: Sept 17	LBH Early Help Service, NELFT Mental Health WDP Havering		LBH Children's Services	NELFT & WDP joint protocol meeting arranged for 16.06.16 (staff training and induction to be included) Early Help Service & WDP joint working protocol (JWP) meeting held on 29.06 (staff training and induction to be included) JWP being drafted by EH and WDP services in July & Aug. Next meeting arranged for 25.08 to review progress and discuss implementation plans		

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2.9	ONGOING FOR 17-18 Early Help Service, WDP Havering and NELFT mental health services to cascade regular newsletters to partner agencies about their work (via LSCB). All three services to ensure that the information is communicated to frontline staff through team meetings.	Frontline staff and managers better informed.	LSCB Co-ordinator to facilitate	Jul 16 Revised: Sept 17	LBH Early Help Service, NELFT Mental Health WDP Havering		LBH Children's Services	Delayed: WDP Communications Strategy includes action to publish a newsletter for professionals		
2.10	ACTION COMPLETE – REMOVE FOR 17-18 MASH to take into account how WDP Havering is linked into the MASH processes. Once agreed, a contract variation to be agreed that describes the processes.	Contract variation issued	Service capacity	Jul 16	LBH Early Help LBH Commissioner		LBH Public Health Service	Contract monitoring noted that WDP Safeguarding Handbook approved by LSCB January 17		

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2.11	ACTION COMPLETE – REMOVE FOR 17-18 WDP to advise LSCB how they can contribute to the data set that is being collected. WDP to be invited to attend LSCB Operational Board.	WDP advice to LSCB. WDP invited to operational board.	Service capacity	Apr 16	LSCB Co-ordinator WDP Havering Service Manager		LBH Public Health Service	COMPLETED DM contacted LSCB Business Manager with details of WDP Service Manager on 7.06.16. WDP attending LSCB Operational Board. Relevant data for the LSCB Outcomes Framework submitted for 2015/16 (includes field for the number of parents in treatment)		
2.12	ONGOING FOR 17-18 Early Help to ensure that WDP Havering is invited on joint home visits where substance misuse is, or likely to be, an issue	WDP invited on joint home visits as appropriate	Service capacity Training to staff to implement	Apr 16 and ongoing	LBH Early Help	WDP Havering	LBH Children's Services	Meetings arranged between WDP and EH Service to agree protocol (to include home visits). Meeting held on 29.06.16 JWP being drafted by EH and WDP services in July & Aug. Next meeting arranged for 25.08 to review progress and discuss implementation plans		

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2.13	ACTION COMPLETE – REMOVE FOR 17-18 WDP Havering joint working arrangements with the Early Help Service to include protocol of actions where a parent does not attend an appointment with WDP	Process in place and implemented	Service capacity to set up protocol Training to staff to implement	Apr 16 and on-going	LBH Commissioner	LBH Early Help	LBH Public Health Service	Delayed: Protocol and processes in place Nov 2016.		
2.14	ACTION COMPLETE – REMOVE FOR 17-18 Where WDP develops a recovery plan with a parent, this to be shared with Early Help.	Process in place and implemented	Service capacity to set up protocol Training to staff to implement	Jul 16 and ongoing	LBH Commissioner	LBH Early Help	LBH Public Health Service	Process in place.		

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2.15	ONGOING FOR 17-18 Children's Social Care to invite WDP Havering to assessments, conferences and meetings when parents are receiving substance misuse treatment	Timely invitations issued	LBH Social Care to issue invitation & record attendance by WDP Havering	Apr 16 and ongoing	LBH Social Care LBH Commissioner	WDP Havering	LBH Children's Services	Meeting held on 15.06.16 to develop joint working protocol – CSC and WDP agreed process for finalising protocol by end of July. WDP Service Manager to attend CSC Manager's meeting and joint protocol training event to be held in September between CSC and WDP teams.		
2.16	ONGOING FOR 17-18 Early Help and WDP to work to resolve issues where lack of childcare is a barrier for parent's treatment, including residential detox treatment	Solution achieved	Potential financial implications to resource childcare	May 16 Revised Dec 17	LBH Early Help LBH Commissioner WDP Havering		LBH Children's Services	To be carried over to 2017-18		
2.17	ONGOING FOR 17-18 WDP Havering to deliver training to Early Help and Adult Social Care teams on working effectively with families affected by substance misuse	Programme of training agreed (including at induction). Training programme delivered.	Training programme	Mar 17	LBH Commissioner LBH Early Help Adult Social Care	WDP Havering	LBH Public Health Service	Part completed - See 2.12 & 1.28		

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2.	ONGOING FOR 17-18 LSCB to deliver multi-agency training on safeguarding that specifically takes into account issues of substance misuse	Programme of training agreed and implemented	Training programme	Mar 17	LSCB Co-ordinator	All	LBH Public Health Service	LSCB delivers a training course which offers a practical approach to dealing with families affected by substance misuse. The course Think Family, Work Family provides participants with the research, knowledge and practical framework to work with the whole family holistically when challenges such as substance misuse are present. This course will also continue into the new financial year 17-.		
2.	ONGOING FOR 17-18 Increase access to mental health services: Adult Talking Therapies or CBT (for children via CAMHS), and monitor referrals and access	Increased uptake of Adult Talking Therapies and increased provision of CAMHS	Raise awareness of all potential referrers	Mar 17	CCG Commissioner	All	LBH Public Health Service	Adult Talking Therapies: Access target met in Qtrs 1 & 2. Fell slightly short in Qtr 3. Qtr 4 not yet verified by HSCIC. Service meeting recovery rate of 50% and meeting 6 week and 18 week waiting time standards. CAMHS: Transformation plan in place – but no figures currently available.		

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2.20	ONGOING FOR 17-18 All services to identify carers (inc young carers) and ensure they are signposted to the right services		Young Carers Service commissioned that meets the needs of young carers affected by substance misuse Communications about carers services/support	Ongoing	LBH Commissioner	All	LBH Public Health Service	WDP promoting local initiatives to carers, inc Havering Carers Week, and availability of carers information booklet. WDP linked into young carers service. WDP providing Naloxone training for Carers Ongoing: WDP setting up Carers Group July 17. Young People's Substance Misuse Service to report to Commissioner arrangements for identifying and engaging with young carers.		

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Objective 3: Preventing harm to the community										
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3.1	ONGOING FOR 17-18 Primary care registration scheme to be agreed in Havering for prisoners released with no permanent address	Registration scheme established and agreed by Local Medical Committee and CCG	London-wide agreement with Probation Services	Oct 16	CCG	GPs LMC Local Probation Service WDP Havering	LBH Public Health Service	Registration scheme set up and agreed by LMC and CCG. Probation Service due to report back about effectiveness of system (by end Apr 17)		
3.2	ONGOING FOR 17-18 Achieve and maintain number of Inspector's Authority testing at 15 per month	Achievement of target		Apr 16 and ongoing	Metropolitan Police	WDP Havering	LBH Community Safety	Target not achieved due to other police pressures and priorities. However, despite lower numbers of Test on Arrest, there has been an increase in the quality of testing, with more individuals tested, proving to be positive for drugs.		

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3.3	ONGOING FOR 17-18 Achieve and maintain % of Test on Arrest where there is a trigger offence at 98% per month NEW FOR 17-18 Embed new systems and processes (WDP and Met Police) to maintain high %.	Achievement of target		Apr 16 and ongoing	Metropolitan Police	WDP Havering	LBH Community Safety	Since Mar 2016 there has been a steady increase in meeting the LBH MPS target of drug testing those who have been arrested for a trigger offence. In August 2016 we met 97% of the target. For those arrested with a trigger offence and tested LBH is performing slightly higher that the national MPS average at 66% (the average percentage regionally is 49%). This suggests LBH overcoming many issues related to poor performance, e.g. Purity and amount of Class A drug taken; Metabolism of drug; Time lapse between drug use and arrest; Delay in testing after arrival in custody; Test not conducted properly; Selecting non-drug users for a drug test; Equipment failure . In addition, systems and processes are being further developed to maintain high % of achievements.		

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3.4	ONGOING FOR 17-18 Identify lower risk acquisitive offenders with substance misuse treatment needs within criminal justice system and increase numbers of recommendations for DRR/ATR community sentencing to the courts. Increase numbers of DRR/ATR as a result of pre-sentence reporting by NPS. Achieve improvement in numbers successfully treated through DRR/ATR community sentencing	Increase on 2015/16 baseline Monitor numbers successfully treated	Effective partnership arrangements at courts: to reduce timelines between recommendations made for DRR/ATR community Orders NPS to identify more substance misusers at assessment stage	Apr 16 and ongoing	National Probation Service Community Rehabilitation Company WDP Havering Police LBH Community Safety National Probation Service	WDP Havering	LBH Community Safety	DRR Targets met (Starts: Target 34 – Achieved 35; Completions: Target 17 – Achieved 25) ATR Target not met: (Starts: Target 28 – Achieved 25; Completions: Target 16 – Achieved 14) Nationally and Regionally there are issues with regard to increasing number of DRR/ATR community sentencing Orders and increasing numbers into treatment. This is being addressed with a local (tri-borough) NPS lead appointed and a meeting has been set up outside the reducing re-offending panel to draft a localised action plan to overcome these issues.		

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3.5	ONGOING FOR 17-18 Continued use of town link radio, ensure all required persons are joined up / kept up to date. Provision of Deeper Lounge safe haven. Provision of Street Triage within Fiction night club.	Continued implementation of initiatives	Resourcing of initiatives Dependent on continued MOPAC funding	Apr 16 and ongoing	LBH Community Safety and Development	Havering Community Safety Partnership	LBH Community Safety	Town Link radios in Romford continues to work well. Still progressing the role out of Town link radios in Hornchurch. Deeper Lounge Continues to work in Romford on a Friday and Saturday The Role out of Safe Havens continue with 5 additional sites identified in qtr 1 and 2 this year Street Triage delivered on a Friday and Saturday night with 139 individuals supported to date this financial year.		

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3.6	ONGOING FOR 17-18 Develop and deliver a programme of work to address gang related offending and associated drug dealing , CSE and exploitation	Programme of work developed and delivered		Apr 16 and on-going	LBH Community Safety and Development	Havering Community Safety Partnership	LBH Community Safety	Serious group violence panel continues to meet monthly to work with identified nominals. MASE panel meets monthly to manage high risk associated with CSE Support for victims of CSE: This service was previously commissioned from the Children's society but decommissioned in quarter 4 of 2015-16 as the provider no longer had the capacity to meet the local demand. Service now being delivered in – house by support workers. This has greatly increased capacity of work that the service is able to deliver. A comprehensive problem profile has been completed and is being used to target problematic venues and hotspot areas. Gangs Awareness Training continued to be delivered during the year including in schools. Gangs Mentoring Programme is on target to hit its yearly target of 300 sessions.		

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3.7	ACTION COMPLETE – REMOVE FOR 17-18 Deliver training for Licensing Responsible Authorities on making effective representations in response to licensing applications.	Training delivered	Officer capacity Attendance by Responsible Authorities	Apr 16	LBH Licensing	All Responsible Authorities	LBH Community Safety	Training Session delivered.		
3.8	ACTION COMPLETE – REMOVE FOR 17-18 Delivery training for Licensing Committee members	Training delivered	Officer capacity	Apr 16	LBH Licensing	All Responsible Authorities	LBH Community Safety	Training delivered to Licensing Committee members (including for new Chair)		
3.9	ACTION COMPLETE – REMOVE FOR 17-18 Explore investment in mobile technology to enable frontline staff to capture data and intelligence, including as relates to drugs and alcohol	Exploration completed	Officer capacity	Tba	LBH Streetcare		LBH Public Health Service	Exploration completed.		

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Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Timescale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 16-17 activity**	**16-17 RAg**	**17- RAG**
3.10	ONGOING FOR 17-18 Training to be delivered to LBH frontline operatives to improve recognition of drug litter	Training delivered	Capacity of services	Mar 17 Revised Mar	LBH Streetcare LBH Commissioner	WDP Havering	LBH Public Health Service	Lack of capacity to arrange/deliver. Action carried forward to 17-		
3.11	ONGOING FOR 17-18 Prepare and consult on a Public Protection Order in Romford Town Centre	Reduction in street drinking in Romford Town Centre	Officer capacity	Apr 16	Community Safety and Development	MPS to enforce	LBH Community Safety	Consultation taking place (Mar 17)		
3.12	ONGOING FOR 17-18 Test cannabis-flavoured e-cigarettes to establish whether contents include cannabis	Test purchases made and contents analysed	LBH Licensing capacity	Dec 16	LBH Licensing	LBH Licensing – potential enforcement/ legal action	LBH Community Safety	Ongoing discussions between Trading standards and Community Safety regards how this can be progressed. Action to continue to 2017-18.		

Colour coded columns: Monitored by and Comments	Community Safety	Public Health	Children's Services	Adult Social Care		
Columns: 16-17 RAG & 17-18 RAG	Completed	Part completed	On track	Not completed	Not started	Not applicable

Objective 3: Preventing harm to the community										
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Timescale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 16-17 activity**	**16-17 RAg**	**17- RAG**
3.13	ONGOING FOR 17-18 Deliver Junior Citizen Programme to 1,500 year six children, including content on drugs/alcohol, and a specific gangs element	YP in Havering more aware of risks of substance misuse	Dependent on continued MOPAC funding Dependent on sign up form multi-agency partnership to support	Jul 16	LBH Community Safety and Development		LBH Community Safety	Junior Citizen scheme delivered in June / July over a two week period targeting 1400 year 6 pupils At the Safer Transport Day (August 11th 2016) the Junior Citizen Scheme engaged with primary school leavers using information and activities from the Junior Citizen Scheme. As a result a further 178 children have engaged with the Junior Citizen Scheme 2016. Bringing the total to 1578.		
3.14	ONGOING FOR 17-18 WDP to deliver training about drugs and alcohol to Early Help services	Training delivered	Service capacity	Mar 17 Revised Mar	LBH Commissioner Early Help	WDP Havering	LBH Public Health Service	Not completed – carry over to 2017		

Colour coded columns: Monitored by and Comments	Community Safety	Public Health	Children's Services	Adult Social Care		
Columns: 16-17 RAG & 17-18 RAG	Completed	Part completed	On track	Not completed	Not started	Not applicable

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3.15	ONGOING 17-18 Healthy Schools Network to showcase/share the successes of schools' own commissioned information sessions for increasing parental knowledge about engaging with their children on topics such as drugs and alcohol	Showcased event takes place	Recruitment of Healthy Schools Co-ordinator	16-17: Dec 16 17-: Mar	LBH Healthy Schools Officer	Healthy Schools Network (schools)	LBH Public Health Service	Healthy Schools Officer appointed Sept 16. A programme of termly network meetings has been developed, with a session planned on the topic of drugs and alcohol. See action 3.15b		
3.15 b	NEW FOR 17-18 Make further information re drugs and alcohol issues available on the schools portal.	Information uploaded to schools portal		Sept 17 and ongoing	LBH Healthy Schools Officer	Healthy Schools Network (schools)	LBH Public Health Service			
3.16	ONGOING 17-18 Continue to work with other enforcement agencies to target premises where intelligence indicated that non duty paid alcohol may be sold.	Joint working between enforcement agencies	Information / intelligence	Ongoing – as resources allow	Customs & Excise LBH Trading Standards	Metropolitan Police Service	LBH Community Safety	No joint working between LA and Customs since Sept 2015. However with effect from 6 April 17, Immigration becomes a Responsible Authority under licensing legislation. This will strengthen joint working going forward.		

Colour coded columns: Monitored by and Comments	Community Safety	Public Health	Children's Services	Adult Social Care		
Columns: 16-17 RAG & 17-18 RAG	Completed	Part completed	On track	Not completed	Not started	Not applicable

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD 19 July 2017

Subject Heading:	**Update on North East London Sustainability and Transformation Plan**
Board Lead:	**Conor Burke, Accountable Officer, Barking & Dagenham, Havering and Redbridge CCGs**
Report Author and contact details:	**Ian Tompkins, Director of Communications & Engagement, East London Health & Care Partnership 07879 335180** ian.tompkins@eastlondonhcp.nhs.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

This report provides a further update to the Board on the development of the East London Health & Care Partnership and the Sustainability and Transformation Plan, particularly in relation to finance, the governance arrangements and public engagement.

On 21 October we submitted an updated narrative, updated summary and delivery plans to address our local priorities to NHS England. Further work is continuing to develop the plan in more detail; additional updates will be presented to the Board as they become available. For more information go to http://www.nelstp.org.uk or email: enquiries@eastlondonhcp.nhs.uk

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

Note the report.

No formal decisions are required arising from this report.

REPORT DETAIL

1. Background

1.1 In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs).

1.2 For Havering, the work to develop the detail underpinning the STP is being taken forward jointly with Barking & Dagenham and Redbridge through the development of the business case for an Accountable Care Organisation. The issues that any ACO would need to address in order to achieve improved outcomes from health and social care, in the context of a financially sustainable health economy, will be reflected in the contributions from Barking & Dagenham, Havering and Redbridge to the East London STP.

2. Proposal

2.1 See Appendix 1

3. Engagement

3.1 We recognise that the involvement of local people is crucial to the development of the STP. Since we submitted the original draft STP in June 2016 we have been engaging partners, including Healthwatch, local councils, the voluntary, community and social enterprise sector, and patient representatives. The initial feedback we received on the original draft was incorporated into the revised STP for the October 2016 submission.

3.2 Work to obtain further feedback is ongoing. A series of public engagement events and activity is planned for the summer of 2017 onwards (See Appendix 1). Local Healthwatch organisations and others are also helping

us gather and understand the views of patients and communities. They will focus on gauging public views on a) promoting prevention and self-care b) improving primary care and c) reforming hospital services.

4. Financial considerations

4.1 The East London STP will include activities to address current financial challenges across the health and social care economy. The ambition is to ensure that all NHS organisations are able to achieve financial balance by the end of the five year period of the plan.

5. Legal considerations

5.1 The East London Health & Care Partnership Board is developing a plan as stipulated by the NHS England guidance.

6. Equalities considerations

6.1 An equality screening has been completed to consider the potential equality impact of the proposals set out in the East London STP. This can be viewed at http://www.nelstp.org.uk and includes:

- An overview of all the initiatives included in the East London STP narrative to determine at which level equality analyses should be undertaken i.e. East London STP level, Local Area Level, CCG/borough level or London-wide level.

- An initial assessment of the East London STP overarching 'Framework for better care and wellbeing'.

- Actions to be undertaken during further detailed equality analyses.

The screening recognises that the initiatives included in the STP will be implemented at different times, hence further equality analyses will need to be undertaken over the life of the STP programme.

Appendices

Appendix 1: General Update on the East London Health & Care Partnership April 2017

Appendix 2: East London Health & Care Partnership Transformation Priorities

Appendix 3: East London Health & Care Partnership Governance Structure

BACKGROUND PAPERS

None

- NHS Five Year Forward View https://www.england.nhs.uk/ourwork/futurenhs/
- Guidance on submission of Sustainability and Transformation Plans https://www.england.nhs.uk/wp-content/uploads/2016/05/stp-submission-guidance-june.pdf

Appendix 1: General update July 2017

Index

1. Background and context (our public narrative)

As more and more people choose to live and work in east London, the demand on health and social care services is at an all-time high. Our doctors, nurses, paramedics and other health and care professionals are looking after record numbers of people every day.

Despite the pressures, local hospitals are continuing to treat A&E patients as fast and effectively as any major western country. Our GP, mental health and community services are among the very best in the country, and local councils are providing vital care to the most vulnerable.

It's thanks to the dedication and hard work of the professionals involved, and the support of many thousands of voluntary carers, community and charity organisations across the area, we are getting the care we need.

But change must be allowed to happen, and things improved, if we are to protect the health and care services we value so much, not just for now but for future generations.

The NHS has constantly adapted and must continue to do so as the world and our health needs also change.

It is now able to treat people with new drugs and clinical care that wasn't available in the past. With it comes an increase in life expectancy, but also a rise in the ailments of old age. More people now have conditions like heart failure, arthritis and diabetes.

There are big opportunities to improve care by making common-sense changes to how the NHS has historically worked and bring it closer to the social care services run by local councils.

It's a chance to deliver improvements that matter – make it easier to see a GP; speed up cancer diagnosis; offer better support in the community for people with mental health conditions; provide care for people closer to their home.

If we do nothing and carry on providing services in the way we do now, without any changes, we will not only miss out on these improvements, we will fail to keep up with the growing demand and simply won't have enough money to keep services going.

In the east London area alone, there will be a £580m shortfall in funding within four years, by 2021. Services and facilities may have to close and standards of care suffer if not addressed.

Change is required, and fast, to help keep us healthy and well in the future and to receive care when we need it.

It's why neighbouring NHS hospitals, community and mental health trusts, family doctors, pharmacies, local councils and others have come together to plan for the future and redesign local health and care services to benefit us all – now and in the years ahead.

Working as the East London Health & Care Partnership, and backed by the leaders of all the organisations involved, they are combining their expertise and resources to develop ways of giving our nurses, doctors and care staff the best chance of success to look after us when we need them to.

Update

The Partnership was officially launched on 3 July at an event for representatives of the member organisations.

Around 350 people attended the event, which also featured an expo of the improvements already being made across east London and those planned for the future.

On 4 July, as similar event was held for other key partners and stakeholders. These included local business organisations and colleges, voluntary and community groups, charities and public and patient representatives.

Further events are planned for the early autumn onwards. This includes a health and housing forum to be held in Dagenham on 11 October, involving health and housing providers, and a series of staff and public engagement events across east London.

With a shared goal to help people live happy, healthy and independent lives, the Partnership's mission is to protect vital services and provide better treatment and care built around the needs of local people, safely and conveniently, closer to home.

A top priority is to reduce the pressures on our hospitals and accident and emergency departments. A&E is all too often used as the only door into health and care services, when ideally people should be should be supported by community staff and resources in their own homes.

The Partnership also wants better outcomes for cancer patients, people with diagnosed with diabetes and improvements to mental health services, and to help people become independent with access to care at home.

Reshaping services to provide them in the right place, where people need them most and supported by the right team of staff from across health and social care, is a key and urgent requirement.

The response to the demand on services needs to offer better alternatives that help prevent people's health deteriorating. This isn't to just make the most efficient use of the resources and money available, but to provide a better quality of care and services in the community, where local people have told us they want them.

Attempting to improve the hundreds of health and care services for the two million people of east London – a population expected to grow by around 30,000 more people in 2017 alone – is a daunting and complex task, but many of the most beneficial changes can be made quite simply.

Significant improvements are already being made by joining services up and people are starting to feel the benefit. The area now has some of the best care provision and facilities in the country, but there's still much to do.

Although they operate safely, some our hospitals aren't fully equipped to meet the needs of modern healthcare. Waiting times for appointments and treatments must be reduced. And more has to be done to safeguard our most vulnerable people.

'Busting barriers'

The East London Health & Care Partnership isn't afraid to tackle these challenges. It will build on the successes achieved so far and bring health and social care providers even closer together, breaking down any barriers as necessary.

The good work already being done to meet more localised needs will continue. The Partnership is not there to undo what works, slash budgets or act secretly behind closed doors. Instead, it will drive forward wider benefits that can only be achieved by everyone working together, coming up with new ideas and better ways of working that can put a stop to duplication and unnecessary expense.

The East London Health & Care Partnership's *Sustainability and Transformation Plan* (STP) sets out how these ambitions, and those of the wider NHS through its national *Five Year Forward View*, will be turned into reality.

It describes how the Partnership will meet the health and wellbeing needs of east London by improving and maintaining the consistency and quality of care, and plug the shortfall in funding of services.

The plan proposes improvements across the whole of east London, such as the availability and quality of specialist clinical treatments, how buildings and facilities could best used, particularly those in need of renewal, and the introduction of digital technology to enhance services for local people.

The overall aim is to make local health and care services sustainable by 2021, but the partnership is looking further ahead for longer-lasting solutions.

The involvement of councils, for example, enables the vision for better health and care provision to be aligned with the development of housing, employment and education, all of which can have a big influence.

The Partnership is committed to being transparent and engaging fully with key stakeholders and the wider public in the development of its plans.

But the biggest single factor in the long term is to prevent ill health – something we can all play a part in, everyone living and working in east London. It's not just down to the authorities.

Public health information and advice will be strengthened. Information and support to help us live healthier lives will be made more widely available – online and through social media. It's up to us to enjoy life to the full by doing those little things each day that help us stay healthy and fit.

We can watch what we eat and drink and get more active. We can go to the pharmacist and get advice from telephone and online services first rather than immediately going to the doctor or calling for an ambulance when we don't need to. We can educate our children about healthcare and plan for care when we are older. We can all do our bit.

If we do this, and get behind the work of the East London Health & Care Partnership, the prize is that we are able to lead happy, healthy and independent lives – but get the care we can trust and rely on when we need it. To win that prize is down to us all.

2. The STP in detail

The Sustainability and Transformation Plan (STP) sets out how local health and care services will transform and become sustainable over the next five years, building and strengthening local relationships and ultimately delivering the vision of the NHS Five Year Forward View.

Forty four such plans have been developed throughout England. They are geographically set around 'footprints' that have been locally defined, based on natural communities, existing working relationships, patient flows and taking into account the scale needed to deliver the services, transformation and public health programmes required.

Twenty organisations across eight local authorities have worked together to develop an STP for east London. They are:

NHS

CCGs: Barking & Dagenham; City & Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

'Provider' Trusts: Barking, Havering and Redbridge University Hospitals Trust; Barts Health NHS Trust; The Homerton University Hospital NHS Foundation Trust; East London NHS Foundation Trust; North East London NHS Foundation Trust

Councils

Barking & Dagenham; City of London Corporation; Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

The STP has been defined as one for north east London by NHS England, because it has divided the capital into five 'footprints': north east; north west; south east; south west; and north central.

Originally drawn up in June 2016, and then redrafted following engagement with key stakeholders, the STP was submitted to NHS England and NHS Improvement on 21 October 2016.

The plan is currently only a 'draft'. It will continue to evolve as the organisations concerned develop it further, agree shared solutions, and as we receive feedback from stakeholders.

The STP describes how the organisations involved in the partnership will:

- Meet the health and wellbeing needs of its population
- Improve and maintain the consistency and quality of care for our population
- Close the financial gap.

All of the organisations involved in the STP face common challenges, including a growing population, a rapid increase in demand for services and scarce resources. By working together they will be best placed to drive change and make sure health and care services in north east London are sustainable by 2021.

The STP builds on existing local transformation programmes and supports their implementation including:

- Barking and Dagenham, Havering & Redbridge (accountable care system) and Hackney devolution pilots
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The improvement programmes of our local hospitals, which include supporting Barts Health NHS Trust out of special measures.
- Vanguard projects eg Tower Hamlets Together

The organisations behind the STP are actively seeking to collaborate where it makes sense to do so, sharing learning from the devolution pilots and transformation programmes.

2.1 STP vision and priorities

The vision of the STP is to:

- Measurably improve health and wellbeing outcomes for the people of east London and ensure sustainable health and social care services, built around the needs of local people.
- Develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care.
- Work in partnership to commission, contract and deliver services efficiently and safely.

To achieve this vision, we have identified a number of key transformation priorities:

- The right services in the right place: Matching demand with appropriate capacity in east London
- Encourage self-care, offer care close to home and make sure secondary care is high quality
- Secure the future of our health and social care providers. Many face challenging financial circumstances
- Improve specialised care by working together
- Create a system-wide decision making model that enables place-based care and clearly involves key partner agencies
- Using our infrastructure better

Update

These priorities have now been categorised under four headings:

- **Healthy and independent local people**
- **Improving services**
- **Right staff, right place, right tools**
- **A well-run partnership**

More information on this is given in Appendix 2

To deliver the STP we are building on existing local programmes and setting up eight work streams to deliver the priorities.

The work streams are cross-cutting east London-wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

- Promote prevention and personal and psychological wellbeing in all we do
- Promote independence and enable access to care close to home
- Ensure accessible quality acute services
- Productivity
- Infrastructure
- Specialised commissioning
- Workforce
- Digital enablement

Each delivery plan sets out the milestones and timeframes for implementation.

The full STP, and eight delivery plans, can be found on our website www.eastlondonhcp.nhs

Update

The delivery plans are currently being refreshed. Updated versions are due to published in the autumn.

2.2 Partnership governance

The launch of the Sustainability and Transformation Plan (STP) process signalled the move towards working in larger geographical areas and the need to develop governance arrangements to support strategy development and change at a system level. To achieve this, 20 organisations in East London have been working together to develop the East London Health and Care Partnership (ELHCP which previously known as NEL) STP.

The Partnership governance structure is attached as Appendix 3.

Progress has been made in bringing the governance groups together.

Update

- **ELHCP Community Group – A council of local people, voluntary sector, and other key stakeholders to promote system wide engagement and assurance.**

  The primary role of this group is to act as a reference group to support the development of the Partnership's strategies, plans and activities and recommend

the most effective way for it to communicate and engage with its many different audiences.

A wide range of organisations and people (around 300 in total) from across east London have been invited to co-create the group.

An initial meeting was held on 4 July and attended by some 80 people. More information about this is given in section 4 on page 10 below.

- **ELHCP Mayors and Leaders Advisory Group - To provide a forum for political engagement and advice to the ELHCP STP**

  Cabinet members (health) from the eight east London councils have held three meetings to date to discuss how this Group could develop. See section 3 on page 9 below.

- **ELHCP Social Care & Public Health Group – Directors of Children's and Adult Services and Directors of Public Health**

  The directors of adult services are looking to set up a working group to look at the current and future challenges relating to the social care workforce across east London, including recruitment and key worker accommodation

- **ELHCP Assurance Group – An independent group of audit chairs and local authority scrutiny members to provide assurance and scrutiny**

  This Group is due to hold its first meeting soon. The INEL and ONEL JHOSCs are being invited to nominate members from each to join the Group.

- **ELHCP Finance Strategy Group -To provide oversight and assurance of the consolidated East London (EL) financial strategy and plans to ensure financial sustainability of the EL system.**

  This Group is now meeting regularly. It includes council and NHS chief finance officers among its members.

The arrangements are underpinned by a Partnership Agreement (see Appendix 4) which, while not legally binding, intends to ensure a common understanding and commitment between the partner organisations of:

- The scope and objectives of the ELHCP STP governance arrangements
- The principles and processes that would underpin the ELHCP STP governance arrangements

- The governance framework / structure that would support the development and implementation of the ELHCP STP

The Partnership Agreement has now been circulated to the member organisations of the ELHCP for signature.

3. Engagement with Local Authorities

Update

The ELHCP is engaging widely with stakeholders to shape its governance arrangements. Engagement with local authorities has been paramount and is being achieved through various forums.

There are now three local authority representatives on the Partnership board:

- **Tim Shields, LB Hackney (for City and Hackney)**
- **Kim Bromley-Derry, LB Newham (for Newham, Tower Hamlets and Waltham Forest)**
- **Andrew Blake-Herbert, LB Havering (for Barking & Dagenham, Havering and Redbridge)**

Cabinet members (health) from the eight east London councils have held three meetings to date to discuss how the Mayors and Leaders Advisory Group could develop.

At the most recent meeting, on 23 June, the cabinet members expressed a strong desire to be more involved in the work of the Partnership, and the shaping of ideas, especially in the development of proposals around accountable care systems and a single accountable officer role. A similar request for more involvement has come from the various Health & Wellbeing boards and some scrutiny committees.

The Partnership chair, Rob Whiteman, and exec lead, Jane Milligan, are now exploring ways of doing this, including having political representation on the Partnership board and in the development of the transformation programmes.

The cabinet members have also been asked to nominate fellow members to join the Community Group (referred to in 2.2 on page 7 above).

Scrutiny members are being asked to join the Assurance Group. The INEL and ONEL JHOSCs have been invited to nominate members from each to join this Group, but this may end up happening on an individual borough basis.

The Partnership is also actively encouraging local authority officers to be involved in the transformation work streams listed on page 7 above.

4. Involving local people and communications/engagement generally

STPs have been widely criticised for being put together too hastily with little consultation.

The timescale set by NHS England to produce the initial plans was tight. As a consequence, there was only a limited time for engagement. Some key stakeholders felt disengaged from the process, as did patient representatives. Also, much of the detail behind the plans was initially kept under wraps giving rise to accusations of secrecy and the STPs being seen as no more than 'hit lists' and cuts to services.

NHS England acknowledges this criticism, but it caused significant reputational damage to what is a genuine and necessary attempt to deal with very real challenges.

The immediate priority of our communications and engagement strategy has therefore been to repair that damage.

Most, if not all, of our key stakeholders recognise and understand the challenge. We now need to rebuild their trust and confidence and engage with them in a more positive way so they are involved in developing shared solutions.

A starting point has been to talk about a partnership rather than a plan. It is why we have changed our name to the East London Health & Care Partnership.

The STP itself is still being referred to as such, but it is just one of many things the organisations involved can do together to protect and improve health and care services for the people of east London. Our plans to explore the link between housing and health, starting with a forum about this on 11 October, is one example

It was also felt east London was a more appropriate and familiar way of describing the area as a whole rather than north east London – the name used by the health service to denote the area.

Next is to communicate in an open and honest way; unravel the jargon, speak in plain and simple language and be accessible and transparent. Most importantly, we must listen to what people have to say.

Relevance is also important. Our communications will reflect a knowledge and understanding of the many different audiences we want to reach and be targeted to suit each group. What does it all mean for them? How are their interests being taken into account? What part can they play?

Local relevance and insight is particularly important. We will work closely with our communications and engagement colleagues in the partner organisations at borough level to make full use of their knowledge and networks.

An online Briefing Room has been set up as a central source of information and materials for members of the Partnership to adapt and use in local communications and engagement activities. This includes narratives around the STP (what it is and what it isn't); the various transformation plans and programmes (as they emerge); facts and figures; presentations (tailored for specific audience); information videos; and case studies.

At the heart of our stakeholder engagement will be the Community Group – a subgroup of the East London Health and Care Partnership.

Representing key partners and stakeholders, community organisations (including Healthwatch and patient and public involvement groups), the Voluntary, Community and Social Enterprise sector (VCSE), professional bodies and trades unions, the Group's purpose is to act as a reference arm of the Partnership – helping it develop plans and activities and recommending the most effective ways for it to communicate and engage with its target audiences.

Update

Many organisations have been invited to join the Community Group and there has been significant interest from across east London.

A first get together of interested parties was held on 4 July at Stratford. The event was chaired by Howard Dawber, managing director of the Canary Wharf Group and chair of trustees of the East End Community Foundation.

Around 80 people attended the meeting, representing a diverse range of organisations from the London Fire Brigade and London Ambulance Service to local colleges, universities, charities and voluntary groups. Local councillors, Healthwatch members and patient representatives were also present.

Participants were asked to give their views and ideas on some of the biggest issues in the area, such as the shortage of key workers, signposting of services and prevention of illness.

Notes from the event will be published in July and a further series of meetings are planned for September onwards, after the peak holiday period.

In the meantime, some of the organisations and public and patient representatives are being invited to take part in some of the Partnership's workstreams and other activities, such as improvements to the signposting of services.

A determined effort is also being made to involve young people in the Community Group.

Another key audience is, of course, frontline staff – not just those in the NHS, but in councils too. Their buy-in is key and we have started engaging with them to create understanding about what the Partnership, and the STP, means to them.

We very much want staff to be involved in shaping services and our internal communications will reflect this. They will recognise the contribution everyone has to make, encouraging and valuing people's achievements, opinions and ideas.

If we are to give staff the effective help and support they need it's vital we listen to what they have to say, and demonstrate what we do as a result.

While staff and the other key stakeholders in the Community Group are taking precedence in the immediate future, we eventually want to reach out and engage with as many people as possible, including the wider public.

Update

The Partnership's website has been rebuilt, with an improved design. (www.eastlondonhcp@nhs.uk)

An easy guide to what the Partnership plans to do and what it means for local people is to be published on the website in July. Printed copies will be made available for people that don't have access to the internet and extracts will be placed in local publications.

Social media and YouTube will also be used to raise awareness of the challenges to health and care in east London, promote service improvements and run prevention campaigns.

The Partnership is also planning a series of public engagement across east London in the autumn. Some of these will take the format of TV's Question Time programme, giving people the opportunity to get answers to their concerns and debate popular topics.

The Partnership communications and engagement team are working closely with their 300 plus colleagues in the member organisations to create shared opportunities to increase audience reach and give consistent messaging. They are also forging links with wider comms networks across London, including those in other boroughs, the Met Police, London Fire Brigade, TfL, professional organisations, eg Royal College of Nursing, and national charities. The Partnership's comms and engagement is seen as trailblazing in its field.

Appendix Two

East London Health & Care Partnership

Transformation Priorities

Four big issues and four Priorities

1	2	3	4
Poor health, growing population & more demand	Variable access and quality of services	Lack of workforce, poor technology and buildings	Unaffordable health & social care system
Healthy & independent local people	**Improving services**	**Right team, right tech, right place**	**Well run partnership**
•Preventing ill health and lose of independence •Tackling inequalities •Good mental well-being	• More services out of hospital and integrated in primary, mental, social & community care • Improved priority services: maternity, mental health, cancer, urgent & emergency care • Strong hospital & specialist services	•Healthy work places •Skills & career development, recruitment & retention •Housing for key workers •Digital & online services •Better buildings	• Partnerships • Productivity – value for money • Better organised - new organisations bringing together providers & commissioners • Living within our means

Our story

The transformation agenda for health and social care across East London is significant and exciting. We are challenging ourselves to be clear that more of the same isn't enough, or will provide fit for purpose health and care going forward. These are the four big challenges the ELHCP want to tackle:

1. Healthy and independent local people

- We have one of the largest and fastest **population** growth rates in the country - 18% over the next five to ten years
- This is both growth of a younger population and also the older population
- East London also has a transient population and areas of intense **health inequalities** and deprivation
- People want their **whole health and social care needs** considered as one and we too often treat and manage people in parts, in particular not making sure that people's mental as well as physical health are treated equally. We have also traditionally focused more on resourcing physical health needs than mental and well-being needs.

2. Improving services

- **Resources** (capacity) are not necessarily in the right part of the system, often still tied up in acute hospitals rather than in the **community,** where people tell us they want them.
- Access is too often through A&E, at a point of crisis. The front door to the system should be people's own front doors with care provided by multi-disciplinary teams across health and social care, supported by the voluntary sector and our strong local communities.
- The problem with accessing care in a crisis through A&E means our solutions tend to be too much about providing care around a few hundred hospital beds, rather than care around the one and half million beds in people's own homes.
- This support should be centred in the home, and using digital technology and more self-care support to prevent crisis and maintain independence.
- It's not only about demand and capacity not lining up, the **quality** of some of our services and the outcomes people get are variable –and we want the best standard for everyone across East London
- Access to primary care is **variable** and the Care Quality Commission has highlighted services, **quality** and **outcomes** across our providers that need to improve
- Some services are not as **resilient** as they could be, for example primary care and urgent and emergency care services
- We have a long history of innovation through working with patients and clinicians to co-design individual components of care, but this hasn't been easy to spread more widely.

Our story

3. Right team, right tech, right place

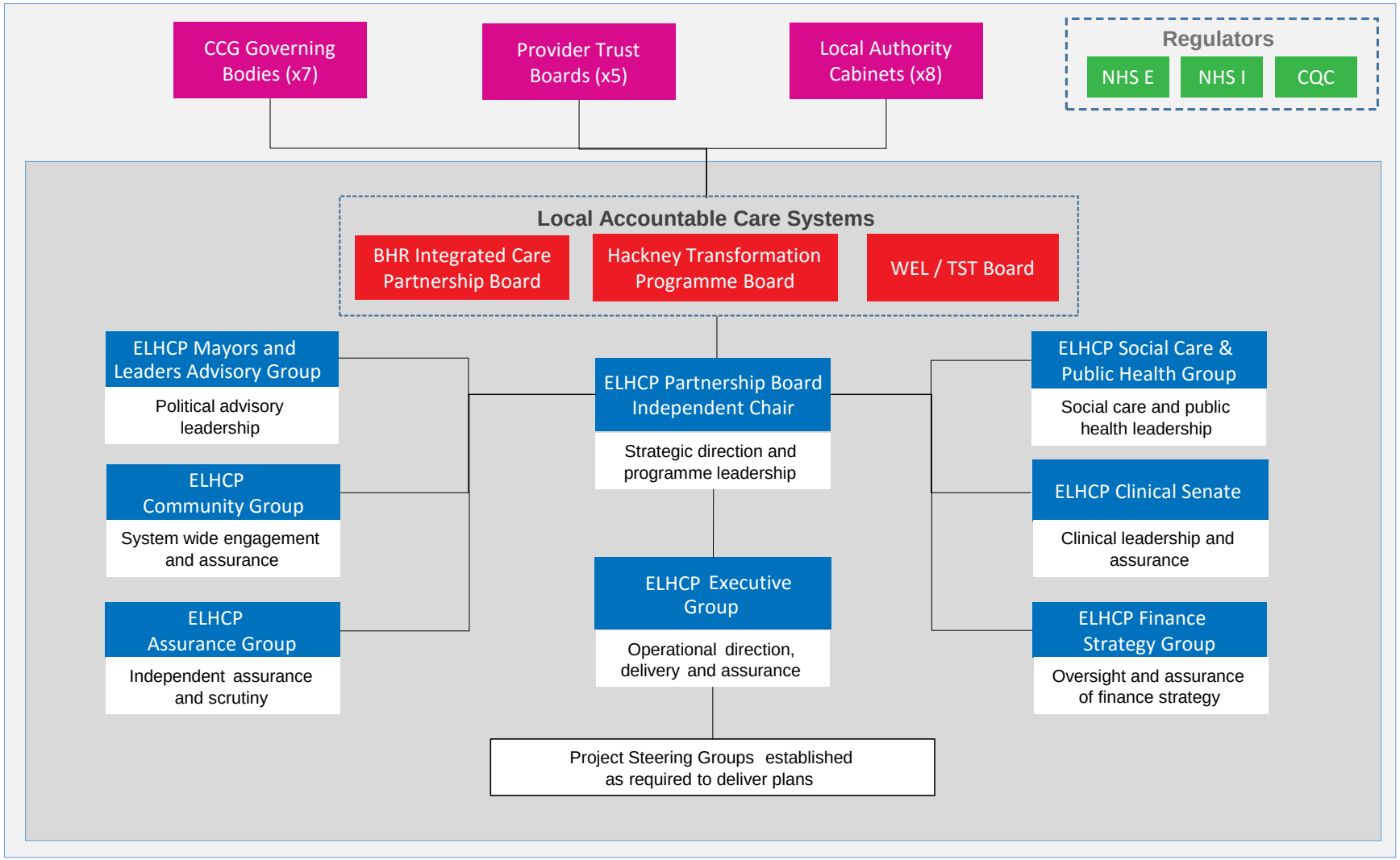
- We have the opportunity to innovate training, roles and ways of working. It's about the right care, at the right time, in the right place and most importantly – the right team.
- Community–based working often gives more autonomy to staff and releases them to innovate and provide whole person care- and this is important, as not only is capacity not always in the right part of the system, but we need new types of roles, development opportunities and ways of working as finding and keeping the **workforce** these days is challenging, especially with the cost of living and housing in London.
- We also have serious challenges our estates and technology. We have some of the best buildings, but also others that are not fit for purpose, such as Whipps Cross Hospital. We also have estate with old hospital buildings that could be re-purposed used for new integrated health and social care facilities, creating health campuses
- People live their lives on their smart phones now and there is an urgent need for health and social care services to become more **digital friendly**

4. Well run partnership

- Ultimately all our challenges above mean that the **financial** as well as service and quality sustainability of our health and care system is impacted. There is scope to be more productive and if we do not seize the opportunity our financial challenges and sustainability will continue and service stability will be affected.
- In recent years the system has become **fragmented**: causing duplication, not always working to the best advantage for the patient or local people and putting artificial barriers between professionals and organisations across health and local government services. We need to make sure we are organised well and working in partnership.
- Individual institutions will not address the financial or quality goals we have, and in order to get the best of our collective resources we need to transform how we work together using a **partnership** approach, rather than working with an individual organisation focus.

East London Health & Care Partnership

Governance structure



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Havering Health and Wellbeing Board - Forward Plan 2017/18

All meetings will start at 1pm (until 3pm) Rooms to be confirmed for each meeting.

HWB Meeting 20 September 2017. Deadline for papers **1 September 2017** To be held in room tbc	
Update on Referral to Treatment Delays	Sarah Tedford / Louise Mitchell
Health watch Havering Annual Report	Anne-Marie Dean
East London Health and Care Partnership Update	Ian Tompkins
Local Plan Development	Neil Stubbings
STEND Executive Board Update	Tim Aldridge
Integrated Care Partnership adult service pilot communications plan (deferred from July)	Keith Cheesman
Forward Plan	
HWB Meeting 15 November 2017. Deadline for papers **27 October** be held in room tbc	
East London Health and Care Partnership Update	Ian Tompkins
Forward Plan	
HWB Meeting 31 January 2018. Deadline for papers **12 January 2018** To be held in room tbc	
East London Health and Care Partnership Update	Ian Tompkins

Havering Health and Wellbeing Board - Forward Plan 2017/18

Forward Plan	
HWB Meeting 14 March 2018. Deadline for papers **23 February 2018** To be held in room tbc	
Update on East London Health and Care Partnership	Ian Tompkins
Health Protection Forum Report	
Obesity Strategy	Mark Ansell
Report from End of Life Steering Group	
Forward Plan	

Previous Board meetings and topics covered

HWB Meeting 10 May 2017. Deadline for papers **28 April 2017** To be held in room tbc	
Update on Referral to treatment delays	Sarah Tedford / Louise Mitchell
Update on STP	Ian Tompkins
Integrated Care Partnership	Barbara Nicholls/ Alan Steward
Dementia Strategy- for sign off	Andrew Rixom, on behalf of CCG

Havering Health and Wellbeing Board - Forward Plan 2017/18

Health and Wellbeing Strategy: extension to June 2019	Mark Ansell
Refreshed Health and Wellbeing Board Strategy Dashboard/indicator Update	Mark Ansell
Forward Plan	
HWB Meeting 19 July 2017. Deadline for papers **6 July 2017** To be held in room tbc	
Havering CAMHS Update	Jacqui Van Rossum
CCG System Delivery Plan (originally scheduled for May Meeting)	Alan Steward
CCG - Consultation on Service Restriction	Alan Steward
Havering End of Life Care Annual Report 2016/17	Gurdev Sani
Better Care Fund Planning for 2017-19	Keith Cheesman / Caroline May
BHR Transforming Care Partnership Plan update	Lee Salmon
Integrated Care Partnership Progress Report	Keith Cheesman
Drugs and Alcohol Strategy Update	Elaine Greenway
East London Health and Care Partnership Update	Ian Tompkins

Havering Health and Wellbeing Board - Forward Plan 2017/18

Forward Plan	

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Health and Wellbeing Board Strategy: Indicator Set
Board Lead:	Mark Ansell, Acting Director of Public Health
Report Author and contact details:	Elaine Greenway Elaine.greenway@havering.gov.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

It was agreed by the Health and Wellbeing Board that the refreshed Health and Wellbeing Board Strategy should be supported by a high-level indicator set that reflects the priorities and themes of the Strategy.

At the May meeting the Board considered a proposal regarding the indicator set. This was set out as:

- A short list of core indicators that had been suggested because they provide a good overview of the health of residents and the quality of care services available to them
- Additional indicators covering those topics that are of current and special interest to the Health and Wellbeing Board. It was explained that these will change over time, with indicators being removed, and further indicators being added
- A long list of further indicators that had not been included on the core list, but which members could consider for inclusion

It was also proposed that the Health and Wellbeing Board receive a calendar of annual reports (both from groups accountable to the HWB and on topics not currently covered by the governance structure).

The Health and Wellbeing Board agreed the approach in principle, and were asked to provide feedback to the author about the indicators by 31 May. It was also agreed that the Chairman may take action to agree the final indicator set, taking into account feedback received.

The attached paper sets out the final set of indicators agreed by the Chairman after taking into account feedback received.

RECOMMENDATIONS

The Health and Wellbeing Board to agree that the Indicator Set be included as a reference paper for each meeting, noting that many of the indicators will remain unchanged where data are published annually.

The Health and Wellbeing Board to note that the content of the Indicator Set will be reviewed when the Strategy is rewritten (in 2018)

In addition to the Indicator Set and annual cycle of reports, the Health and Wellbeing Board is asked to agree that the Board receives the following annual reports:

- Public Health Outcomes Framework
- Adult Social Care Framework
- CCG Outcomes Indicator Set

REPORT DETAIL

No further detail

IMPLICATIONS AND RISKS

None

BACKGROUND PAPERS

Indicator Set

Health and Wellbeing Board Indicator Set: July 2017

The following high-level indicator set reflects the priorities and themes of the Health and Wellbeing Board Strategy. The first 10 core indicators provide an overview of the health of residents and the quality of care services available to them. Below the core indicators are additional indicators covering those topics of current and special interest to the Board which will change over time.

#	Indicator	What is *Good*?	Trend	Havering		Comparators						Period
				Count	Rate (%)	London	RAG	England	RAG	Target	RAG	
1	Healthy life expectancy, male	High	-	66	-	64		63		-		2013-15
2	Healthy life expectancy, female	High	-	65	-	64		64		-		2013-15
3	Physically active adults	High	-	-	55	58		57		-		2015
4	Overweight (including) obese children, Year 6	Low	↑	993	37	38		34		-		2015/16
5	Achieving a good (or better) level of development at age 5 (EYFSP)	High	-	-	71	71		69		73		2016/17
6	Good blood sugar control in people with diabetes	High	-	-	52	58		60		-		2015/16
7	A&E attendees discharged with no investigation and no significant treatment (provisional data - to be confirmed by CCG)	Low	tbc	8,568	-	-		-		tbc		2016/17
8	NHS friends and family recommendation of NHS Havering GPs	High	-	215	88	88		89		-		April 2017
9	Satisfaction with Adult Social Care services	High	-	-	62	60		64		-		2015/16
10	Mortality attributable to air pollution	Low	-	-	5.1	5.6		4.7		-		2015
11	Prescribed Long acting reversible contraception (LARC) excluding injections	High	-	1,350	2.8	3.6		4.8		-		2015
12	Referral to treatment	High	↑		88%					92%		Mar-17

Trend rating: ↑ Increasing / better; ↑ Increasing / worse; ↓ Decreasing / better; ↓ Decreasing / worse

RAG rating: Significantly better than comparator; Similar to comparator; Significantly worse than comparator; Comparison not made

There are nearly 250K Havering residents. An increase of 10% in the last 10 years, with similar growth projected for the coming decade. Havering has the oldest population in London (46K residents aged 65 and older, 14K aged 80 or older) but the number of births each year has increased by 33% in the last 10 years to nearly 3.3k. Havering is gradually becoming more ethnically diverse, but 83% of residents are White British; a higher proportion than both London (45%) and England (80%). Havering is relatively affluent, but 10K children and young people aged <20 live in low income families and there are pockets of significant deprivation to the north and south of the borough. Average life expectancy is better than the national average with a significant gap berween the least deprived and deprived areas. Most residents enjoy good health but 18% of working age people have a disability or long term illness.

#	Indicator	Description
1	Healthy life expectancy, male	The average number of years a male newborn would expect to live in good health based on mortality rates and self-reported good health
2	Healthy life expectancy, female	The average number of years a female newborn would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health
3	Physically active adults	Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer recommended guidelines
4	Overweight (including) obese children, Year 6	Proportion of children aged 10-11 classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex
5	Achieving a good (or better) level of development at age 5 (EYFSP)	Percentage of pupils achieving at least the expected level in the Early Learning Goals within the three prime areas of learning and within literacy and mathematics; this is classed as having a good level of development
6	Good blood sugar control in people with diabetes	The percentage of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol (equivalent to HbA1c of 7.5% in DCCT values) or less (or equivalent test/reference range depending on local laboratory) in the preceding 12 months
7	A&E attendees discharged with no investigation and no significant treatment	Havering GP-registered patients who attend BHRUT A&E who are discharged without an investigation and with no significant treatment; this suggest that attendance at A&E was not appropriate
8	NHS friends and family recommendation of NHS Havering GPs	The Friends and Family Test asks patients how likely, on a scale ranging from extremely unlikely to extremely likely, they are to recommend the service to their friends and family if they needed similar care or treatment
9	Satisfaction with Adult Social Care services	The percentage of adult social care survey respondents who expressed strong satisfaction with the care and support services they received
10	Mortality attributable to air pollution	Percentage of annual all-cause adult mortality attributable to human-made particulate air pollution (measured as fine particulate matter <2.5µm)
11	Prescribed Long acting reversible contraception (LARC) excluding injections	Percentage of LARC excluding injections prescribed by GP and Sexual and Reproductive Health Services per 100 resident females aged 15-44 years; a high figure suggests that there is access to a choice of contraceptive methods
12	Referral to treatment	tbc

See **This is Havering** for further key geographic and socio-economic facts and figures https://www.havering.gov.uk/info/20073/public_health/405/haverings_health