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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD
AGENDA

1.00 pm	Wednesday, 15 November 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 Gina Shakespeare, Director of Delivery and Performance, BHR CCGs
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:
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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.

To note that Gina Shakespeare, Director of Delivery and Performance, BHR CCGs has replaced Alan Steward as a member of the Board.

13.00

2. APOLOGIES FOR ABSENCE

(If any) – receive.

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.

4. MINUTES (Pages 1 - 42)

To approve as a correct record the minutes of the Committee held on 20 September 2017 (attached) and to authorise the Chairman to sign them.

Note: Due to part of the meeting of 20 September 2017 being inquorate, agenda items 13-14 are resubmitted from that meeting in order to take any comments in addition to those shown in the notes of the meeting (attached).

Resubmitted items:

Agenda item 13. The Development of a Joint Havering and Barking & Dagenham Suicide Prevention Strategy (report attached)

Agenda item 14. East London Health and Care Partnership (report attached)

13.05

5. ACTION LOG

Officers will confirm that all actions have now been completed.

6. TERMS OF REFERENCE - REVISION RE ALTERATION OF QUORUM (Pages 43 - 46)

Report attached.

Anthony Clements

13.15

7. LOCAL PLAN DEVELOPMENT (Pages 47 - 52)

Report attached.

Chris Hilton

13.20

8. PUBLIC HEALTH OUTCOMES FRAMEWORK (Pages 53 - 72)

Report attached.

Andrew Rixom

13.35

9. INTEGRATED CARE PARTNERSHIP/LOCALITY WORK (Pages 73 - 76)

Report attached.

Andrew Blake-Herbert/Barbara Nicholls/Tim Aldridge

13.45

10. DRAFT HAVERING AUTISM STRATEGY (Pages 77 - 106)

Report attached.

Lee Salmon

14.00

11. MAYOR OF LONDON DRAFT INEQUALITY STRATEGY (Pages 107 - 120)

Report attached.

Mark Ansell

14.15

12. SUICIDE PREVENTION STRATEGY (Pages 121 - 144)

Report attached.

Mark Ansell/Raj Kumar

14.30

13. PHARMACEUTICAL NEEDS ASSESSMENT (Pages 145 - 154)

Report attached.

Andrew Rixom

14.45

14. EAST LONDON HEALTH AND CARE PARTNERSHIP UPDATE (Pages 155 - 188)

Attached.

Ian Tompkins

15. HEALTH AND WELLBEING INDICATOR SET (for information) (Pages 189 - 192)

Attached.

Mark Ansell

16. FORWARD PLAN (Pages 193 - 198)

Attached.

14.55

17. DATE OF NEXT MEETING

Wednesday 31 January 2018, 1 pm, Havering Town Hall, committee room 3B.

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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Town Hall
20 September 2017 (1.00 - 3.05 pm)

Present:

Elected Members: Councillor Wendy Brice-Thompson (Chairman)

Officers of the Council: Andrew Blake-Herbert (Chief Executive), Tim Aldridge (Director of Children's Services), Barbara Nicholls (Director of Adult Services) and Mark Ansell (Interim Director of Public Health)

Havering Clinical Commissioning Group: Dr Gurdev Saini (Board Member Havering CCG) Louise Mitchell

Other organisations: Anne-Marie Dean (Healthwatch Havering) Carol White (NELFT)

Also Present:

Pippa Brent-Isherwood, Head of Business and Performance, LBH
John Green, Head of Joint Commissioning, LBH
Lee Salmon, Learning Disabilities and Autism Commissioning Manager
Caroline Penfold, Head of Children and Adults with Disability Services, LBH
Matthew Henshall, NELFT
Ian Tompkins, East London Health and Care Partnership
Elaine Greenway, Acting Consultant in Public Health, LBH

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

18 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Roger Ramsey, Robert Benham and Gillian Ford. Apologies were also received from Barbara Nicholls (Keith Cheesman substituting) Dr Atul Aggarwal, Conor Burke (Louise Mitchell substituting) Alan Steward Matthew Hopkins, Ceri Jacob and Jacqui van Rossum (Carol White substituting).

19 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

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

The minutes of the meeting of the Board held on 19 July 2017 were agreed as a correct record and signed by the Chairman.

21 UPDATE ON REFERRAL TO TREATMENT DELAYS

It was noted that BHRUT had met the target of 92% of patients waiting less than 18 weeks for treatment in June 2017 and that this was ahead of schedule. Governance measures had been put in place by the Trust to track performance in this area and figures on this would continue to be provided in the performance dashboard until the Board decides that this indicator should be removed.

The Board:

- Noted that BHRUT had delivered the national RTT standard for June 17 (July data was not yet published nationally at the time of the meeting, but unvalidated data suggested the Trust had achieved the standard for a second month).
- Noted progress of RTT activity and the reduction in long waiting patients
- Noted progress with the clinical harm reviews of patients who had waited a long time for their treatment
- 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.

22 LOCAL PLAN DEVELOPMENT

It was agreed that this item would be deferred to the next meeting of the Board.

23 JOINT COMMISSIONING STRATEGY

Officers explained that one aim of strategy was on building integrated services at locality level. Ongoing contract management was very important and a partnership approach was used with providers in order to achieve the desired outcomes.

Commitments in the Better Care Find were also aligned with the joint commissioning strategy and it was also important to establish the correct interface with BHRUT. Opportunities were also being sought for joint commissioning with neighbouring boroughs.

It was accepted that there were conflicting priorities with the need to save money whilst ensuring a sustainable market that delivered safe, high quality care.

The strategy gave the direction of travel for commissioning going forward.

The Board noted the draft joint commissioning strategy.

24 TRANSFORMING CARE PARTNERSHIP: SIX MONTH UPDATE

The Transforming Care Plan had been compiled at the request of NHS England in response to the Winterbourne scandal to minimise / avoid the need to place people with learning disabilities out of borough. This review related to the first year of operation. There were three years left on the current plan and it was aimed to reduce the number of in-patients beds commissioned. There were currently 11 out of borough placements which it was hoped to decommission in due course if local provision could be strengthened. Further analysis was being undertaken of the likely cost of care.

It was accepted that housing issues were a significant pressure and officers also wished to improve workforce development. Progress reports were received via the Partnership Board.

It was suggested that future reports should give more details about which services were being strengthened. Housing issues could also be discussed with NHS Property.

Officers would circulate the full Transforming Care Partnership Plan stocktake report.

The Board noted the report and the current performance and progress that had been made in developing the BHT Transforming Care Partnership vision to date.

25 BETTER CARE FUND 2017-19 SUBMISSION

Due to the requirement to resubmit the plan by 25 September 2017, the Chairman had agreed to deal with this item as an urgent matter pursuant to section 100B (4) of the Local Government Act 1972.

The three-borough plan had been submitted to NHS England on 11 September. Following national guidance, the plan had included a forecast of local Delayed Transfers of Care (DTOCs) and this had indicated delivering the same level of figures as the previous year. NHS England had since asked for a stretch target of a further 8-9% reduction in the level of DTOCs and for figures to be broken down on a monthly rather than quarterly basis.

A seasonal profile had been submitted in the plan which met the overall target and any differences were accounted for in the submission narrative. NHS England had however responded that the forecast for DTOCs in November 2017 was non-compliant. If this target was not met, there was a

risk of Havering's funding being reduced and it had therefore been requested that the submission be changed.

Retaining the existing plan was likely to see funding reduced and expenditure of this being taken over by NHS England. Alternatively the submission could be changed to meet the DTOC target. It was noted that there had been new money for social care announced in the Budget statement and that the Local Government Association was no longer supporting the process which was controlled by NHS England.

The Board AGREED in principle to resubmit the plan and further agreed that the final decision be delegated to the Council Chief Executive in order to allow further discussion of the issue, including with the Board Chairman and the Leader of the Council.

26 **CAMHS TRANSFORMATION**

The CAMHS service was now housed in a new building and was fully integrated with the paediatric service. A different model of CAMHS service had also been developed with the establishment of an I-Thrive model. Three new staff had been recruited including a support time & resilience worker and there had been a lot of interest in the recruitment for the posts.

Local resources had been mapped in order to establish what support could be provided to young people. Children could now move more easily between different services offered under the model. A 'Silent Secret' phone app had also been developed by NELFT which covered how advice and care could be accessed by young people, including services available via Skype, Facetime etc. It was accepted that more promotion of the app was needed which could be linked with World Mental Health Day on 10 October and with the communications strategy for localities.

The crisis and acute provision for young people available at the Brookside Unit was also now under a new model. A home treatment team for children and young people had been introduced which helped keep children and young people out of hospital beds. A visit to view the Brookside unit could be arranged for Board members.

Self-harm was an continuing issue for children . It was highlighted that personality disorder is not diagnosed in children and adolescents because symptoms evolve throughout formative years. Despite this, there may be indications of emerging personality disorder.

The move of CAMHS services to the new building (the Acorn Centre) has resulted in co-location with other services such as occupational therapy, which had had a positive impact on CAMHS.

It was noted that the locality model work linked CAMHS with school nursing services although more consideration needed to be given to how best to link schools with CAMHS.

The Board noted the update.

27 HEALTHWATCH HAVERING ANNUAL REPORT

The Chair of Healthwatch Havering thanked other local organisations that had worked with Healthwatch including BHRUT and NHS Improvement. The Healthwatch report on the NELFT Street Triage Service had been considered by overview and scrutiny at the Council and referred to the Crime and Disorder Sub-Committee.

Healthwatch would be undertaking a major project this year looking at services for visual impairment and blindness.

The Board noted the Healthwatch Havering Annual Report for 2016/17.

28 SEND EXECUTIVE BOARD UPDATE

Support for children with special education needs or disabilities was detailed in each child's Education, Health and Care Plan. The SEND Executive Board represented many different sectors and oversaw work in this area.

A high needs review was being undertaken which was required to show what value and outcomes were achieved for children with high needs. The budget for this area in Havering was approximately £21 million. Focus groupwork had been undertaken with head teachers and parents and the review also included sharing with schools the challenges of using resources as effectively as possible.

A new special free school for children with autistic spectrum disorder was under development although this project was in its early stages. The planning process for Education, Health and Care plans was being improved and a presents' representative was on the panel overseeing this work. A web-based hub system was also being developed where schools and parents could request plans for children.

The Board noted the update.

29 DATE OF NEXT MEETING

15 November 2017, 1 pm, Havering Town Hall.

Chairman

NOTES OF AN INQUORATE MEETING OF THE HEALTH AND WELLBEING BOARD, 20 SEPTEMBER 2017

AGENDA ITEM 13: THE DEVELOPMENT OF A JOINT HAVERING AND BARKING & DAGENHAM SUICIDE PREVENTION STRATEGY

It was noted that this strategy was required to be agreed by the end of 2017.

Subject to confirmation by the full Board, it was agreed:

- to note that that there is a joint strategy in development
- to receive and comment on the final draft strategy and action plan in November 2017
- that, in order to meet the deadline that plans be produced by end 2017, the Chairman may subsequently take action to approve final versions of the strategy and action plan
- to confirm that, for Havering, the governance of the Suicide Prevention Strategy will be to the Mental Health Partnership Board (the governance of the MHPB is to the HWB)

AGENDA ITEM 14: EAST LONDON HEALTH AND CARE PARTNERSHIP

Work on the partnership (ELHCP) was linked to the emerging Accountable Care Systems and involved not just NHS and Local Authority staff but also the voluntary sector and organisations such as Healthwatch. Work was continuing on the payments systems issue and there would be further engagement on this.

A health and housing conference had been arranged for 18 October and thanks were recorded to Andrew Blake-Herbert and Barbara Nicholls for their agreeing to participate. A Flu campaign would commence on 9 October and a NHS winter plans campaign was scheduled for November 2017.

It was noted that the London Fire Brigade was keen to be involved with health work and include this in the Brigade's visits to schools.

Subject to confirmation by the full Board, the report was noted.

AGENDA ITEM 15: FORWARD PLAN

It was noted that the suicide prevention strategy would be included on the agenda for the next meeting. It was also suggested that the annual statement on the three outcomes strategies should be included.

AGENDA ITEM 16: DRAFT REFRESHED HEALTH AND WELLBEING BOARD STRATEGY INDICATOR UPDATE (for information)

The information was noted.

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HEALTH & WELLBEING BOARD

Subject Heading:	Progress with development of a joint suicide prevention strategy between Havering and Barking & Dagenham
Board Lead:	Mark Ansell
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

More than 6,000 people in the UK took their own lives in 2014 which equates to one suicide related death every two hours. In Barking and Dagenham, and Havering there were 80 lives lost to suicide in 2013-15. Every life lost to suicide is a tragedy and many suicides are preventable. Therefore, local authorities are required to have a local strategy and action plan for suicide prevention by the end of 2017. In Havering, prevention of suicide and self-harm is one of the themes of Havering's Mental Health Partnership Board.

Havering Council's public health service and Barking & Dagenham's public health service are collaborating on leading the development of a joint suicide prevention strategy and action plan.

A steering group was formed in June 2017 which is responsible for developing the draft strategy and action plan. The group is chaired by the LBH Director of Public

Health, with the BHR CCG mental health lead as Vice Chair. It is attended by partners that include BHRUT, NELFT, Police, drug and alcohol treatment service, adult social care, safeguarding leads, Crossrail, etc.

A workshop for wider engagement is planned for October to further develop the draft strategy and action plan.

It is proposed that the final draft strategy and action plan be presented to the November meeting of the Health and Wellbeing Board for consideration and comment.

RECOMMENDATIONS

The Health and Wellbeing Board is asked

- to note that that there is a joint strategy in development
- to receive and comment on the final draft strategy and action plan in November
- that, in order to meet the deadline that plans be produced by end 2017, the Chairman may subsequently take action to approve final versions of the strategy and action plan
- to confirm that, for Havering, the governance of the Suicide Prevention Strategy will be to the Mental Health Partnership Board (the governance of the MHPB is to the HWB)

REPORT DETAIL

No further detail

IMPLICATIONS AND RISKS

As this is a joint strategy and action plan, there is a risk that B&D HWB and Havering HWB may have differing views about the strategy and thus the strategy may not be agreed within the timescale required (i.e. by end 2017).

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BACKGROUND PAPERS

Health and Wellbeing Board members may wish to consider the document “Suicide Prevention: A guide for local authorities” available at https://www.local.gov.uk/sites/default/files/documents/1.37_Suicide%20prevention%20WEB.pdf

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HEALTH & WELLBEING BOARD 20 September 2017

Subject Heading:	**Update on East London Health & Care Partnership and NEL 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.eastlondonhcp.nhs.uk or email: enquiries@eastlondonhcp.nhs.uk

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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). The STP for East London is being developed by the East London Health & Care Partnership. The plan is known as the NEL STP because the NHS has divided London into five areas: north east; north central; north west; south west; and south east.

1.2 For Havering, the work to develop the detail underpinning the NEL 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 NEL STP.

2. Proposal

2.1 See Appendix 1

3. Engagement

3.1 We recognise the involvement of local people is crucial to the development of the NEL 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 NEL 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 NEL STP. This can be viewed at http://www.eastlondonhcp.nhs.uk and includes:

- An overview of all the initiatives included in the NEL STP narrative to determine at which level equality analyses should be undertaken i.e. NEL 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.

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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: What East London Health & Care Partnership is doing and what it means for local people

Appendix 4: East London Health & Care Partnership governance structure

IMPLICATIONS AND RISKS

None

BACKGROUND PAPERS

None.

Appendix 1: General update September 2017

Index

1. Background and context (our public narrative)

As more and more people choose to live and work in east London, and more of us are living longer, 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 as our population grows faster than in any other part of the country.

Despite immense 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 that 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 our community and our health needs also change.

It is now able to treat people with new drugs and clinical care that weren't available in the past. With this comes an increase in life expectancy, but also a rise in the ailments of old age. More people now have conditions including heart disease, arthritis and Type 2 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.

This a chance to deliver improvements that matter:

- to make it easier to see a GP;
- to speed up cancer diagnosis;
- to offer better support in the community for people with mental health conditions;
- to provide care for people closer to their home.

If we do nothing and carry on providing and using 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 as now.

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 will suffer if not addressed urgently.

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

We all have a part to play in this – all of those providing the services, and all of us using them. We can all do our bit.

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.

The organisations behind the Partnership are:

NHS

Clinical Commissioning Groups

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

With a shared goal to help people live 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 supported by NHS 111 staff, GPs, 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, supported by the right team of staff from across health and social care, with the right resources, 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 just to 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, such as the elderly, disabled and those with mental health difficulties.

'Barrier busters'

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 between them 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 Partnership's main priorities are:

- To help local people live healthy and independent lives
- To improve local health and care services and outcomes
- To have the right staff in the right place with the right resources to meet the community's needs
- To be a well-run, efficient and open Partnership

It's NEL Sustainability and Transformation Plan (STP) sets out how these priorities, and those of the wider health and care sector, will be turned into reality.

The plan 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 plugging the shortfall in funding of services.

It proposes improvements that can benefit the whole area. This includes the availability and quality of specialist clinical treatments, a better use of buildings and facilities and the introduction of digital technology to improve services for local people.

The STP is not the only thing the Partnership is doing to help local people live healthy and independent lives.

The involvement of councils is enabling the provision of health and care services to be aligned with the development of housing, employment and education, all of which can have a big influence.

But the biggest single factor in the long term is to prevent ill health and in particular deaths caused by the effects of lifestyle choices such as diet, lack of exercise and smoking.

This is something we can all play a part in – everyone living and working in east London. It's not just down to the authorities. It's up to all of us to do those little things each day that help us stay healthy and fit.

And it's not just about watching what we eat and drink, or being more active. It's about using services in the right way.

Rather than immediately going to the doctor or calling for an ambulance when we don't need to, we can go to the pharmacist and get advice from telephone and online services first.

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 being able to lead healthy and independent lives, and get the care we can trust and rely on when we need it.

2. The NEL STP in detail

The *NEL Sustainability and Transformation Plan (NEL 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.

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

- Barking and Dagenham, Havering & Redbridge (BHR)
- City and Hackney
- 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 NEL STP are actively seeking to collaborate where it makes sense to do so, sharing learning from the devolution pilots and transformation programmes.

2.1 NEL STP vision and priorities

The vision of the NEL 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

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 NEL 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.

The work streams 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.uk

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

A summary of what the Partnership is planning to do across services, such as urgent and emergency care, primary care and mental health, and what it means for local people, is given in Appendix 3.

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).

The Partnership governance structure is attached as Appendix 4.

Progress has been made in bringing the governance groups together.

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

  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 nearly 100 people and work to develop the group is ongoing. More information 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 setting 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. Borough scrutiny committees are being invited to nominate members to join the Group.

- ELHCP Finance Strategy Group -To provide oversight and assurance of the consolidated east London financial strategy and plans to ensure financial sustainability of the 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

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. This includes having political representation on the Partnership board and in the development of 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 want 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 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 health and housing, starting with a conference on 18 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 NEL 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.

Part of the Partnership's governance structure, the Community Group's principal purpose is to act as a reference group to support the development of the Partnership's strategies, plans and activities and recommend the most effective ways for it to communicate and engage with its many different audiences.

Nearly 100 representatives from the voluntary, business, education, health and care sectors attended an event on 4 July for stakeholders and partners that could form our Community Group.

It is in effect a 'group of groups', made up of a range of people from professional organisations, the education and business sector to voluntary organisations, local councillors, Healthwatch and other patient and public groups.

How such a wide and diverse group comes together and gets involved, and how the Community Group develops, is still 'work-in-progress'. A working group of some of those that attended the event on 4 July is helping plan the next steps.

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

A determined effort is also being made to involve young people in the Community Group. This is currently being progressed through local councils, NHS organisations, colleges and universities.

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.

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 September. Printed copies will be made available for people that don't have access to the internet, with extracts placed in local publications.

Social media and YouTube are also being 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 to hold a series of public engagement events across east London during the late autumn and winter.

Designed in collaboration with local councils and NHS organisations, with at least one major event in each borough, the events will be used to create awareness and understanding of what the Partnership is doing and what it means for local people. The larger events will feature a 'Question Time' session, and current and planned improvements to services will be showcased in a mini expo.

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 leading in the STP field.

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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 place, right resources**	**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 place, right resources

- 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

Urgent & Emergency Care

What are we doing?

- Providing better information to the public on where to get the most appropriate healthcare.
- Launching a new, improved NHS 111 Integrated Urgent Care (111 and Clinical Advice Service) and working towards improved links with other health services eg Mental Health, GPs, Pharmacists, Urgent Treatment Centres, ambulance services and community health professionals.
- Improving access to weekend and evening GP appointments as well as introducing the chance to be seen not just in person, but on the phone or online.
- Creating Local HealthCare Hubs bringing community nurses, GPs, mental health staff and other NHS specialists under one roof in community settings.
- Creating consistent Urgent Treatment Centres, so people understand what treatment can be given there
- Creating special areas in the hospital for specific emergency conditions so that people do not need to stay overnight in a hospital bed when there is no medical need for this.

What does it mean local people?

- You will be able to understand the range of local healthcare services available and how to access them.
- By calling or contacting NHS 111 Integrated Urgent Care (111 and Clinical Advice Service) you will be able to access the most appropriate clinical advice on where your health needs will best be treated as close to your home as possible.
- You will be able to book GP appointments more easily and these will be also be available in person during evenings and the weekends as well as over the phone and online. You will be able to be seen by a range of healthcare professionals in your community in new Local HealthCare Hubs more quickly.
- Wherever you live in east London, you will be able to be seen at our Urgent Treatment Centres for the treatment of minor injuries, including broken bones and minor burns.
- You are likely to be satisfied with your experience as a patient because we will be reducing the time you need to spend in hospital.

East London Health & Care Partnership

Primary Care

What are we doing?

- Improving access to weekend and evening GP appointments as well as introducing the chance to be seen not just in person, but on the phone or online.
- Creating Local HealthCare Hubs bringing community nurses, GPs, mental health staff and other NHS specialists under one roof in community settings.

Quality improvement

- Helping practices improve the experience of their patients
- Helping practices improve services for people with long term conditions
- Helping practices become a better place to work and remove administrative headaches
- Training staff in proven improvement techniques
- Sharing solutions that work across east London
- Established an east London Primary Care Partnership for Quality improvement Board which will enable acceleration of quality improvement approaches, learning and case studies across the whole area.

Provider development

- Helping GP federations develop to improve care, reduce overheads and give primary care a stronger future
- We are bringing GP federations and networks together to share learning and experience, and solve common challenges - we have recently set up an east London Primary Care Provider Forum.
- Establishing a range of online resources that GP federations and practices can use to take forwards quality improvement

Workforce development

- Working out what mix and number of staff will be needed going forwards and how to find and train them
- Working together to retain current staff for longer, making east London an attractive place to work for new recruits

What does it mean local people?

- More time with GPs to avoid rushed appointments and increased accurate diagnosis.
- Patients being able to book appointments quickly, within a reasonable timeframe and a pre-booked one if they wish.
- Patients being able to see a preferred clinician if they wish to wait longer for an appointment.
- Patient access to reliable information about the practice so that they can make their own decisions
- Patients not only being able to book appointments via telephone but by other means, such as through the internet website, emails, digital TV or by text.
- Increased access to a range of health professionals to provide care best suited to individual needs
- Better support and information to enable the public to take better control of their own health.
- A service that treats patients as people not numbers.

East London Health & Care Partnership

Digital

What are we doing?

- Enabling GP appointments to be booked online.
- Allowing people to view their own health and care records.
- Putting more services, such as some GP consultations and mental health services, online.
- ·Improving information systems and sharing records to allow health and care professionals to work closer together.

What does it mean local people?

- You will be able access health and care services more quickly and easily.
- You will be able to book GP appointments or talk to your GP online.
- Doctors and other care professionals will be better placed, with the right information, to help prevent illness and give you better care, should you need it.
- You will be able to get care closer to home, or in your home.
- You will have better information on how to stay healthy and well.

East London Health & Care Partnership

Mental Health

What are we doing?

- Working with partners to address the wider determinants of mental health eg access to accommodation, education and employment.
- Supporting the roll out of digital self-management tools such as the London Digital Mental Wellbeing Service (www.digitalwellbeing.london).
- Developing an east London-wide suicide prevention strategy.
- Supporting employers to improve staff mental health and emotional wellbeing via programmes such as Mental Health First Aid.
- Developing our talking therapies services so they are more appointments with reduced waiting times.
- Integrating mental health services into GP surgeries, A&E and General Hospitals.
- Developing perinatal mental health services for expectant mums and mums of new babies.
- Improving services for people experiencing a crisis by ensuring everyone in crisis can access mental crisis support 24/7.
- Delivering mental health treatment at home.
- Delivering specialist mental health services for children and young people closer to home.
- Developing a new Child and Adolescent Mental Health Psychiatric Intensive Care Unit here in East London.

What does it mean local people?

- Improved access to and shorter waiting times for psychological therapies.
- A wider range of mental health services to be accessible via your GP
- Your mental and physical health and social care needs treated as one, wherever and whenever necessary.
- Enhanced support to access the right education, employment and accommodation opportunities for people with mental health issues.
- People in east London will have access to the same range of mental health services wherever they live.

East London Health & Care Partnership

Cancer

What are we doing?

- Ensuring that we are seeing all patients who need an urgent appointment within 2 weeks.
- Making sure that patients are receiving their tests and diagnostics on time to enhance early diagnosis and treatment and improve cancer survival.
- Educating GPs and other professionals to improve better communication with hospital consultants.
- Encouraging patients in east London to take up their screening.
- Improving IT and administrative processes to make sure the cancer referral pathway is effective and patients' care is integrated.
- Listening to patients and carers to ensure that we keep improving their care with all our partners.
- Working with Public Health services to improve prevention and lifestyle choices.

What does it mean local people?

- If you are referred urgently by your GP or another health care professional you will get seen within two weeks.
- If you have a cancer diagnosis, you will receive treatment quickly in order to improve your chances of survival.
- A number of health and social care professionals will be involved in your care to ensure your care is integrated.
- Your experience of care will be positive because we are listening and making improvements.
- If you take up screening when you get an appointment, you are likely to receive early detection and treatment.
- If we in east London improve our lifestyle choices, fewer of us will develop cancer.

East London Health & Care Partnership

Maternity

What are we doing?

- Working with and listening to local women in East London to understand their needs and design care based on those needs.
- Working to ensure that unbiased information regarding choice of place of birth is available for women.
- Ensuring the workforce is sustainable in the next 5 - 10 years to cope with the level of births in East London.
- Ensuring safe and high quality care for all mothers and babies.
- Working together to ensure each woman receives continuity of care with the same staff members throughout her pregnancy and birth

What does it mean local people?

- You will be able to see one or two midwives throughout your pregnancy to ensure continuity of care.
- If you have a long-term condition such as diabetes, or you are having twins or other multiples, you will be seen by your midwife and obstetrician regularly and may be referred to a specialist
- You will be able to use a website or app to give you more information about the places available to you to give birth in East London.
- The plan for care during your pregnancy will be developed and agreed between you and your midwife or obstetrician.
- Your overall experience of care during and after your pregnancy will be positive and of high quality.

East London Health & Care Partnership

Medication

What are we doing?

- Following national recommendations from NHS England we will review the prescribing of certain medicines, where there is either limited evidence for their effectiveness or for which there are safer alternatives. This will ultimately save money for NHS reinvestment.
- Buying specific medicines (biosimilars such as anti-inflammatory medicines infliximab and etanercept) from alternative better value suppliers, which saves money for re-investment.
- Reducing medicines waste may involve the empowerment of patients, encouraging them to take charge of their overall health. This could lead to better outcomes e.g. medication reviews with pharmacists that identify medications that are no longer needed.
- Decreasing antibiotics resistance by reducing the amount and type prescribed and educating patients and prescribers on the importance of completing courses of anti-biotics in the instances where they are necessary.
- A review of the pharmacy workforce; analysing the benefits of increasing the presence of clinical pharmacists within GP practices and/ or clinics in order to help ensure the right medicines, at the right time for the right patients.

What does it mean local people?

- You will be able to get professional medical advice for all minor ailments in all pharmacies, including out of hours pharmacies.
- Pharmacists will also give you consistent advice on the nature of medicines available to buy over the counter and available on prescription and point you in the correct direction for your symptoms.
- You will not be prescribed anti-biotics unless they are essential.
- You will be less likely to be kept in hospital waiting for medicines to be prescribed.
- The cost of prescribing medicines to you as a tax-payer will be less, meaning funds can be allocated to other parts of the health and care service.

East London Health & Care Partnership

Prevention

What are we doing?

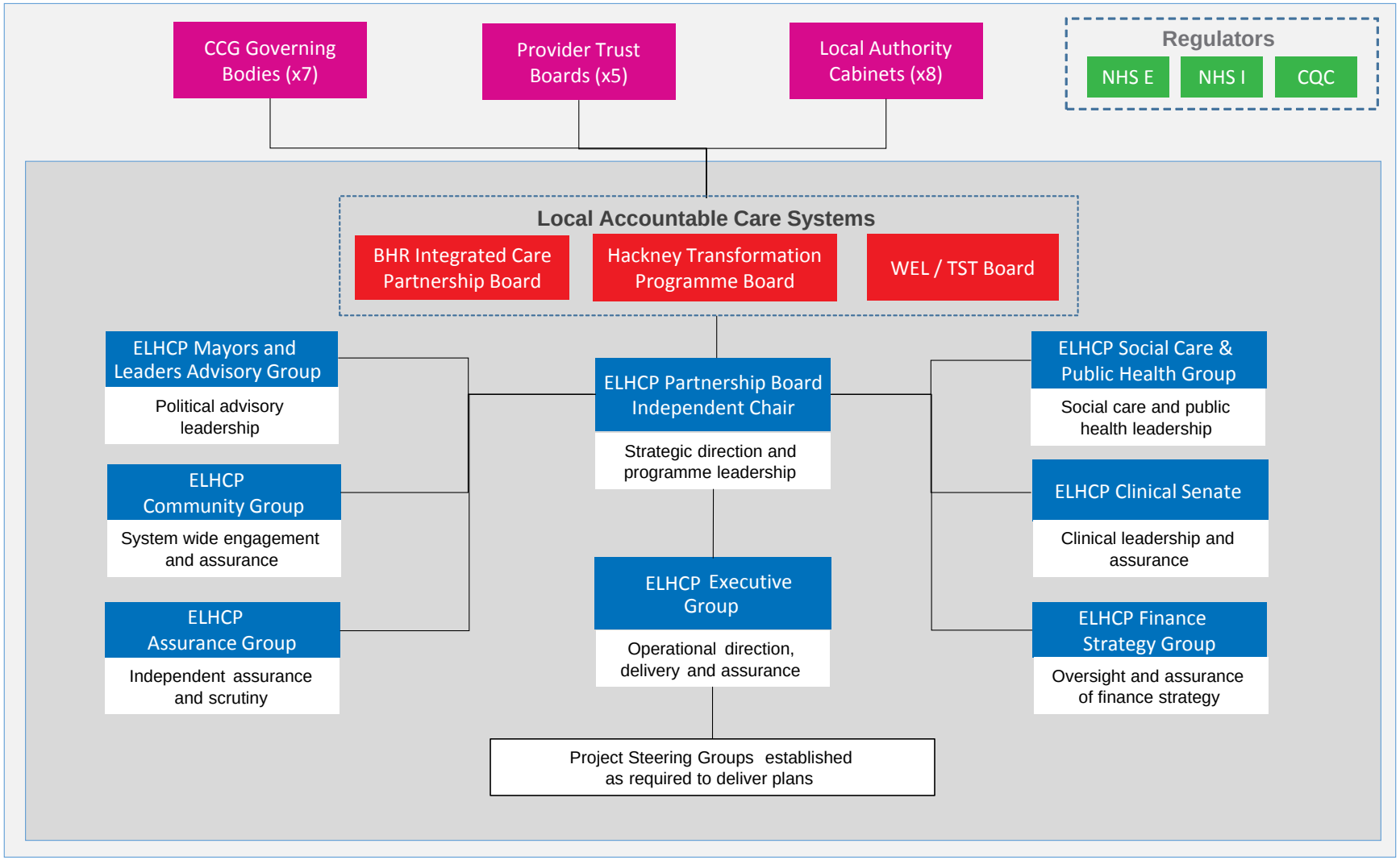
- Building better support into our hospitals, mental and community health services to help smokers quit.
- Improving workplace health across east London, starting with the NHS. Because happier, healthier NHS staff means better healthcare for patients.
- Improving screening processes to better identify those at risk of contracting Type 2 diabetes, and offering courses to help those people change their lifestyles.
- Standardising care for people with Type 1 and Type 2 diabetes in GP surgeries and hospitals across east London.
- Empowering people, through flexible self-care course, to better look after their diabetes and avoid unnecessary hospital trips.
- Working with local schools, education institutions, local employers, libraries and voluntary services, to provide better support for young people with diabetes, taking into account their social and economic context.

What does it mean local people?

- Better support to quit smoking, with help and advice available at many health and care centres, workplaces and online.
- Better screening, treatment and support for diabetes.
- New services to help young people, and pregnant women, manage diabetes better.
- Better opportunities and more support to stay healthy at work.
- Greater consistency of healthcare opportunities and support across east London.

East London Health & Care Partnership

Governance structure



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Havering
LONDON BOROUGH

HEALTH AND WELLBEING BOARD, 15 NOVEMBER 2017

Subject Heading:	Health and Wellbeing Board Terms of Reference – Revision re Alteration of Quorum
London Borough of Havering Officer Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Anthony Clements, Principal Committee Officer, anthony.clements@onesource.co.uk., Tel: 01708 4330655
Policy context:	The lowering of the quorum for meetings will allow more effective functioning of the Health and Wellbeing Board
Financial summary:	There are no financial implications of the decision.

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

Havering will be clean and its environment will be cared for	[]
People will be safe, in their homes and in the community	X[]
Residents will be proud to live in Havering	[]

SUMMARY

Following a recent inquorate meeting of the Board, this report recommends that the quorum for meetings of the Board be reduced from nine to six members, in line with the quorum level for other Committees of the Council

RECOMMENDATIONS

1. That the Health and Wellbeing Board agree that the quorum be reduced from nine to six members of the Board.

2. That the relevant paragraph of the 'Reporting and Governance' section of the Board's Terms of Reference be amended to read as follows:

    - The Board is quorate when 6 members are present.

REPORT DETAIL

1. The meeting of the Health and Wellbeing Board that took place on 16 September 2016 was not quorate for part of its length due to a number of apologies having been received. This meant that, although productive discussions took place, it was not possible to take formal decisions on several items.

2. In light of this, it is suggested that an amendment be made to the Board's Terms of Reference in order to lower the quorum for meetings of the Board from nine to six members. The will also bring the Board in accordance with the quorum level for other Council Committees of a similar size.

3. The proposed amended wording for a section of the Board's Terms of Reference is as shown in recommendation 2 above and it is suggested this will be reduce the likelihood of meetings of the Board being inquorate in the future.

IMPLICATIONS AND RISKS

Financial implications and risks: None.

Legal implications and risks: None.

Human Resources implications and risks: None.

Equalities implications and risks: None.

BACKGROUND PAPERS

None.

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Local Plan Development
Board Lead:	Cllr Wendy Brice-Thompson
Report Author and contact details:	Chris Hilton, Assistant Director of Development chris.hilton@havering.gov.uk 01708 434844

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 an update on the progression of the Havering Local Plan and discusses the role of the Local Plan in promoting and influencing health and well-being.

RECOMMENDATIONS

Board members are asked to review the report and note its content.

Havering
LONDON BOROUGH

REPORT DETAIL

1. Background - The Havering Local Plan

1.1 The Council is currently consulting on a new Local Plan for Havering which will guide future growth and development within the borough up to 2031. The Plan sets out the Council's vision and strategy and the planning policies that are needed to deliver them. The Plan indicates the broad locations in Havering for future housing, employment, retail, leisure, transport, community services and other types of development. Once adopted, the Local Plan will be the primary tool used for assessing planning applications.

1.2 Over the lifetime of the Local Plan the population of the borough is expected to continue to grow and become more diverse. There is a need to build more homes and develop the infrastructure to accommodate this growing and changing population. The Local Plan seeks to ensure that there is the necessary growth in homes, jobs and critical infrastructure to support and sustain new and existing communities.

1.3 A key challenge is how to provide sufficient homes and infrastructure for a growing and changing population, whilst at the same time promoting health and wellbeing and facilitating healthy lifestyles. There is a need to improve health and wellbeing in Havering and reduce health inequalities and the Local Plan has an important role to play. This is explored in further detail below.

2. Planning for Health

2.1 The Council recognises that health and wellbeing is influenced by the natural and built environments. Carefully planned environments provide the circumstances where good health can be more easily achieved and where the healthier option is the easier and more obvious choice. Prevention, we know, is better than cure. If local residents chose not to smoke, drank less, had better diets and were more physically active, poor health could be avoided from the outset. Good planning can help design out environments that can contribute to obesity and can also facilitate community cohesion, social interaction and reduce opportunities for criminal and anti-social behaviour which can all impact on the wellbeing of Havering's residents.

2.2 Although it is difficult to quantify, with precision, the impact of the built and natural environment on health, research does seem to consistently report that the majority of health outcomes are explained by factors other than healthcare. Public Health England published a report in 2017 '*Spatial Planning for Health: An evidence resource for planning and designing healthier places'* which examined the existing health and built environment evidence base, identifying relevant built environment topics, planning principles and characteristics that are associated, or thought to have an association with, health outcomes. The report highlighted the importance of planning in places and communities that encourage healthier choices.

3. The Local Plan and Health

Local Plan - Health Impact Assessment

3.1 One way to influence and promote health and wellbeing through new development is to ensure that the Local Plan is sufficiently robust to maximise health gains and mitigate any potential negative impacts. In 2016/17 a desktop Health Impact Assessment (HIA) was undertaken as part of the preparation of the Local Plan.

3.2 HIA is a process that can help to evaluate the health effects of a plan or project in recognition that where we live, how we travel, and how we gain access to green space or leisure activities can all have a significant impact on health and wellbeing. HIA provides an opportunity to ensure that the potential impacts on health and wellbeing, particularly where there may be inequalities in outcomes for marginalised or disadvantaged groups, are addressed from the outset and mitigated where possible.

3.3 Using the London Healthy Urban Development Unit (HUDU) HIA tool, the Local Plan and all of the underpinning policies were assessed according to the following eleven topics:

(i) Housing quality and design
(ii) Access to healthcare services and other social infrastructure
(iii) Access to open space and nature
(iv) Air quality, noise and neighbourhood amenity
(v) Accessibility and active travel
(vi) Crime reduction and community safety
(vii) Access to healthy food
(viii) Access to work and training
(ix) Social cohesion and lifetime neighbourhoods
(x) Minimising the use of resources

(xi) Climate change

3.4 Under each of the topics above, the HUDU tool poses a range of questions against which the draft Local Plan and supporting policies were considered, taking into account Havering's population profile and health needs.

3.5 In response to the findings and recommendations of the HIA revisions were made to the Local Plan. Some of the key actions taken were:

- Embedding health and wellbeing throughout the Local Plan, recognising that the health challenges of non-communicable diseases, health inequities and inequalities are hugely influenced by the environment
- Developing a specific Health and Wellbeing Policy to highlight the importance of health and wellbeing to those wishing to develop and invest in the borough
- Ensuring strong support for active travel options
- Strengthening policy support for independent living and adaptations to facilitate this.

Health Impact Assessments for Major Development Proposals

3.6 The HIA of the Local Plan has resulted in a new planning policy that will require all major development proposals (typically over 10 residential units or 1,000sqm of commercial floorspace) to be accompanied by a HIA when they are submitted to the Council for planning approval.

3.7 The purpose of this policy approach is to ensure that health and wellbeing is given full consideration as individual sites come forward for development and the potential health impacts of the proposed development are taken into account from the outset. It will build on the overarching position provided by the Local Plan and will give the Council more leverage in seeking improvements to the quality of development schemes from a health perspective.

3.8 In order to help developers and planners take this approach forward and to achieve maximum health benefits the Public Health Service will be developing detailed guidance for developers and will deliver training to the planning department.

Local Plan - Community Infrastructure

3.9 The Local Plan has a key role in facilitating the delivery of additional infrastructure which is needed to support the population and housing growth that is expected over the next 15 years. There is a clear recognition in the Plan of the importance of securing new infrastructure to support growth and tackle existing issues and to make sure that the community in Havering is well served by the facilities it requires.

3.10 The Council has prepared an Infrastructure Delivery Plan (IDP) which seeks to identify the infrastructure that will be needed in Havering. The IDP covers a wide range of infrastructure requirements including health and social care.

3.11 The Council has worked closely with the Havering Clinical Commission Group (CCG) to understand what healthcare facilities are required. Officers have been involved in the preparation of the CCG's Havering Primary Care Infrastructure Capacity Plan (2017) to ensure that health care requirements and the way in which the CCG is seeking to transform and deliver health services in future is fully reflected in the IDP and Local Plan.

3.12 As a result of infrastructure needs assessment and close working with the CCG, the Local Plan has been able to identify the need for new facilities and provides planning policy support for the provision of a new health hub in Romford, new health facilities in the south of the borough at Rainham, the north west of the borough and at the former St Georges Hospital site.

3.13 The Local Plan provides a platform from which to secure major infrastructure investment and will put the Council and CCG in a much stronger position to push for the improved infrastructure needed to support growth.

4. Next Steps

4.1 As mentioned in section 1.1 the Council is currently consulting on the Proposed Submission Havering Local Plan. The consultation is due to close on Friday 29th September. Following the consultation the Council will submit the Local Plan and any representations received to the Secretary of State for Communities and Local Government who will appoint an independent Planning Inspector to undertake an Examination in Public. Only once the Inspector has found that the Plan is acceptable can the Council then adopt the Local Plan. It is anticipated that adoption will be in Spring 2018.

Havering
LONDON BOROUGH

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no financial implications arising from this report.

Legal implications and risks:

There are no legal implications arising from this report.

Human Resources implications and risks:

There are no HR implications arising directly as a result of this report.

Equalities implications and risks:

There are no legal implications arising from this report.

BACKGROUND PAPERS

None

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	**Public Health Outcomes Framework report**
Board Lead:	**Mark Ansell Director of Public Health, LB Havering**
Report Author and contact details:	**Andrew Rixom Consultant in Public Health, LB Havering**

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 annual report to the Health and Wellbeing Board from the Director of Public Health on the indicators for Havering in the Public Health Outcomes Framework (PHOF) is attached.

PHOF is an extensive set of 219 indicators that describe life expectancy; the determinants of health (e.g. education, employment and environment); health improvement (e.g. obesity, diet and smoking); health protection (e.g. vaccination and screening); and health care and the prevention of early death (e.g. deaths under the age of 75 from heart disease).

The report highlights those indicators where Havering is significantly better or worse than London or England. Information on all the indicators is given an appendix.

For those indicators which are worse there is an assessment on whether it might be possible to improve them in the short, medium or long term dependent on priorities and investment.

Havering
LONDON BOROUGH

RECOMMENDATIONS

That the Health and Wellbeing Board notes the report.

REPORT DETAIL

Please see attached report

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

LONDON BOROUGH OF HAVERING

Public Health Outcomes Framework 2017

Summary for Havering

Comparison report based on May 2017 data

Version 1.0
(November 2017)

By Public Health Intelligence
London Borough of Havering

Contents

Introduction

This report summarises indicators on the health and wellbeing of residents of Havering and compares them with London and England. They have been prepared nationally for the Public Health Outcomes Framework[1] (PHOF) and describe:

- Overarching health (e.g. life expectancy)
- The determinants of health (e.g. education, employment and environment)
- Health improvement (e.g. obesity, diet and smoking)
- Health protection (e.g. vaccination)
- Healthcare and preventing early death (e.g. deaths under age 75 from heart disease)

The five areas cover 66 outcomes with a total of 219 indicators. Many are descriptive and not suitable as performance indicators as they relate to a whole lifetime, for example early death from lung cancer caused by 50 years of smoking. Others are more immediately changeable, for instance rates of attending screening for cancer. But action to achieve any change may be easier locally (school readiness) or nationally (childhood obesity). The detail of all the indicators and their rankings is given in the appendix, along with additional technical guidance and web links.

Indicator highlights

For Havering the indicators are generally good. About 50% are the same as London or England, 35% are better and 15% are worse. Those that are worse are summarised by area below and some of those areas where Havering is better are also highlighted. The detail for all 219 indicators is in Appendix 2.

Overarching health – focuses on life expectancy and life expectancy in good health. All these indicators are the same as London. In comparison with England life expectancy tends to be better in Havering. To increase these all the indicators in the other areas need to improve.

Improving the determinants of health – Havering is significantly worse than London and England for pupil absence and for level of development at the end of Reception year for those receiving free school meals. These are probably alterable locally in the medium term. The third poor outcome is the proportion of adults with learning disability who live in stable and appropriate accommodation. This should be modifiable locally in the short term.

Havering is significantly better in some areas, particularly those related to crime and children living in low income families. Statutory homelessness is significantly better than London but still worse than England.

Health improvement –Locally the healthy behaviours that are significantly poor are: mothers who smoke during pregnancy and around delivery, initiating breast feeding, newborn hearing tests, children aged 10-11 years and adults who are overweight, eating *5-a-day*, attending bowel cancer screening, completing alcohol misuse treatment, released prisoners attending alcohol and drug services, and invitations and attendance at NHS Health Checks. These are modifiable locally in the short to medium term, apart from obesity that requires long term national action.

[1] Public Health Outcomes Framework, Public Health England. http://www.phoutcomes.info (accessed 25.08.17)

Havering is better than London and England for admission for alcohol related conditions, emergency admissions for self-harm, admissions for falls, and cancer screening rates.

Health protection –Havering has a significantly low rate of detecting Chlamydia in young people, and of vaccinating against a number of diseases (cervical cancer, pneumococcal disease, flu and shingles). Antibiotic prescribing rates are also significantly poor. All of these are modifiable locally in the short term.

Havering is significantly better than London (ranked 1 or 2) and England for childhood vaccination rates. For a London borough we have very low rates of TB, but we are similar to England as a whole.

Healthcare related to public health and preventing early death –The outcomes that are worse than London or England are the premature mortality rate from cancer (requires long-term solutions), the rate of emergency readmissions within 30 days of discharge from hospital (short-term measures would address this), the rate of hip fractures in people aged 65+ years and the rate of *excess* winter deaths in females aged 85+ years (both alterable in the medium term).

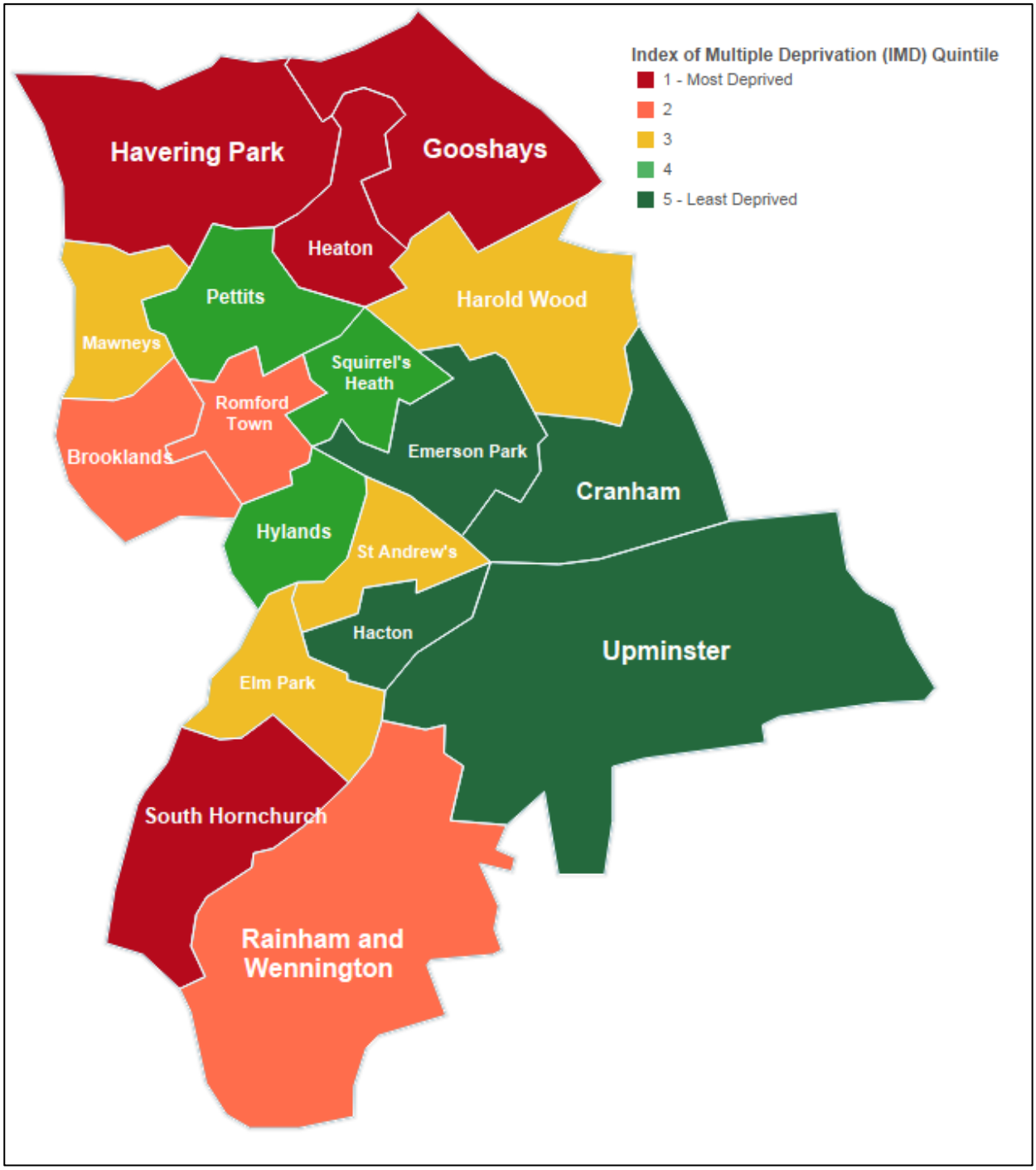
Reflecting better life expectancy in Havering compared with England (though similar to London), Havering has the lowest infant mortality in London and is also better than London and England for mortality form causes that are considered preventable. Most individual conditions therefore tend to have low premature mortality, though not necessarily significantly so.

Table 1: Havering PHOF indictors in comparison to London and England

Domain	London			England		
	Better	Same	Worse	Better	Same	Worse
Overarching indicators	0	8 (100%)	0	5 (63%)	3 (38%)	0
Improving the wider determinants of health	13 (28%)	27 (59%)	6 (13%)	17 (37%)	23 (50%)	6 (13%)
Health improvement	20 (35%)	24 (42%)	13 (23%)	25 (44%)	19 (33%)	13 (23%)
Health protection	12 (55%)	7 (32%)	3 (14%)	9 (41%)	5 (23%)	8 (36%)
Healthcare public health and preventing premature mortality	12 (19%)	43 (69%)	7 (11%)	14 (23%)	45 (73%)	3 (5%)
Total	57 (29%)	109 (56%)	29 (15%)	70 (36%)	95 (49%)	30 (15%)

These indicators are all presented at Local Authority level and with few exceptions are not available at a lower level. However, nationally, as deprivation increases almost all the indicators get worse, and some of the indicators are used to determine how deprived an area is. The value of an indicator is an average for Havering, and within Havering all of the significantly poor indictors described will be worse than the average in the more deprived areas. The map below shows levels of deprivation in Havering.

Map 1: Deprivation by ward in the London Borough of Havering (IMD 2015 Quintiles).



Source: Index of Multiple Deprivation (IMD 2015)

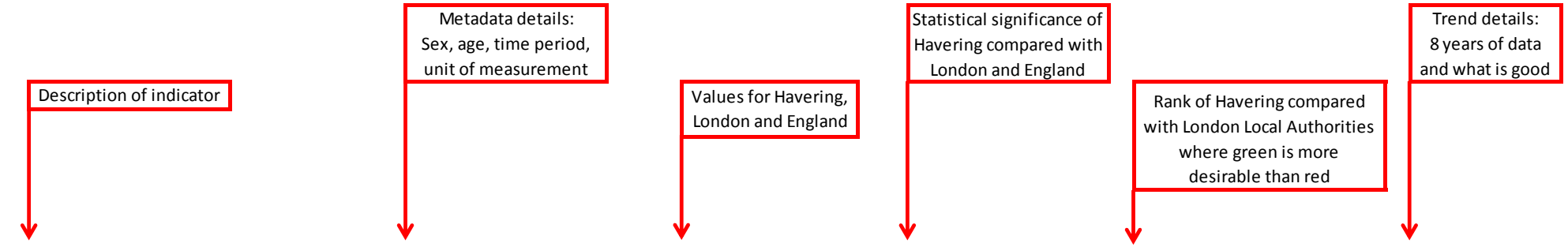
Appendix 1: Ranking of all PHOF indicators

Indicators

All indicators require context in order to understand them. In general, the indicator values are somewhat abstract, and have much greater usefulness when they are presented in comparison with other values of the same indicator. Here, indicators are presented showing changes over time and whether *high* or *low* is good for the population (or potential lower need for services). Each indicator for Havering is compared with values from all other geographical areas in London by ranking and a visual **RAG** status.

Tables in the appendix provide a summary of the Havering PHOF indicators[2] showing comparisons with London and England.

How to read the tables



Description					Values			Statistical significance		Rank in London (1 is best)			
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33		Recent trend	What is good?
Healthy life expectancy at birth	Male	All ages	2013 - 15	Years	65.8	64.1	63.4	Same	Same	10			High
	Female				64.8	64.1	64.1	Same	Same	14			High

[2] Public Health Outcomes Framework, Havering. http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000049/pat/6/par/E12000007/ati/102/are/E09000016 (accessed 25.08.17)

Domain - Overarching indicators

Description					Values			Statistical significance		Rank in London (1 is best)		Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33			
Healthy life expectancy at birth	Female	All ages	2013 - 15	Years	64.8	64.1	64.1	Same	Same	14			High
	Male				65.8	64.1	63.4	Same	Same	10			High
Life expectancy at birth	Female	All ages	2013 - 15	Years	84.1	84.1	83.1	Same	Better	15			High
	Male				80.2	80.2	79.5	Same	Better	15			High
Life expectancy at 65	Female	65	2013 - 15	Years	21.6	21.7	21.1	Same	Better	15			High
	Male				18.9	19.1	18.7	Same	Same	17			High
Gap in life expectancy at birth between each local authority and England as a whole	Female	All ages	2013 - 15	Years	1.0	1.0	0.0	Same	Better	15			High
	Male				0.8	0.8	0.0	Same	Better	15			High

Domain - Improving the wider determinants of health

Description					Values			Statistical significance		Rank in London (1 is best)		Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33			
Children in low income families (all dependent children under 20)	Persons	0-19 yrs	2014	%	18.5	23.9	19.9	Better	Better	10			Low
Children in low income families (under 16s)	Persons	<16 yrs	2014	%	19.1	23.4	20.1	Better	Better	10			Low
School Readiness: the percentage of children achieving a good level of development at the end of reception	Female	5 yrs	2015/16	%	78.9	78.0	76.8	Same	Same	13			High
	Male				63.4	64.7	62.1	Same	Same	19			High
	Persons				70.8	71.2	69.3	Same	Same	17			High
School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	Female	5 yrs	2015/16	%	63.5	69.5	63.5	Same	Same	29			High
	Male				45.0	53.7	45.8	Worse	Same	31			High
	Persons				54.1	61.4	54.4	Worse	Same	31			High
School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check	Female	6 yrs	2015/16	%	87.7	86.2	84.3	Same	Better	12			High
	Male				81.6	80.0	76.9	Same	Better	9			High
	Persons				84.6	83.0	80.5	Better	Better	10			High
School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening	Female	6 yrs	2015/16	%	79.1	79.3	74.0	Same	Same	14			High
	Male				67.2	71.2	63.6	Same	Same	26			High
	Persons				73.6	75.1	68.6	Same	Better	19			High
Pupil absence	Persons	5-15 yrs	2014/15	%	4.9	4.5	4.6	Worse	Worse	33			Low
First time entrants to the youth justice system	Persons	10-17 yrs	2015	per 100,000	279.7	416.5	368.6	Better	Better	6			Low
16-18 year olds not in education employment or training	Persons	16-18 yrs	2015	%	3.4	3.1	4.2	Same	Better	24			Low

- continued

Description					Values			Statistical significance		Rank in London (1 is best)		What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33	Recent trend	
Adults with a learning disability who live in stable and appropriate accommodation	Female	18-64 yrs	2015/16	%	64.3	71.9	75.6	Worse	Worse	29		High
	Male				62.7	68.9	74.9	Worse	Worse	27		High
	Persons				63.3	70.1	75.4	Worse	Worse	28		High
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Female	18-69 yrs	2015/16	%	85.3	76.1	60.0	Better	Better	9		High
	Male				82.2	71.8	57.4	Better	Better	8		High
	Persons				83.6	73.5	58.6	Better	Better	7		High
Gap in the employment rate between those with a long-term health condition and the overall employment rate	Persons	16-64 yrs	2015/16	% point	11.3	9.7	8.8	Same	Same	21		Low
Gap in the employment rate between those with a learning disability and the overall employment rate	Female	18-64 yrs	2015/16	%	61.3	59.5	63.6	Same	Same	19		Low
	Male				75.3	72.0	73.0	Same	Same	22		Low
	Persons				68.3	65.7	68.1	Same	Same	21		Low
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Female	18-69 yrs	2015/16	%	62.2	60.7	60.8	Same	Same	22		Low
	Male				78.7	75.4	73.7	Same	Same	30		Low
	Persons				70.5	68.2	67.2	Same	Same	26		Low
Percentage of people aged 16-64 in employment	Female	16-64 yrs	2015/16	%	70	67	69	Same	Same	9		High
	Male				82.8	79.7	79.2	Same	Same	6		High
	Persons				76.4	73.2	73.9	Same	Same	7		High
Sickness absence - the percentage of employees who had at least one day off in the previous week	Persons	16+ yrs	2012 - 14	%	2.8	2.2	2.4	Same	Same	26		Low
Sickness absence - the percent of working days lost due to sickness absence	Persons	16+ yrs	2012 - 14	%	1.8	1.2	1.5	Same	Same	29		Low
Killed and seriously injured (KSI) casualties on England's roads	Persons	All ages	2013 - 15	per 100,000	22.2	25.7	38.5	Same	Better	16		Low
Domestic abuse - historic method	Persons	16+ yrs	2014/15	per 1,000	21.6	21.6	20.4	Not compared	Not compared	2		Low
Domestic abuse-related incidents and crimes - current method	Persons	16+ yrs	2015/16	per 1,000	22.5	22.5	22.1	Not compared	Not compared	1		Low
Violent crime (including sexual violence) - hospital admissions for violence	Female	All ages	2013/14 - 15/16	per 100,000	8.5	17.0	17.6	Better	Better	1		Low
	Male				39.7	71.8	71.8	Better	Better	3		Low
	Persons				23.8	44.4	44.8	Better	Better	2		Low
Violent crime (including sexual violence) - violence offences per 1,000 population	Persons	All ages	2015/16	per 1,000	18.4	21.8	17.2	Not compared	Not compared	11		Low
Rate of sexual offences per 1,000 population	Persons	All ages	2015/16	per 1,000	1.3	1.7	1.7	Not compared	Not compared	8		Low

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Description					Values			Statistical significance		Rank in London (1 is best)		Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33			
Re-offending levels - percentage of offenders who re-offend	Persons	All ages	2014	%	20.3	25.7	25.4	Not compared	Not compared	1			Low
Re-offending levels - average number of re-offences per offender	Persons	All ages	2014	number	0.6	0.8	0.8	Not compared	Not compared	2			Low
First time offenders	Persons	All ages	2015	per 100,000	226.9	315.3	242.4	Not compared	Not compared	3			Low
The rate of complaints about noise	Persons	All ages	2014/15	per 1,000	2.6	16.8	7.1	Better	Better	1			Low
The % population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	Persons	All ages	2011	%	5.0	11.5	5.2	Not compared	Not compared	1			Low
The % population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	Persons	All ages	2011	%	7.1	15.3	8.0	Not compared	Not compared	2			Low
Statutory homelessness - Eligible homeless people not in priority need	Persons	Not applicable	2015/16	per 1,000	1	1	1	Same	Worse	22			Low
Statutory homelessness - households in temporary accommodation	Persons	All ages	2015/16	per 1,000	7.0	14.9	3.1	Better	Worse	8			Low
Utilisation of outdoor space for exercise/health reasons	Persons	16+ yrs	Mar 2015 - Feb 2016	%	22.0	18.0	17.9	Same	Same	5			High
Fuel poverty	Persons	All ages	2014	% of households	8.4	10.6	10.6	Better	Better	4			Low
Social Isolation: percentage of adult social care users who have as much social contact as they would like	Persons	18+ yrs	2015/16	%	42.3	41.1	45.4	Same	Same	10			High
Social Isolation: percentage of adult carers who have as much social contact as they would like	Persons	18+ yrs	2014/15	%	39.4	35.5	38.5	Same	Same	5			High

Domain - Health improvement

Description					Values			Statistical significance		Rank in London (1 is best)		Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33			
Low birth weight of term babies	Persons	>=37 wks gestation	2015	%	2.6	3.0	2.8	Same	Same	11			Low
Breastfeeding - breastfeeding initiation	Female	All ages	2014/15	%	73.3	86.1	74.3	Worse	Same	24			High
Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - historical method	Persons	6-8 weeks	2012/13	%	41.6	68.5	43.8	Not compared	Not compared	18			High
Smoking status at time of delivery	Female	All ages	2015/16	%	7.7	5.0	10.6	Worse	Better	22			Low
Under 18 conceptions	Female	<18 yrs	2015	per 1,000	22.3	19.2	20.8	Same	Same	24			Low
Under 18 conceptions: conceptions in those aged under 16	Female	<16 yrs	2015	per 1,000	4.1	3.2	3.7	Same	Same	23			Low
Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	Persons	4-5 yrs	2015/16	%	23.2	22.0	22.1	Same	Same	20			Low
Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds	Persons	10-11 yrs	2015/16	%	37.3	38.1	34.2	Same	Worse	13			Low
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Persons	<15 yrs	2015/16	per 10,000	84.9	80.8	104.2	Same	Better	18			Low
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Persons	0-4 yrs	2015/16	per 10,000	97.7	97.6	129.6	Same	Better	16			Low
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Persons	15-24 yrs	2015/16	per 10,000	73.9	97.5	134.1	Better	Better	3			Low
Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	Persons	5-16 yrs	2015/16	score	13.9	13.3	14.0	Not compared	Not compared	23			Low
Percentage of children where there is a cause for concern	Persons	5-16 yrs	2015/16	%	35.6	32.9	37.8	Same	Same	21			Low
Smoking prevalence at age 15 - current smokers (WAY survey)	Persons	15 yrs	2014/15	%	5.8	6.1	8.2	Same	Better	15			Low
Smoking prevalence at age 15 - regular smokers (WAY survey)	Persons	15 yrs	2014/15	%	3.5	3.4	5.5	Same	Better	16			Low
Smoking prevalence at age 15 - occasional smokers (WAY survey)	Persons	15 yrs	2014/15	%	2.2	2.7	2.7	Same	Same	13			Low
Emergency Hospital Admissions for Intentional Self-Harm	Female	All ages	2015/16	per 100,000	104.9	120.1	247.8	Same	Better	9			Low
	Male				49.3	68.3	147.1	Better	Better	6			Low
	Persons				77.7	93.8	196.5	Better	Better	9			Low

- continued

Description					Values			Statistical significance		Rank in London (1 is best)		Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33			
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	Persons	16+ yrs	2015	%	42.1	49.4	52.3	Worse	Worse	30			High
Average number of portions of fruit consumed daily (adults)	Persons	16+ yrs	2015	number	2.1	2.5	2.5	Worse	Worse	32			High
Average number of portions of vegetables consumed daily (adults)	Persons	16+ yrs	2015	number	2.1	2.2	2.3	Worse	Worse	25			High
Proportion of the population meeting the recommended "5-a-day" at age 15	Persons	15 yrs	2014/15	%	49.2	56.2	52.4	Worse	Worse	30			High
Average number of portions of fruit consumed daily at age 15 (WAY survey)	Persons	15 yrs	2014/15	number	2.3	2.6	2.4	Worse	Worse	32			High
Average number of portions of vegetables consumed daily at age 15 (WAY survey)	Persons	15 yrs	2014/15	number	2.3	2.6	2.4	Worse	Worse	31			High
Excess weight in Adults	Persons	16+ yrs	2013 - 15	%	66.1	58.8	64.8	Worse	Same	30			Low
Percentage of physically active and inactive adults - active adults	Persons	16+ yrs	2015	%	55.4	57.8	57.0	Same	Same	22			High
Percentage of physically active and inactive adults - inactive adults	Persons	16+ yrs	2015	%	30.4	28.1	28.7	Same	Same	27			Low
Smoking Prevalence in adults - current smokers (APS)	Female	18+ yrs	2016	%	13.9	11.9	13.7	Same	Same	24			Low
	Male				16.0	18.5	17.4	Same	Same	12			Low
	Persons				14.9	15.2	15.5	Same	Same	18			Low
Smoking Prevalence in adult in routine and manual occupations - current smokers (APS)	Persons	18-64 yrs	2016	%	30.0	23.9	26.5	Same	Same	27			Low
Successful completion of drug treatment - opiate users	Persons	18-75 yrs	2015	%	7.9	7.6	6.7	Same	Same	16			High
Successful completion of drug treatment - non-opiate users	Persons	18-75 yrs	2015	%	40.1	40.1	37.3	Same	Same	17			High
Successful completion of alcohol treatment	Persons	18-75 yrs	2015	%	34.8	41.3	38.4	Worse	Same	24			High
Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	Persons	18+ yrs	2015/16	%	20.7	20.1	30.3	Same	Worse	14			High
Recorded diabetes	Persons	17+ yrs	2014/15	%	6.0	6.1	6.4	Lower	Lower	16			Low
Admission episodes for alcohol-related conditions - narrow definition	Female	All ages	2015/16	per 100,000	302.1	378.0	482.7	Better	Better	4			Low
	Male				610.9	734.0	829.5	Better	Better	4			Low
	Persons				443.7	545.1	646.6	Better	Better	3			Low

- continued

Description					Values			Statistical significance		Rank in London (1 is best)		Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33			
Cancer diagnosed at early stage (experimental statistics)	Persons	All ages	2015	%	43.7	50.2	52.4	Not compared	Not compared	31			High
Cancer screening coverage - breast cancer	Female	53-70 yrs	2016	%	76.4	69.2	75.5	Better	Better	3			High
Cancer screening coverage - cervical cancer	Female	25-64 yrs	2016	%	75.3	66.7	72.7	Better	Better	2			High
Cancer screening coverage - bowel cancer	Persons	60-74 yrs	2016	%	52.4	48.8	57.9	Better	Worse	7			High
Abdominal Aortic Aneurysm Screening - Coverage	Male	65	2015/16	%	85.4	74.6	79.9	Better	Better	2			High
Newborn Blood Spot Screening - Coverage	Persons	< 1 yr	2015/16	%	98.5	96.4	95.6	Better	Better	10			High
Newborn Hearing Screening - Coverage	Persons	< 1 yr	2015/16	%	96.1	98.5	98.7	Worse	Worse	32			High
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	Persons	40-74 yrs	2013/14 - 15/16	%	49.0	67.2	56.4	Worse	Worse	28			High
Cumulative % of the eligible pop. aged 40-74 offered an NHS Health Check who received one	Persons	40-74 yrs	2013/14 - 15/16	%	47.4	47.1	48.6	Same	Worse	20			High
Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	Persons	40-74 yrs	2013/14 - 15/16	%	23.2	31.6	27.4	Worse	Worse	28			High
Self-reported wellbeing - people with a low satisfaction score	Persons	16+ yrs	2015/16	%	Low	4.6	4.6	Not compared	Not compared	1			Low
Self-reported wellbeing - people with a low happiness score	Persons	16+ yrs	2015/16	%	7.0	8.3	8.8	Same	Same	3			Low
Self-reported wellbeing - people with a high anxiety score	Persons	16+ yrs	2015/16	%	18.0	20.0	19.4	Same	Same	9			Low
Emergency hospital admissions due to falls in people aged 65 and over	Female	65+ yrs	2015/16	per 100,000	1806.9	2492.1	2471.3	Better	Better	1			Low
	Male				1342.4	1887.1	1733.4	Better	Better	3			Low
	Persons				1621.8	2252.7	2169.4	Better	Better	1			Low
Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79	Female	65-79 yrs	2015/16	per 100,000	893.0	1218.2	1177.5	Better	Better	2			Low
	Male				625.9	994.3	825.4	Better	Better	2			Low
	Persons				773.0	1115.8	1012.1	Better	Better	1			Low
Emergency hospital admissions due to falls in people aged 65 and over - aged 80+	Female	80+ yrs	2015/16	per 100,000	4457.3	6186.5	6223.3	Better	Better	1			Low
	Male				3420.0	4476.2	4366.5	Better	Better	3			Low
	Persons				4083.3	5549.6	5525.6	Better	Better	2			Low

Domain - Health protection

Description					Values			Statistical significance		Rank in London (1 is best)			What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33		Recent trend	
Fraction of mortality attributable to particulate air pollution	Persons	30+ yrs	2015	%	5.1	5.6	4.7	Not compared	Not compared	8			Low
Chlamydia detection rate (15-24 year olds)	Persons	15-24 yrs	2016	per 100,000	1206.4	2308.8	1882.3	Worse	Worse	31			High
	Female				1582.8	2851.2	2479.1	Not compared	Not compared	31			High
	Male				841.0	1648.9	1268.9	Not compared	Not compared	31			High
Population vaccination coverage - Dtap / IPV / Hib (1 year old)	Persons	1 yr	2015/16	%	96.1	89.2	93.6	Better	Better	1			High
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	Persons	2 yrs	2015/16	%	96.8	92.2	95.2	Better	Better	2			High
Population vaccination coverage - MenC	Persons	1 yr	2015/16	%	97.6	89.9	93.9	Not compared	Not compared	2			High
Population vaccination coverage - MMR for one dose (5 years old)	Persons	5 yrs	2015/16	%	96.2	91.1	94.8	Better	Better	2			High
Population vaccination coverage - PCV	Persons	1 yr	2015/16	%	95.8	90.0	93.5	Better	Better	1			High
Population vaccination coverage - Hib / MenC booster (2 years old)	Persons	2 yrs	2015/16	%	94.5	85.9	91.6	Better	Better	1			High
Population vaccination coverage - Hib / Men C booster (5 years old)	Persons	5 yrs	2015/16	%	95.6	88.7	92.6	Better	Better	1			High
Population vaccination coverage - PCV booster	Persons	2 yrs	2015/16	%	94.3	85.6	91.5	Better	Better	1			High
Population vaccination coverage - MMR for one dose (2 years old)	Persons	2 yrs	2015/16	%	94.2	86.4	91.9	Better	Better	1			High
Population vaccination coverage - MMR for two doses (5 years old)	Persons	5 yrs	2015/16	%	90.3	81.7	88.2	Better	Better	2			High
Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	Female	12-13 yrs	2015/16	%	84.6	83.9	87.0	Same	Worse	16			High
Population vaccination coverage - PPV	Persons	65+ yrs	2015/16	%	67.3	65.3	70.1	Better	Worse	13			High
Population vaccination coverage - Flu (aged 65+)	Persons	65+ yrs	2015/16	%	66.6	66.4	71.0	Same	Worse	16			High
Population vaccination coverage - Flu (at risk individuals)	Persons	6 months-64 yrs	2015/16	%	39.1	43.7	45.1	Worse	Worse	29			High
Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)	Female	13-14 yrs	2015/16	%	86.3	80.7	85.1	Better	Same	8			High

- continued

Description					Values			Statistical significance		Rank in London (1 is best)		Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33			
Population vaccination coverage - Shingles vaccination coverage (70 years old)	Persons	70 yrs	2015/16	%	47.5	47.1	54.9	Same	Worse	17			High
Population vaccination coverage - Flu (2-4 years old)	Persons	2-4 yrs	2015/16	%	25.3	25.7	34.4	Same	Worse	21			High
HIV late diagnosis	Persons	15+ yrs	2013 - 15	%	37.5	33.5	40.1	Same	Same	19			Low
Treatment completion for TB	Persons	All ages	2014	%	88.9	87.2	84.4	Same	Same	11			High
Incidence of TB	Persons	All ages	2013 - 15	per 100,000	10.4	30.4	12.0	Better	Same	5			Low
NHS organisations with a board approved sustainable development management plan	Not applicable		2015/16	%	100.0	70.1	66.2	Same	Same	1			High
Adjusted antibiotic prescribing in primary care by the NHS	Persons	All ages	2016	per STAR-PU	1.1	0.9	1.1	Worse	Worse	32			Low

Domain - Healthcare public health and preventing premature mortality

Description					Values			Statistical significance		Rank in London (1 is best)		Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33			
Infant mortality per 1,000 live births	Persons	< 1 yr	2013 - 15	per 1,000	2.0	3.4	3.9	Better	Better	1			Low
Proportion of five year old children free from dental decay	Persons	5 yrs	2014/15	%	80.0	72.6	75.2	Better	Same	6			High
Mortality rate from causes considered preventable	Female	All ages	2013 - 15	per 100,000	115.5	125.2	139.6	Same	Better	11			Low
	Male				203.5	221.2	232.5	Better	Better	13			Low
	Persons				156.9	170.8	184.5	Better	Better	11			Low
Under 75 mortality rate from all cardiovascular diseases	Female	<75 yrs	2013 - 15	per 100,000	37.2	47.7	46.2	Better	Better	5			Low
	Male				92.9	110.0	104.7	Better	Same	8			Low
	Persons				63.5	77.4	74.6	Better	Better	7			Low
Under 75 mortality rate from cardiovascular diseases considered preventable	Female	<75 yrs	2013 - 15	per 100,000	19.7	25.8	25.0	Better	Same	4			Low
	Male				69.0	73.7	72.5	Same	Same	11			Low
	Persons				43.1	48.7	48.1	Same	Same	10			Low
Under 75 mortality rate from cancer	Female	<75 yrs	2013 - 15	per 100,000	114.7	113.8	123.9	Same	Same	16			Low
	Male				162.9	147.7	154.8	Worse	Same	23			Low
	Persons				137.1	129.7	138.8	Same	Same	21			Low

- continued

Description					Values			Statistical significance		Rank in London (1 is best)		Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33			
Under 75 mortality rate from cancer considered preventable	Female	<75 yrs	2013 - 15	per 100,000	69.5	68.6	74.5	Same	Same	17			Low
	Male				82.8	83.6	88.4	Same	Same	17			Low
	Persons				75.6	75.6	81.1	Same	Same	18			Low
Under 75 mortality rate from liver disease	Female	<75 yrs	2013 - 15	per 100,000	11.6	10.4	12.5	Same	Same	11			Low
	Male				23.2	24.0	23.7	Same	Same	15			Low
	Persons				17.1	17.0	18.0	Same	Same	17			Low
Under 75 mortality rate from liver disease considered preventable	Female	<75 yrs	2013 - 15	per 100,000	8.8	8.8	10.6	Same	Same	5			Low
	Male				21.2	21.9	21.4	Same	Same	16			Low
	Persons				14.7	15.1	15.9	Same	Same	15			Low
Under 75 mortality rate from respiratory disease	Female	<75 yrs	2013 - 15	per 100,000	25.7	23.7	28.0	Same	Same	16			Low
	Male				30.9	37.8	38.5	Same	Better	7			Low
	Persons				28.1	30.4	33.1	Same	Better	13			Low
Under 75 mortality rate from respiratory disease considered preventable	Female	<75 yrs	2013 - 15	per 100,000	14.4	12.8	16.1	Same	Same	12			Low
	Male				16.7	20.7	20.3	Same	Same	7			Low
	Persons				15.5	16.5	18.1	Same	Same	14			Low
Mortality rate from a range of specified communicable diseases, including influenza	Female	All ages	2013 - 15	per 100,000	5.5	9.9	9.6	Better	Better	1			Low
	Male				Low	12.3	11.5	Not compared	Not compared	1			Low
	Persons				6.1	11.0	10.5	Better	Better	1			Low
Excess under 75 mortality rate in adults with serious mental illness	Persons	18-74 yrs	2014/15	%	238.1	327.2	370.0	Not compared	Not compared	2			Low
Proportion of adults in the population in contact with secondary mental health services	Persons	18-74 yrs	2014/15	%	3.0	4.7	5.4	Better	Better	4			Low
Suicide rate	Female	10+ yrs	2013 - 15	per 100,000	Low	4.1	4.7	Not compared	Not compared	1			Low
	Male				13.5	13.4	15.8	Same	Same	15			Low
	Persons				7.5	8.6	10.1	Same	Better	11			Low
Emergency readmissions within 30 days of discharge from hospital	Female	All ages	2011/12	%	12.1	11.7	11.5	Same	Worse	22			Low
	Male				11.9	12.6	12.1	Better	Same	10			Low
	Persons				12.0	12.1	11.8	Same	Same	14			Low
Preventable sight loss - age related macular degeneration (AMD)	Persons	65+ yrs	2014/15	per 100,000	79.0	84.9	118.1	Same	Better	17			Low
Preventable sight loss - glaucoma	Persons	40+ yrs	2014/15	per 100,000	12.9	13.7	12.8	Same	Same	17			Low
Preventable sight loss - diabetic eye disease	Persons	12+ yrs	2014/15	per 100,000	3.9	3.8	3.2	Not compared	Not compared	1			Low
Preventable sight loss - sight loss certifications	Persons	All ages	2014/15	per 100,000	30.5	30.0	42.4	Same	Better	20			Low

- continued

Description					Values			Statistical significance		Rank in London (1 is best)		Recent trend	What is good?
Indicator	Sex	Age	Latest period	Unit	Havering	London	England	Compared with London	Compared with England	out of 33			
Health related quality of life for older people	Persons	65+ yrs	2015/16	score	0.7	0.7	0.7	Same	Same	17			High
Hip fractures in people aged 65 and over	Female	65+ yrs	2015/16	per 100,000	679.9	606.4	710.4	Same	Same	25			Low
	Male				519.1	361.3	416.4	Worse	Worse	30			Low
	Persons				614.5	508.6	589.5	Worse	Same	28			Low
Hip fractures in people aged 65 and over - aged 65-79	Female	65-79 yrs	2015/16	per 100,000	347.1	267.4	311.3	Same	Same	18			Low
	Male				201.3	160.5	168.3	Same	Same	3			Low
	Persons				283.0	218.4	244.2	Worse	Same	27			Low
Hip fractures in people aged 65 and over - aged 80+	Female	80+ yrs	2015/16	per 100,000	1645.2	1589.3	1867.6	Same	Same	19			Low
	Male				1440.5	943.5	1135.7	Worse	Same	19			Low
	Persons				1576.0	1350.0	1590.7	Worse	Same	28			Low
Excess winter deaths index (single year, all ages)	Female	All ages	Aug 2014 - Jul 2015	%	35.2	31.1	31.6	Same	Same	25			Low
	Male				21.8	22.2	23.6	Same	Same	14			Low
	Persons				28.7	26.7	27.7	Same	Same	24			Low
Excess winter deaths index (single year, age 85+)	Female	85+ yrs	Aug 2014 - Jul 2015	%	53.6	44.1	42.4	Same	Same	23			Low
	Male				30.4	35.8	36.3	Same	Same	15			Low
	Persons				44.3	40.9	40.1	Same	Same	21			Low
Excess winter deaths index (3 years, all ages)	Female	All ages	Aug 2012 - Jul 2015	%	27.9	21.1	22.4	Same	Same	29			Low
	Male				17.6	16.1	16.6	Same	Same	23			Low
	Persons				23.1	18.6	19.6	Same	Same	27			Low
Excess winter deaths index (3 years, age 85+)	Female	85+ yrs	Aug 2012 - Jul 2015	%	47.5	30.0	29.2	Worse	Worse	32			Low
	Male				21.2	26.8	26.5	Same	Same	11			Low
	Persons				37.5	28.8	28.2	Same	Same	27			Low

Appendix 2: Information about PHOF

The Public Health Outcomes Framework[3] (PHOF) sets out a high-level overview of public health outcomes, at national and local level, supported by a broad set of indicators. The indicators cover the full spectrum of what is understood as public health and what can be measured at the moment. The PHOF is published by Public Health England (PHE) under section 73B of the NHS Act 2006 as guidance that Local Authorities must pay due regard.

The PHOF concentrates on[4]:

- increased healthy life expectancy
- increased life expectancy
- reduced differences in healthy life expectancy between communities

The PHOF is used as a tool for local transparency and accountability, providing a means for benchmarking progress within each Local Authority and across authorities, and driving sector-led improvement where a Local Authority improves by learning from the experiences of peers. Alongside the NHS Outcomes Framework and Adult Social Care Outcomes Framework, the PHOF reflects the Government's focus on improving health outcomes for the population and reducing inequalities in health, setting expectations for what the system as a whole wants to achieve.

The PHOF was first published in 2012 and there was a commitment not to make any changes for three years to allow it to become established during the transfer of public health responsibilities from the NHS to Local Authorities. The PHOF indicators were refreshed in May 2016, following a consultation in 2015; the amended PHOF indicator set has allowed PHE to make sure that the PHOF is still as relevant and as useful as possible, now that three years has passed.

Whilst information is provided on performance against the overarching outcomes, the nature of public health is such that the improvements in these outcomes will take years, even decades to see marked change. So, PHE have developed a set of indicators that help focus understanding of how well we are doing year by year nationally and locally on those things that matter most to public health that we know will help improve the overarching outcomes.

Indicators have been included in the PHOF as they cover the full spectrum of what PHE understand public health to be, and what can realistically be measured at the moment. PHE have been able to, and will continue to, clarify and expand the technical specifications to reflect ongoing development work. The 66 outcomes of the PHOF consist of a total of 219 indicators; there is more than one indicator associated with some outcomes because there may be a number of sub-indicators, e.g. based on sex and/or age.

[3] Public Health Outcomes Framework, Public Health England. http://www.phoutcomes.info (accessed 25.08.17)

[4] Public Health Outcomes Framework 2016 to 2019. https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019 (accessed 25.08.17)

The distribution of the number of outcomes across the different domains are shown in Table 2.

Table 2: Number of PHOF outcomes by domain

Domain	Description	Outcomes
Overarching indicators	High level public health outcomes	2
Improving the wider determinants of health	Wider factors that affect health and wellbeing	18
Health improvement	Protecting the population's health from major incidents and other threats	23
Health protection	Helping people to live healthy lifestyles and make healthy choices	7
Healthcare public health and preventing premature mortality	Reducing numbers of people living with preventable ill health and people dying prematurely	16
Total		66

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Integrated Care Partnership update
Board Lead:	Andrew Blake-Herbert, Chief Executive Barbara Nicholls, Director, Adult Social Care and Health Tim Aldridge, Director, Children Services
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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 (ICPB) has considered reviews of both the Provider aspect of Accountable Care and of the future for Joint Commissioning, presented and discussed at its July workshop.

The Joint Commissioning presentation focussed on three phases and begins to provide clarity of what they mean for various system partners.

- Phase 1: Design September 2017 – March 2018
- Phase 2: Preparation & Testing (Shadow) April 2018 – March 2019
- Phase 3: Delivery (Accountable Care) April 2019 – March 2020

The Joint Commissioning Board plan sets out to balance:

- the need to set ambitious pace, but equally not to overcommit given other pressures and complexities faced by partners;
- the commitment to allow providers to shape the collaboration that defines the Accountable Care System for the future, whilst not ceding the importance of providing commissioner leadership into that process;
- the need to give some shape and vision to the end result, but being equally mindful that it needs to be shaped based on experience of operating shadow arrangements, and exploring important legal and contractual matters.

ICPB has subsequently received more detailed proposals around the intention to test three areas of joint commissioning and Accountable Care style provision through pilots.

The three areas are:

Proposition 1: Intermediate Care

To create a seamless intermediate care tier of services (from services currently commissioned separately by Local Authorities and CCGs) with a joint set of person-based outcomes, delivered by an Alliance of providers

Proposition 2: Special Educational Needs & Disabilities

To develop more integrated approaches to commissioning of therapies and mental health interventions for children and young people with SEND, across the health and social care boundaries and across the BHR partnership.

Proposition 3: Diabetes Prevention & Management

To establish a comprehensive integrated system with clear pathways for prevention and management of diabetes across the BHR landscape by interlinking services that are currently commissioned independently by local authorities and CCGs. In addition to improving the current quality of care to improve patient outcomes, it will also lead to savings due to preventing / delaying onset of diabetes, reduced A&E attendances and hospital admissions due to diabetes related complications as well as for CVD which occurs at much higher rates for those with diabetes.

The collective of providers – BHRUT, NELFT, GPs and Local Authorities – have also started to prepare to respond as an alliance to the commissioning intentions set out. It is expected that clear commissioning intentions are given to the provider alliance by early December for the alliance to respond to. In time, and as confidence builds, the alliance is expected to expand to include wider elements of social care provision such as home care and possibly residential care, as well and the voluntary sector. Ultimately, the provider alliance will need to take on a proportion of commissioning, leaving only the strategic commissioning with the commissioners.

2 Havering Localities

Work continues 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.

2.1 Children and Families

The pilot in the Gooshays and Heaton areas within 2-3 schools and the GP surgery is underway, seeking to ensure that 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.

Further to this, steps are being taken to merge a range of areas of work to develop a more holistic and cohesive approach to offering early help.

In order to ensure there is a sustainable future beyond the pilot stage of the locality work, the localities work will be brought into the mainstream area of Early Help, under the existing Early Help Partnership board. This will bring together the existing strands on early years integration and children's centres, troubled families and the maturity matrix, and the review of education services (behaviour support and attendance).

Oversight of the merged approach is likely to be through the Early Help Partnership board. The aim is to reconfigure the shape and delivery of Early Help, and organise on a three-locality basis, developing a 'hub' for each locality, and to enable working in a more integrated way with other services.

2.2 Adults

For our Adult services, we are aiming to provide a more seamless 'virtual team' approach, drawing the right support from a range of options, dependent upon need. The 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. The Adults localities model seeks to ensure the links with the Council's Housing, Employment and Skills and Leisure teams, as well as GPs, Pharmacies, community groups and home care providers is clear.

Workshops continue to develop the mode and define the infrastructure requirements. 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.

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.

BACKGROUND PAPERS

None

Havering
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HEALTH & WELLBEING BOARD

Subject Heading:	Draft Havering Autism Strategy 2017 – 2022
Board Lead:	Wendy Brice Thompson
Report Author and contact details:	Lee Salmon 01708 434414

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
- X 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 Havering Autism strategy aims to provide co-ordination for the excellent work that is already in place in Havering, and maximise the opportunities for joint working between member organisations of the Adult Autism Partnership Board.

It is based on priorities outlined in national policy and statutory guidance and local needs. By working together, we hope that the implementation of this strategy will help make Havering a better place for everyone and enable those affected by autism to live healthier, safer and more fulfilling lives.

The Havering Autism Strategy 2017-2022, has been written through a consultative process. Views were sought as to what was important for people with autism, and their carers, to ensure we were addressing their priorities.

This is the first Autism Strategy and will set out how London Borough of Havering and its partners intend to develop services and approaches from 2017-2022. This

will enable us to meet the aspirations within the Autism Act (2009) and the requirements of subsequent guidance.

RECOMMENDATIONS

This report asks the Health and Wellbeing Board to formally ratify the Strategy and for it to be taken forward. Also to consider the front cover design of the strategy this has been designed by Havering Autism Steering Group members.

The new All Age Autism Strategy will run for 4 years with a formal launch planned for February 2018. It is a high level strategy and is underpinned by a comprehensive action plan.

The action plan will be owned by the Havering Autism Partnership Board. The Health and Wellbeing Board are asked to consider whether they wish to receive progress updates from the Board.

REPORT DETAIL

The first ever national autism strategy, 'Fulfilling and Rewarding Lives', published in 2010 following landmark legislation in the form of the Autism Act 2009, sought to address the inequalities in access to services and opportunities faced by people with Autism Spectrum Conditions (ASCs) and the resulting poor social and health outcomes.

The national strategy set out a number of requirements for Councils and NHS bodies to work with partners to improve services and support for people on the Autism Spectrum. One of these requirements is to develop and publish a local strategy.

National strategy update

In April 2014 the Department of Health published Think Autism, Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update.

The update is a result of the review of the existing national strategy in line with the Autism Act 2009, a stock-take of the work done so far nationally through the self-assessment exercise the Department of Health asked local authorities to complete at the end of 2013 and changes across public services that need to be taken into account in the national strategy.

Think Autism build on rather than replaces the requirements and guidance of Fulfilling and Rewarding Lives. There are three key areas highlighted for particular drive and focus to deliver change:

- Building communities that are more aware of and accessible to the needs of people with autism.
- Promoting innovative local ideas, services and projects which can help people in their communities. This included a time-limited Autism Innovation Fund which made one-off grant funding available for specific projects.
- A focus on gathering comprehensive data on local numbers and needs to inform planning and joining up advice and information on available services.

Our Autism Strategy focuses mainly on adults on the autistic spectrum but also acknowledges those young people moving through transition ages into adulthood. It has been prepared as a response to, but goes beyond, the requirements set out in the Autism Act 2009 and the national autism strategy which only applies to adults.

The Partnership Board decided that the inequalities in access to all services and opportunities faced by people with autistic spectrum conditions, and the resulting poor social and health outcomes required a holistic strategy that covers all aspects of life. Our local strategy aims to ensure people with autism are supported to realise their full potential in all stages of their lives.

The strategy concentrates on five key areas:

1. Increasing awareness and understanding of ASC
2. Developing a clear and consistent pathway for diagnosis
3. Making it easier for people with ASC to get the services and support they need
4. Helping adults with ASC into work
5. Working with local partners to help them develop suitable services

Shaping the strategy

The Havering Autism Strategy has been developed by using a co-production approach with on-going dialogue with key stakeholders forming the basis of the Strategy. A parent / carer and a number of individuals with autism sit on and are involved actively in every session that takes place; nothing is progressed without approval and consultation with the experts by experience. There is also a virtual reference group which is used for comments and feedback so we are reaching as many people as we can.

Engagement sessions, electronic feedback and focus groups were used to input into the development of the strategy and to the Autism Self-Assessment Framework 2016 which forms the evidence base for the Havering Autism Strategy.

We have divided managing the work set out in the strategy into 4 sub-groups; these are led by identified partners. All groups feed into the Autism Partnership Board which keeps a strategic overview of the ongoing work, achievements and challenges.

As referenced above, following the 2014 National Autism Strategy update, Havering utilised the Autism Innovation Funding to establish an Autism Hub. This was situated in Romford Town Centre using an empty shop space in The Liberty Shopping Centre. The success of the Autism Hub has been amazing and has enabled a true user-led approach to the needs of this target group whereby evolving organically to the emerging need and requirements of residents in Havering experiencing and/or living with Autism.

Havering's Joint Commissioning Unit are intending to re-commission the Autism Hub and build upon the service to enable the delivery of the strategy.

We have recently refreshed our Terms of Reference for the Autism Partnership Board to align with the governance of the current and future work.

IMPLICATIONS AND RISKS

BACKGROUND PAPERS

- Draft Havering Autism Strategy 2017 – 2022
- Proposed front cover design for Havering's Autism Strategy 2017 - 2022

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Autism Strategy 2017 - 2022

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Havering Autism Strategy 2017 - 2022

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Havering Autism Strategy 2017 – 2022

Contents

Version	Author	Date
V3	Lee Salmon	7th December 2016
V4	Lee Salmon	8th December 2016
V5	Lee Salmon	5th January 2017
V6	Lee Salmon	9th January 2017
V7	Lee Salmon	16th January 2017
V8	Lee Salmon	10th April 2017
V9	Lee Salmon	11th April 2017
V10	Lee Salmon	27th October 2017
V11	Lee Salmon	30th October 2017

Executive Summary

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. The severity and presentation of difficulties can vary significantly.

This strategy meets the requirements of the Autism Act 2009 and associated statutory guidance. It sets out five key objectives:

- Increasing awareness and understanding of autism.
- Developing a clear and consistent pathway for diagnosis.
- Improving access for adults with autism to the services and support they need to live independently within the community.
- Enabling local partners to develop relevant services for adults with autism to meet identified needs and priorities.
- Helping adults with autism into work.

It focuses on adults with High Functioning Autism (HFA) who have average or above average intelligence (IQ of 70 or above). This includes those with Asperger's Syndrome. This is because there are already services in Havering for people who have autism and a learning disability. Whereas it is often assumed that those with HFA do not require services. In fact in reality their autism can be just as severe and disabling. With the exception of the small number with high needs, the majority of people with HFA are not eligible for mental health or learning disability services under the current interpretation of Social Care criteria.

The majority will require low level preventive support at varying stages in their lives to maximise their independence and prevent mental health problems and the breakdown of existing family or carer support. The key needs of this group are around communication and social skills as well as practical help with daily tasks such as cooking, budgeting and navigating access to services. Without this support some are likely to end up requiring high cost intensive services in the future.

About 50% of those with autism are considered to have HFA, with the remainder having varying degrees of learning disability.

This strategy is for adults but every attempt will be made to work in partnership with children's services to learn from the work they have already done and to smooth the path of people in transition from children's to adult's services.

The strategy has been informed by local and national research and best practice, and is built upon an analysis of current and future need. The development was led by the Havering Autism Partnership Board. Local stakeholders, including users and carers have informed the development of the strategy. It sets out how Havering Council, Health and a range of partners across the whole community will develop and improve services over the next 5 years within the context of severe financial constraints.

This document is an evolving document and should be kept under review by successor administrations within the Council and should continue to look beyond 5 years and longer terms goals should also be considered.

Section 1

Vision – what do we want to achieve?

"We believe that adults with ASC living in the London Borough of Havering should be able to live fulfilling and rewarding lives within a society that accepts and understands them. They should have access to a diagnosis; access support; depend on mainstream public services to treat them fairly; contribute to society through improved employment opportunities; and be supported to choose when and how they live"

Havering want to achieve this vision by;

- Supporting adults with autism to be independent, to have choice and control so they can live fulfilling lives as fully participating members of the wider community, including the right to voice their opinions and experiences and to ensure that services meet their individual needs
- Supporting carers and family members of people with autism
- Providing the best possible services, based on currently available evidence, at the earliest possible time in life, within the resources available, giving excellent value for public money.

The Havering Autism Strategy focuses on laying the foundation for the changes needed in local services by:

- Raising awareness of autism in Havering particularly across public and mainstream services
- Working with commissioners and providers of mainstream health and social care services to make their services more accessible for people with autism
- Maximising opportunities to ensure people with autism are socially included and safe
- Developing an effective diagnosis pathway to provide both pre and post diagnosis support
- Working in partnership with housing colleagues to help people with autism to access the right housing
- Supporting peoples' plans and aspirations
- Working closely with employment organisations to support adults with autism to gain and keep work
- Working in partnership with education partners to help people with autism to access education and training.

The longer term ambition is high for Havering with our sights set on us being an Autism Friendly borough. However, we are realistic with the work we need to do and the current constraints. Therefore, we have set out an action plan within this strategy which has ambition but also is tempered to ensure we have a programme which progresses.

Strategic objectives – what we want to do

Strategic objectives were developed from what people of Havering have told us through consultation and feedback from people with autism, their families and carers as well as professionals. To further inform the strategy, Havering Council and its partners have also drawn on the national strategy, statutory guidance and evidence from good practice and effective approaches of supporting people with autism. The objectives are not ranked in any particular order as each of them is as important as the other. This strategy proposes the following strategic objectives for 2017 – 2020:

Training & awareness - Staff within the Council will be aware of autism and capable of interacting appropriately with individuals with autism;

Everyday life - Local support services with the right skills will enable adults with autism to live fulfilling lives, with a particular focus on supporting participation in inclusive and meaningful activities including employment. There will be wider recognition of autism within the local community and organisations and there will be clear information about the services available;

Diagnosis and signposting - Havering will have a clear care pathway in accordance with NICE guidelines allowing adults with autism to access the services and support that they need. Individuals with autism will be fully aware of the support they are able to get within Havering;

Good Transition - Individuals within Havering who have an ASC will have a positive and seamless transition from childhood to adulthood;

Accommodation - Individuals with ASD will have fair and equal access to accommodation, as do others within Havering.

Employment – Local people with autism have an expectation to have the right to gain work and employment. Professionals will support individual ambitions and local employers within Havering will recognise the benefits of employing individuals with autism;

Evidence led planning, commissioning and service provision - Local Authorities and NHS bodies with commissioning responsibility should jointly develop and update local joint commissioning plans for services for adults with autism based on effective joint strategic needs assessment, and review them annually,

Section 2

Introduction

Many people with autism and their families are socially and economically excluded, and services are currently unable to meet their range of needs.

This Autism Strategy for Havering Council and Havering CCG sets out a local response and explores the development of local services to ensure improved outcomes and quality of life for adults with autism, their families and carers[1].

Local Demographics
Havering is the third largest London borough, covering some 43 square miles. It is located on the northeast boundary of Greater London. To the north and east the Borough is bordered by the Essex countryside, to the south by a three mile River Thames frontage, and to the west by the neighbouring boroughs of Redbridge and Barking & Dagenham.

The estimated population of the London Borough of Havering is 249,085[2]. It has the oldest population in London with a median age of approximately 40 years old. The Borough experienced a net population loss of 6.3% from 1983 to 2002 but the population has increased year on year from 2002, with a 10.7% increase from 2002 to 2015. The total Havering population is forecast to rise from around 250,500 in 2016 to 263,900 by 2021.

Havering is one of the most ethnically homogenous places in London, with 83% of its residents recorded as White British, higher than both London and England. About 90% of the borough population were born in the United Kingdom.
It is projected that the Black African population will increase from 3.8% in 2015 to 5.2% of the Havering population in 2030. About 18% of working age people living in Havering disclosed that they have a disability or long term illness.

Development aims in brief
Havering has both short and long term goals. Implementation of actions will be planned and monitored by the Autism Partnership Board (APB), setting out targets from 2017 for the next five years. Developments will be evaluated by the APB each quarter, and detailed in a progress report at the end of every calendar year. This progress report will be published, and made available to the public.

Building on foundations
There is a range of good practice across Havering, offering some robust and innovative services to local people with autism. Utilising learning and knowledge from these services, and exploring other initiatives taking place nationwide, will allow the area to grow and develop from an informed base. Determined actions will enable steps to be taken to ensure that existing good practice flourishes, and that all services can have the quality and variety required and expected by local people. A complete list of actions can be found on pages 15-20 of this document.

Havering Adults Partnership Board will implement and monitor the autism strategy.

[1] The term 'autism' is used in this document to mean all people with an autistic spectrum condition. A specific area on the spectrum will be referred to if relevant. The term 'behaviour that challenges' is also used as a definition of children or adults who can display a range of behaviours that sometimes challenge families, professionals and themselves. The descriptions of 'autistic people' and 'people with autism' will be used in this document, in reflection of different preferences of self-identification.
[2] This is Havering; A Demographic and Socio-Economic Profile March 2017.

Aim

The strategy aims to provide co-ordination for the excellent work that is already in place in Havering, and maximise the opportunities for joint working between member organisations of the Adult Autism Partnership Board. It is based on priorities outlined in national policy and statutory guidance and local needs. By working together, we hope that the implementation of this strategy will help make Havering a better place for everyone and enable those affected by autism to live healthier, safer and more fulfilling lives.

The Autism Act (2009) and national autism strategy sets out a vision that all adults with autism will be able to live fulfilling and rewarding lives within a society that understands and accepts them.[3] This strategy is set within the context of severe resource constraints, and no additional central government funding. This has inevitably resulted in modest developments and a focus on what can be done within existing resources.

Scope of the strategy

The strategy focuses on adults (over 18) in Havering who have Autism and who do not have a learning disability. The rationale for the scope of the strategy is that people with an Autistic Spectrum Condition who also have a learning disability are assessed for social care services through the learning disability service. A key issue that needs to be addressed is that young people with autism (some of whom have been supported in childhood) are finding themselves without any support when they reach 18 years unless they have another disability. This is either due to not being eligible for services based on the interpretation of eligibility criteria; or it is due to difficulty accessing services that they are eligible for but which do not adequately cater for the needs of people on the higher functioning end of the autistic spectrum.

Strategy development process

The strategy has been informed by local and national research and best practice, and is built upon an analysis of current and future need. Havering Council and the Havering Clinical Commissioning Group (CCG) have been talking to people about autism. This has included people with autism and their families/ carers; professionals who diagnose and/ or support people with autism; and organisations that support people with autism and their families/ carers.

We have been asking what improvements or changes need to be made to improve the services and support people with autism access to ensure they lead fulfilling and active lives and achieve their full potential.

We have listened to what people have told us and looked at national best practice to develop this draft strategy. We now need you to tell us if the strategy has properly captured all of the issues in Havering and is suggesting the right actions that need to be taken.

This draft strategy will go through a period of consultation with local people with autism, parent carers and professionals, before the strategy is agreed by the Partnership Board and signed off.

The final version of the Havering Autism Strategy will provide overarching guidance around the planning and provision of services for people with autism during child and adulthood. There will be two updates to the Strategy each year between 2017 – 2022. These updates will also be consulted upon and any changes made co-produced. The Havering Autism Partnership Board will own and oversee the progress of the strategy and action

[3] Fulfilling and rewarding lives: the strategy for adults with autism in England DH 2010

plan and will review the progress through the board.

Section 3

What is Autism?

Autism is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people.

Autism occurs early in a person's development, it is neither a learning disability nor a mental health problem although mental health problems are more common among people with autism and it is estimated that one in three of adults with a learning disability also have autism.

Autism is a relatively 'modern' diagnosis; the term 'autism' only came into common clinical use in the 1960s and whilst most diagnosis now occurs in childhood many adults remain undiagnosed. Getting a diagnosis can be a crucial milestone for people with autism; many have felt different and unable to "fit in" for all of their lives.

Autism is a disorder which affects how a person makes sense of the world, processes information and relates to other people. It is known as a spectrum disorder or spectrum condition because the difficulties it causes can range from mild to severe, and these affect people both to different degrees and in different ways. Nonetheless, all people with autism share three areas of difficulty; often referred to as "the triad of impairments", (Wing and Gould, 19791):

- Social communication - difficulty using and understanding verbal and non-verbal communication, such as gestures, facial expressions and tone of voice
- Social interaction - problems in recognising and understanding other people's feelings and managing their own; and
- Social imagination - problems in understanding and predicting other people's intentions and behaviour and imagining situations beyond their own experiences.

People with autism may experience over or under-sensitivity to sounds, touch, tastes, smells, light or colours. Many people with autism may also have other conditions such as attention deficit hyperactivity disorder, a learning disability or dyspraxia.

As a result of interaction between the three main areas of difficulty, sensory issues and the environment, people with autism may experience:

- increased anxiety levels
- a need for routines, sometimes having a compulsive nature
- difficulties in transitioning to a new activity
- difficulties generalising skills learnt in one situation to another
- focussed and/or committed interests
- the ability to be highly focussed when on a specific task
- difficulties with self-awareness, understanding and expressing their own needs

Autism affects people in different ways; some can live independently without any additional support, while others require a lifetime of specialist care. The needs of adults with autism thus vary widely. A significant proportion of adults with autism across the whole autistic spectrum experience social and economic exclusion. Improving access to local support and services is important to develop the skills and independence of adults with autism in Havering.

Their condition can be overlooked or missed by healthcare, education, and social care professionals, which create barriers to accessing the support and services they need to live independently. In addition, people with autism are more likely to have coexisting mental and physical disorders, and other developmental disorders. Some may have contact with the criminal justice system, as

either victims of crime or offenders, and it is important that their needs are recognised.

Autism is a lifelong condition and people may need support and to use services at any time in their life.

Those with an ASC who have associated learning disabilities or additional mental ill-health will usually be eligible for formal Social Care support.
The focus in this strategy is on those with 'high functioning Autism' or Asperger syndrome; although the content of this document will be relevant to all people with Autism.

Asperger Syndrome (AS) or High Functioning Autism[4] (HFA) is a condition within the autism spectrum and is the term commonly used to describe people with autism who have no additional learning disability. It is often difficult to tell if someone has the condition as their level of intellectual ability can often disguise the level of their disability. People with AS/HFA are potentially amongst the most vulnerable and socially excluded in society and are likely to experience difficulties with obtaining and sustaining employment, completing further education, living independently, forming relationships, securing and keeping accommodation or making friends. They are also more vulnerable to exploitation due to their lack of social insight and mental health problems, particularly anxiety, depression and higher suicide rates.

[4] HFA – Higher Functioning Autism will be used to describe people with an IQ of 70 or above. This will include those with Asperger's Syndrome (AS) although in the literature this is sometimes a separate category.

Section 4

National & Local Guidance

The Havering Autism Strategy will be influenced by national and local policy and research, with particular reference to the following:

National Autism Strategy

Autism services for adults are shaped by the National Autism Strategy for Adults, Fulfilling and Rewarding Lives. This has five main areas for development:

- Increasing awareness and understanding of autism
- Developing pathways for diagnosis and personalised needs assessment
- Improving access to support services in the local community
- Helping people with autism into work
- Enabling local partners to plan and develop appropriate services

Most recently, the Government has published Think Autism; which updated the original strategy and issued statutory guidance on it in March 2015. This updated strategy confirmed that all of the recommendations and duties from the 2010 strategy still applied to local authorities and NHS bodies and implemented 3 new initiatives:

1. Autism Aware Communities - Think Autism community awareness projects to be established in local communities with pledges/awards for local organisations to work towards;

2. The establishment of an Autism Innovation Fund which will provide funding to promote innovative local services and projects, particularly for lower-level preventative support;

3. Better data collection and more joined up advice and information services - including social care staff recording someone's condition as autism, and a commitment to make it easier for people with ASC to find information online about how their local authorities are performing.

The guidance also stated that local authorities and the NHS:

- should provide autism awareness training for all staff;
- must provide specialist autism training for key staff, such as GPs and community care assessors;
- cannot refuse a community care assessment for adults with autism based solely on IQ;
- must appoint an autism lead in their area;
- have to develop a clear pathway to diagnosis and assessment for adults with autism; and
- need to commission services based on adequate population data.

Statutory Guidance

The statutory guidance has been published to ensure the implementation of the adult autism strategy. It tells local authorities, NHS bodies and NHS Foundation Trusts what actions should be taken to meet the needs of people with autism living in their area. Latest guidance was published in March 2015, which replaced the previous guidance from 2010.
It clearly states that local authorities and the NHS:

- Should provide autism awareness training for all staff
- Must provide specialist autism training for key staff, such as GPs and community care assessors

- Cannot refuse a community care assessment for adults with autism based solely on IQ
- Must appoint an autism lead in their area
- Have to develop a clear pathway to diagnosis and assessment for adults with autism
- Need to commission services based on adequate population data.
- As the guidance is statutory, local councils and local health bodies have a legal duty to implement it.

Local Context

Havering's Joint Commissioning Strategy 2017 – 2020 is fundamentally about Prevention, managing demand for services by improving the well-being of people in the community. Within the document, three high level strategic goals which Havering commissioning will be working to deliver are set out:

- Prevention - to maximise independence or maintain it for as long as possible
- Increasing the scope and scale of personalisation
- Delivering Integrated services and working in partnerships to achieve improved outcomes

The current development of the Voluntary and Community Sector Strategic Commissioning Framework offers a good opportunity to address some of the needs of those with HFA within generic services particularly around Information, Advice and Guidance; Advocacy and Support; Prevention Services
The draft Joint Havering Carers Strategy 2016-19 specific targeted work to review support available to families where carers may be elderly and frail and caring for adults with learning disabilities and autism, and where they may need support for planning for the future, for when the carer reaches the end of their life and the support for the adult with learning disabilities and/or autism thereafter.

Section 5

Current and Future Demand

This section summarises the needs analysis and outlines the methodology that has been used in Havering and summarises the findings. Research and information about prevalence rates is used to make population projections currently and going forward. Information about how many people with autism are currently known to services in Havering is also described.

Population Projections and Prevalence Rates

What methodology have we used in Havering?
There is no single reliable source of prevalence figures for the numbers of people with autism in Havering. According to national prevalence data[5], people with autism make up at least 1.1% of the population and have significant, identified needs. At present, the total number of all people with autism in Havering is estimated to be 2,740.

The lack of comprehensive information on the numbers and needs of adults with autism leads to their exclusion from planning and commissioning processes. While the number of adults age 18-64 is currently approximated as 1,450, there is no data on people age 65 and over. Data from social care indicates there are currently 242 people with autism and a learning disability and 24 people with autism without a learning disability known to be receiving services. It is not known how many people with autism may receive support through housing, employment, health and other agencies. This points to a significant local adult population who do not receive statutory support. In addition, by 2030, the population of autistic adults in Havering is expected to rise by 16%.

With current identified numbers, as well as an expected growth in population, it is vital that comprehensive quality data is collected to ensure services can accurately expand to required demands.

The Institute of Public Care POPPI and PANSI demographic tools estimate the current and future population of those with Autism in Havering as follows:

People aged 18+ in Havering predicted to have autistic spectrum disorders, projected to 2030

	2015	2020	2025	2030
People aged 18-24	204	192	194	223
People aged 25-34	316	340	338	326
People aged 35-44	300	317	351	373
People aged 45-54	341	330	326	349
People aged 55-64	283	315	331	326
People aged 65-74	223	237	248	279
People aged 75	186	206	246	273
Total population aged 18+	**1,853**	**1,937**	**2,034**	**2,149**

Children & Young people
From our projections we can see that the numbers of children and young people with communication and interaction needs will continue to rise, although not as sharply as the past three years. However, we are expecting a 10% increase in the next three years and in the following three years a further 8%[6].

Summary of prevalence estimates

Gathering data on the numbers and needs of people with autism at a local level is challenging as historically services have not collected comprehensive data about this population. Health and adult social care services are likely to know only a small number of all local people with autism because many people are undiagnosed and not all people with

[5] Brugha, T et al. (2012). Estimating the prevalence of autistic spectrum conditions in adults: extendinv the 2007 Adult Psychiatry Morbidity Survey. Leeds: NHS Information Centre for Health and Social Care

[6] Havering High Needs Review Draft 2017

autism will come into contact with health and social care services.

The latest prevalence studies of autism indicate that 1.1% of the population in the UK may have autism.

When applied to London Borough of Havering's current estimated population (214,000) this equates to just over 2,300 people (adults and children) in Havering.

Section 6

Action plan

This Havering Adult Autism Action plan is a joint response to the national guidance set out initially in the key themes within Fulfilling and Rewarding Lives (2010) but with a conscious effort to align with the refreshed new challenges and priorities set out in Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update (2014). This is the nub of the strategy and describes what we intend to do to improve services over the next five years for people with autism and their carers.

Our response has been developed from the agreed local objectives through the partnership board derived by agencies, people with autism and carers in Havering to develop services and supports which can meet the needs of people with autism. Prioritisation of work within the action plan will be overseen by the partnership board.

Implementation and Monitoring Arrangements

This is the strategy of the Havering Adult Autism Partnership Board and is thus a multi-agency strategy to which all member agencies have contributed.

The Adult Autism Partnership Board will be responsible for ensuring that the priorities identified in the Strategy are implemented through an Action Plan.

The Havering Adult Autism Partnership Board was established to bring together key organisations and representatives of people with autism and their carers. The terms of reference for the Board set-out appropriate governance arrangements to take this strategy forward. Since the Adult Autism Partnership Board spans adult health and social care services it will report to the Joint Commissioning Board for Havering Council and Havering Clinical Commissioning Group and then to the Health and Wellbeing Board.

The Havering Adult Autism Partnership Board will meet every three months. Sub-groups will be formed as required to work on specific work areas in-line with the strategy and action plan. They will report to the full Partnership Board as necessary.

Havering Autism Partnership Board will monitor outcomes using the following quality indicators, which are aligned to the Autism Self-Assessment Framework:

- Adults with autism achieve better health outcomes.
- Adults with autism are included and economically active.
- Adults with autism are living in accommodation that meets their needs.
- Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets.
- Adults with autism are no longer managed inappropriately in the criminal justice system.
- Adults with autism, their families and carers are satisfied with local services.
- Adults with autism are involved in service planning.

Havering Autism Strategy Action Plan 2017 - 2022

Training & awareness				
Outcomes	**Proposed actions**	**Who can do this**	**Timeline**	**Status Update**
Front-line staff have access to training which enables them to recognise autism and make reasonable adjustments and adapt the support they give to adults with autism, particularly if they have additional needs such as a mental health problem, a learning disability or challenging behaviours.	Adult Autism Partnership Board to work together to develop a communications plan and strategy to raise wider awareness of autism and promote existing schemes such as the Wiltshire Autism Alert Card.	Havering Adult Autism Partnership Board	2017 - 2022	
Havering's Community Safety Partnership recognises autism as a priority and there are established relationships between the Adult Autism Partnership Board and the Havering Community Safety Partnership which support the Autism Strategy.	Establish relationships with the Havering Community Safety Partnerships in order to bring agencies together to develop plans to support the Autism Strategy.	Havering Adult Autism Partnership Board	2017 - 2022	
Those working in the criminal justice system who come into contact with adults with autism are aware of autism and know how to recognise it.	Ensure appropriate representation from the criminal justice system on the Havering Adult Autism Partnership Board.	Havering Adult Autism Partnership Board	2017 - 2022	
Those working in the criminal justice system make reasonable adjustments for autism and when appropriate refer people with autism to health and care support to divert them from offending, where appropriate, and prevent re-offending	Consider training needs of local police and criminal justice agencies as part of wider training needs assessment and consider undertaking some joint training with police forces and criminal justice services working with people with autism.	Havering Adult Autism Partnership Board	2017 - 2022	
Everyday life				
Outcomes	**Proposed actions**	**Who can do this**	**Timeline**	**Status Update**
People and organisations in Havering have opportunities to raise their awareness and acceptance of autism.	Undertake a training needs assessment to identify training needs for those who would benefit from	Havering Adult Autism Partnership Board	2017 - 2022	

	general autism awareness training and more specialist training.			
Autism awareness is included in equality and diversity training of all health and social care services in Havering.	Map and review autism training currently available in Havering with a view to promoting a multi-agency programme of training led by the Adult Autism Partnership Board.	Havering Adult Autism Partnership Board	2017 - 2022	
GPs, as the gatekeepers to diagnostic services, have adequate training and information available so that they have a good understanding of the whole autistic spectrum and the local diagnostic pathway and how to refer.		Havering Adult Autism Partnership Board	2017 - 2022	
People with autism feel accepted within their local community.		Havering Adult Autism Partnership Board	2017 - 2022	
Diagnosis and signposting				
Outcomes	**Proposed actions**	**Who can do this**	**Timeline**	**Status Update**
Clear pathways of care are in place in Havering for diagnosis, post-diagnosis and care assessments.	Ensure up-to-date protocols are in place for the provision of relevant information to adults with autism and their family or carers at the point of diagnosis and signposting/referral to other appropriate services including a community care assessment.	Havering Adult Autism Partnership Board	2017 - 2022	
Information about support services in Havering available to people with autism is up-to-date and accessible in a way that is appropriate and identifiable.		Havering Adult Autism Partnership Board	2017 - 2022	
Local preventative support and activities that enable people with autism to be connected with peers and other local community groups are available across	Adult Autism Partnership Board members to work together to map existing voluntary and community information and advice and work with	Havering Adult Autism Partnership Board	2017 - 2022	

Havering.	commissioners across health and social care to scope with service users and carers the way their needs can be addressed to ensure that they continue to have access to information and advice, and peer networks which help them to feel in control of their lives to maintain their independence and wellbeing.			
Good Transition				
Outcomes	**Proposed actions**	**Who can do this**	**Timeline**	**Status Update**
All young people with autism are supported to think about, prepare, understand and plan what and where they want to be in the future.	Develop a transition pathway for all young people with autism preparing for adulthood including those not receiving children's services or with special educational needs and disability to support good transitions to adulthood.	Havering Adult Autism Partnership Board	2017 - 2022	
Young people with autism approaching transition are offered appropriate assessments through education and adult social care (based on national eligibility criteria) and carers are offered a carer's assessment.	Ensure information about transition is easily accessible on the Havering website	Havering Adult Autism Partnership Board	2017 - 2022	
Sources of information and support are easily accessible to young people with autism who are preparing for adulthood and to everyone including those not eligible for adult social care. This should be part of the Local Offer on the Havering website.		Havering Adult Autism Partnership Board	2017 - 2022	
Accommodation				
Outcomes	**Proposed actions**	**Who can do this**	**Timeline**	**Status Update**
The housing needs of adults with autism in Havering are well understood and	Develop work to assess and understand better the housing needs	Havering Adult Autism Partnership Board	2017 - 2022	

housing strategy and planning is informed by local evidence of need.	of people with autism in Havering.			
All adults with autism in Havering are supported to live as independently as they are able and have choice and control over where they live and with whom	Identify ways of working with Havering housing teams to inform plans for housing that supports people with autism to live independently.	Havering Adult Autism Partnership Board	2017 - 2022	
Those undertaking assessment for young people and adults with autism have the training to support assessment of housing needs and are able to offer appropriate advice and support.	Develop staff training and pathways to support people with autism to access information and support about housing.	Havering Adult Autism Partnership Board	2017 - 2022	
Employment				
Outcomes	**Proposed actions**	**Who can do this**	**Timeline**	**Status Update**
Transition and the assessment and care planning process for adult needs for care and support considers participation in employment as a key outcome, if appropriate, and looks at the ways that any such needs may be met in a way which could support adults with autism to become 'work ready'.	Work with local employers, colleges and support services to ensure that there are employment opportunities for people with autism in Havering and that appropriate support is available to help people with autism to find and keep a job.	Havering Adult Autism Partnership Board	2017 - 2022	
There is a wide range of employment opportunities for people with autism in Havering and a range of employment services and support in Havering that can be accessed by people with autism. Those for whom paid employment is not appropriate have support to identify alternative opportunities for meaningful occupation.	Adult Autism Partnership Board member agencies to identify ways in which they as employers lead the way in recognising the value of employing people with autism and by actively recruiting and employing more people with autism	Havering Adult Autism Partnership Board	2017 - 2022	
Employers and employment agencies in Havering have an awareness and understanding of autism and are able to make reasonable	Promote access to guidance and training for employers and employment support services about autism and employing people with	Havering Adult Autism Partnership Board	2017 - 2022	

adjustments for people with autism in recruitment processes and employment arrangements.	autism.			
Improved commissioning				
Outcomes	**Proposed actions**	**Who can do this**	**Timeline**	**Status Update**
There are clear local commissioning plans in place which have been informed by recommendations from the Havering Adult Autism JSNA and local intelligence about need.	Adult Autism Partnership Board to develop and monitor an annual action plan based on the local and national strategy and Havering Adult Autism JSNA led by a named joint commissioner/senior manager who leads commissioning of care and support services for adults with autism in the area, known as the autism lead. Adult Autism Partnership Board members to work together to ensure information sharing protocols are in place and that all necessary information for service planning is available.	Havering Adult Autism Partnership Board	2017 - 2022	
Plans are in place for local services to (as a minimum) gather information locally about: • The number of adults known to have autism • The range of need for support to live independently • The age profile of people with autism in the area – to enable local partners to predict how need and numbers will change over time	Adult Autism Partnership Board members to work together to develop and improve methods of data collection to ensure that the numbers of people with autism in their area of responsibility are appropriately recorded and analysed, and information about need (health, social care, education, employment, housing) is captured.	Havering Adult Autism Partnership Board	2017 - 2022	
Adult Autism Partnership Board has agreed clear governance structures in place and reporting mechanisms through to the Joint Commissioning Group and		Havering Adult Autism Partnership Board	2017 - 2022	

Health and Wellbeing Board to monitor progress against agreed actions and to ensure senior level sign off for responses to the national autism self-assessment exercises and other appropriate developments around the delivery of the local autism strategy.				
The Adult Autism Partnership Board has strong service-user representation and the views and aspirations of adults with autism and their carers are taken into account when decisions are made about service in Havering.		Havering Adult Autism Partnership Board	2017 - 2022	

Appendix

Havering Autism Partnership Board
Terms of Reference 2017

1. Background
The National Autism Strategy and statutory guidance published in 2010 set out that every local area is expected to have an Autism Partnership Board (APB) in place or a similar mechanism to ensure that all relevant stakeholders, including people with autism and their families and senior commissioners of health and care services help identify local need and plan appropriate services and support.
The need for strong local partnership working with people with autism and their families was reiterated in Think Autism, an update to the strategy for adults with autism in England published in April 2014 and in the updated statutory guidance.

2. Purpose of the Group
The purpose of the Havering Adult Autism Partnership Board is to provide a forum for all stakeholders with an interest in autism in Havering, including people with autism and their families, commissioners and providers of health and care services, and community and voluntary sector organisations to come together to help identify local need and work together to in the planning and delivery of appropriate services and support for people with autism in Havering.

3. Objectives
The objectives of the Havering Adult Autism Partnership Board are to:

• Contribute to the development and endorse an Adult Autism Strategy for Havering in-line with the National Autism Strategy.

• Work with commissioning leads to develop and implement an annual action plan with clear objectives and milestones for delivery in-line with the Adult Autism Strategy for Havering and the National Autism Strategy.

• Support and advise all stakeholders on the implementation of the Adult Autism Strategy for Havering and the National Autism Strategy and regularly review progress towards the annual action plan.

• Promote joint working and service improvement through sharing resources and expertise and local and national examples of good practice.

• Raise awareness and understanding of issues affecting people on the autistic spectrum.

• Encourage new and innovative ways to support all adults in Havering with autism to live fulfilling and rewarding lives within a society that accepts and understands them.

4. Accountability/ Governance
The Havering Adult Autism Partnership Board will span adult health and social care services and will therefore report to the Joint Commissioning Group for Havering Borough Council and Havering Clinical Commissioning Group.

5. Membership

Membership of the Adult Autism Partnership Board will include:

• Local people with autism from across the spectrum (up to 3 members)
• Local people who have experience of caring for someone on the autism spectrum (up to 3 members)
• Elected member with an interest in autism
• Lead Commissioner for adult autism for Havering (LBH/CCG)
• Professional Lead for Autism
• Local GP with interest in autism
• Healthwatch Havering
• Representatives from commissioned service providers including:
• Autism Diagnostic Service
• Social Care
• Representatives from the community and voluntary sector
• Representatives from Criminal Justice Service (when required)
• Representatives from employment services e.g. Job Centre Plus (when required)
• Representatives from education

6. Meeting arrangements

The Havering Adult Autism Partnership Board will meet every three months. Additional meetings will be held if necessary. Sub-groups may be formed as required to work on specific projects. They will report to the full Partnership Board as necessary. Subgroup meetings will be held at appropriate intervals.

Meeting Chair to be agreed by the Autism Partnership Board and reviewed annually.

The Havering Adult Autism Strategy and annual implementation plan will form the basis of the agenda for meetings. Standing agenda items will include:

• Welcome, introductions and apologies
• Notes from the last meeting
• Review of progress against implementation plan
• Member agency updates

Additionally, the Adult Autism Partnership Board may invite subject experts to provide updates and presentations on specialist subject areas.

7. Review Arrangements

These terms of reference will be reviewed annually by the Autism Partnership Board.

Approved: XXXX 2017

Next review: XXXX 2017

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	**London Health Inequalities Strategy**
Board Lead:	**Mark Ansell, Acting Director of Public Health, LB Havering**
Report Author and contact details:	**Mark Ansell,** **mark.ansell@havering.gov.uk** **01708 431818**

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 Mayor of London is consulting on a strategy to reduce inequalities in health across London.

RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to note the strategy and consider: -

- contributing to the consultation before the closing date on 30th November with the aim of maximising the benefit to local residents at risk of poorer health
- whether inequalities should be a theme in the Board's next Joint Health and Wellbeing Strategy to be developed in 2018.

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REPORT DETAIL

See attached slide set

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

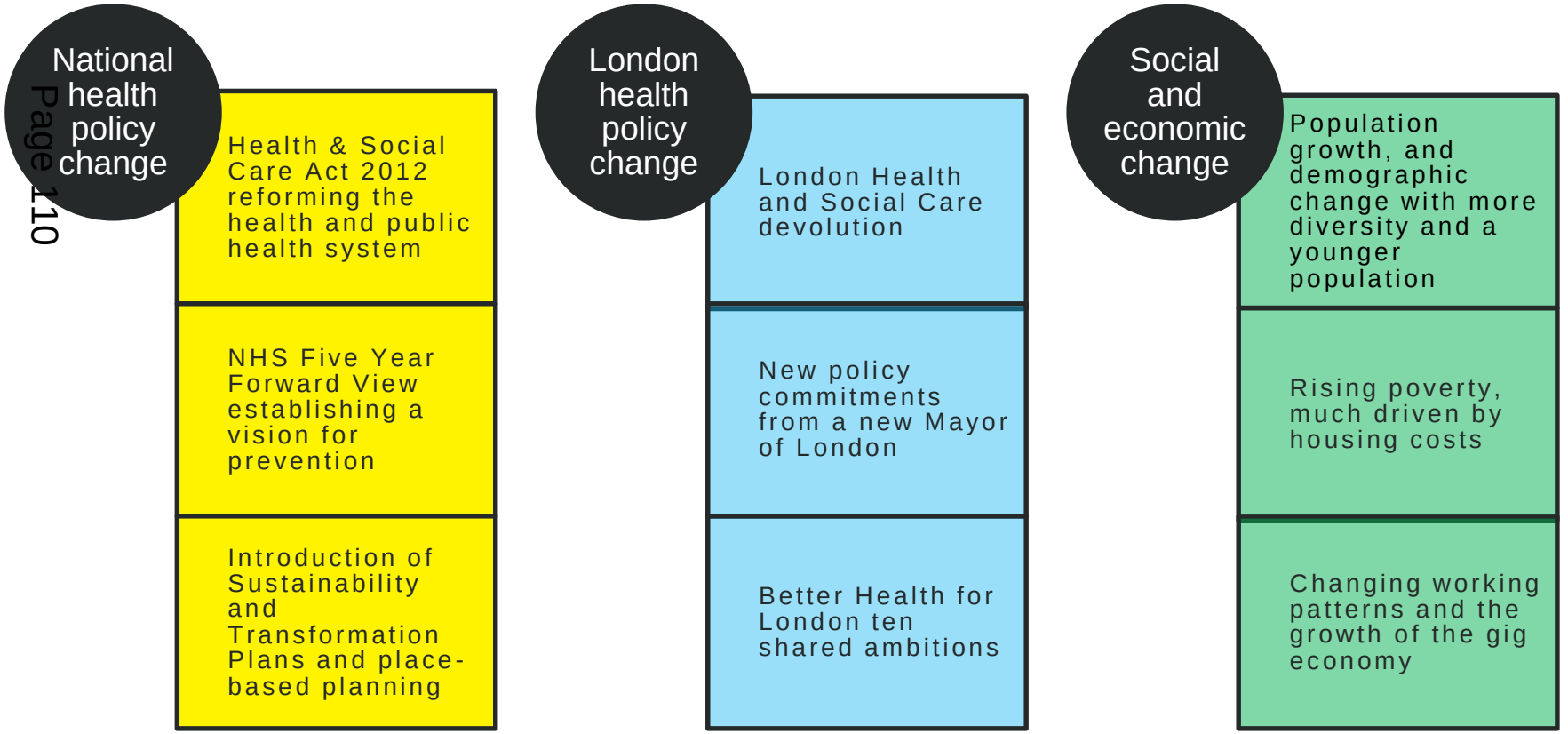
None

MAYOR OF LONDON

Developing the London Health Inequalities Strategy

August 2017

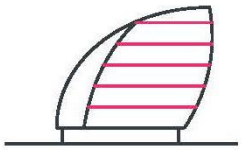
Why do we need a new health inequalities strategy?



What is the Mayor's role in health inequalities?

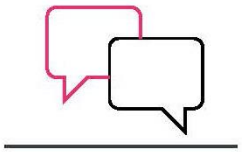
ENSURING ALL THE MAYOR'S WORK CONTRIBUTES

- Environment
- Planning
- Housing
- Transport
- Economic development
- Culture
- Policing



CHAMPIONING WORK FROM ACROSS LONDON

- Speaking out about health inequalities
- Challenging and championing the health sector to reduce inequalities
- Generating consensus from others as chair of the London Health Board

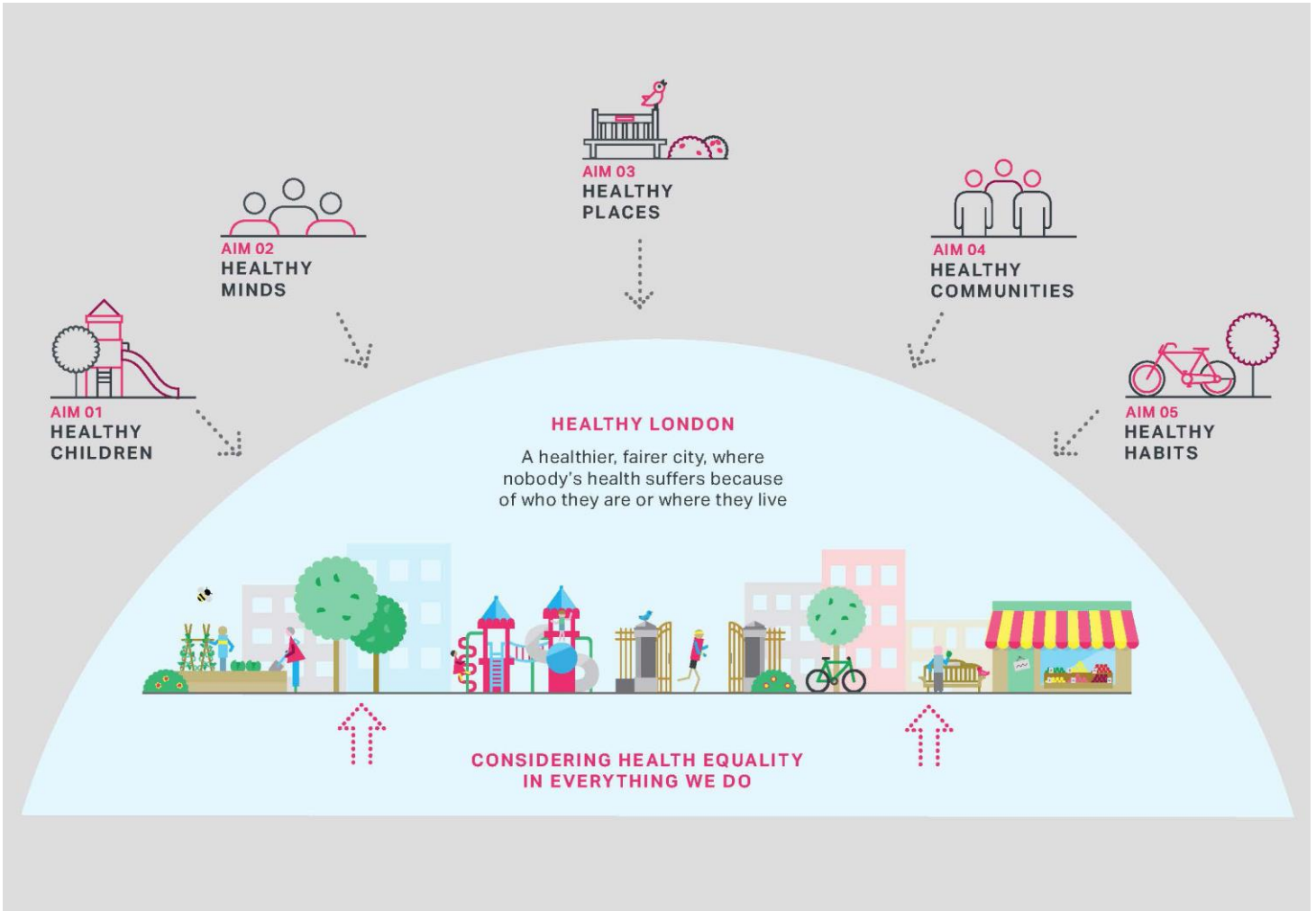


DIRECTING SUPPORT FROM CITY HALL

- Delivering City Hall's health programmes
- Consulting and engaging Londoners
- Reporting on actions and outcomes

NOT: setting health policy or commissioning health or public health services

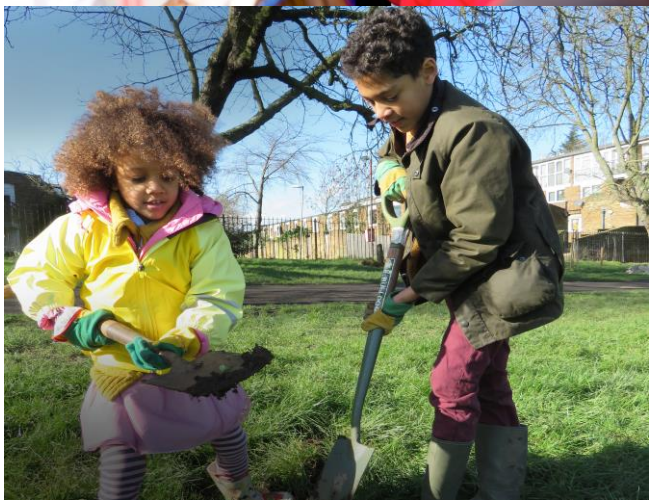
London Health Inequalities Strategy DRAFT aims



AIM 1, healthy children: every London child has a healthy start in life

Draft objectives:

- London's babies have the best start to their life.
- Early years settings and schools support children and young people's health and wellbeing.



Key Mayoral ambition

- Launching a new health programme to support London's early years settings, ensuring London's children have healthy places in which to learn, play and develop.

AIM 2, healthy minds: all Londoners share in a city with the best mental health in the world

Draft objectives:

- Mental health becomes everybody's business across London.
- The stigma associated with mental ill-health is reduced, and awareness and understanding about mental health increases.
- London's workplaces are mentally healthy.
- Londoners can talk about suicide and find out where they can get help.

Key Mayoral ambition

- To inspire more Londoners to have mental health first aid training, and more London employers to support it.

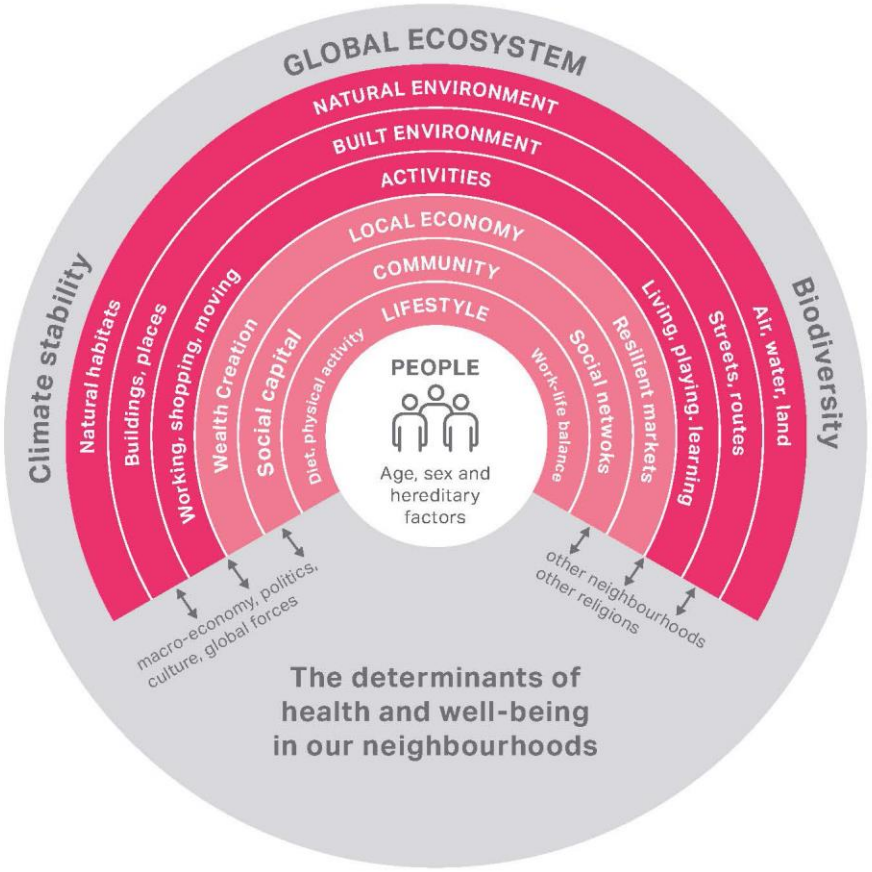
AIM 3, healthy place: all Londoners benefit from a society, environment and economy that promotes good mental and physical health

Draft objectives

- Improve London's air quality
- Promote good planning and healthier streets
- Improve access to green space and make London greener
- Address poverty & income inequality
- More Londoners supported into healthy, well paid and secure jobs
- Housing quality & affordability improves
- Homelessness and rough sleeping is addressed

Key Mayoral ambition

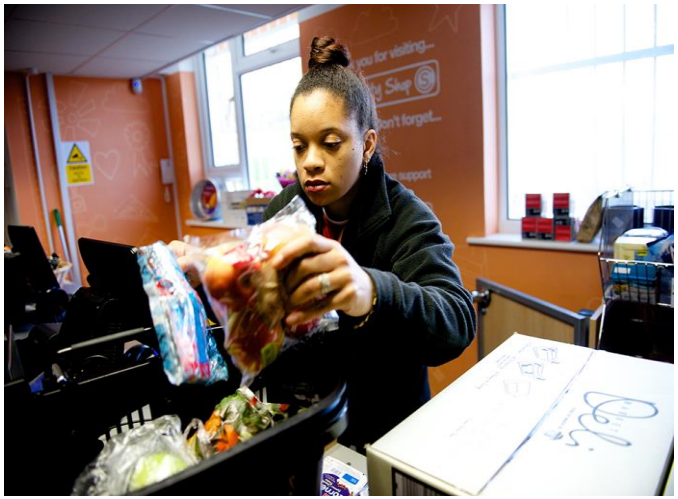
- To work towards London having the best air quality of any major global city



AIM 4, healthy communities: London's diverse communities are healthy and thriving

Draft objectives:

- It is easy for all Londoners to participate in community life
- All Londoners have skills, knowledge and confidence to improve health
- Health is improved through a community and place-based approach
- Social prescribing becomes a routine part of community support across London
- Individuals and communities supported to prevent HIV and reduce the stigma surrounding it
- TB cases among London's most vulnerable people are reduced
- London's communities feel safe and are united against hatred.



Key Mayoral ambition

- To support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing

AIM 5, healthy habits: the healthy choice is the easy choice for all Londoners

Draft objectives:

- Childhood obesity falls and the gap between the boroughs with the highest and lowest rates of child obesity reduces
- Smoking, alcohol and substance misuse are reduced among all Londoners, especially young people

Key Mayoral ambition

- To work with partners towards a reduction in childhood obesity rates.

Reducing Health Inequalities in London needs a partnership effort

Therefore

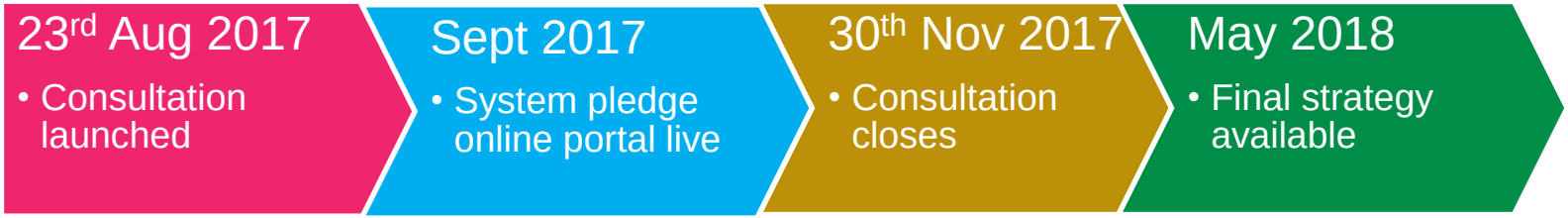
- We have planned multiple & cross cutting discussions to take place across the London system during Sept - Nov to stimulate system commitment to action
- We want to work with partners to co-produce and work collectively with business, public sector and civil society partners to work on ideas/proposals to implement in the short to medium-term
- We are collectively developing a set of indicators that will help us measure our impact
- We want to stimulate action (pledges) and propose to capture these on a London pledge board available in late Autumn
- Our activity and progress will be steered by the revised London Prevention Board with its broad membership stimulating city-wide action
- We have a vision to add & grow city-wide commitment to reducing health inequalities & celebrate success throughout 2018 & beyond

How to get involved?

To find out about or respond to the consultation online go to: https://www.london.gov.uk/health-strategy
If you're an individual, you can also respond via Talk London and a YouGov public poll: https://www.london.gov.uk/talk-london/healthstrategy
To attend a meeting, email: healthinequalities@london.gov.uk and mark your email '**Meetings**'.
We will be offering some Drop-In sessions. To be confirmed by end of Aug and will be published on GLA website

Consultation Questions

- Are the ambitions right?
- Is there more that the Mayor can do to reduce health inequalities in London?
- What can we do together that would reduce health inequalities in London?
- What support would you need to do this?



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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Draft joint suicide prevention strategy between Havering and Barking & Dagenham
Board Lead:	Mark Ansell
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 paper was presented to the Health and Wellbeing Board in September 2017 regarding the development of a local suicide prevention strategy and action plan, which is the result of collaboration between Havering and Barking and Dagenham.

Attached is the draft Suicide Prevention Strategy which has been informed by Public Health England Guidance, the National Suicide Prevention Strategy for England, and engagement with stakeholders (including a workshop held in October 2017).

The key points to note are that:

- whilst rates of suicide in Havering and Barking and Dagenham are lower (better) than London and England, there is no room for complacency: suicide has a long lasting and devastating impact on those affected
- many suicides are preventable
- concerted action across a broad range of factors and by a range of partners is required to prevent suicide

The draft Suicide Prevention Strategy proposes two aims:

1. To reduce rates of suicide across Barking and Dagenham and Havering by one third by 2020/21. This is a highly ambitious aim which, if achieved, will mean that the two boroughs will be the best performing areas in England.
2. To ensure that people who are affected by suicide in our boroughs receive help and support.

The steering group acknowledges that many actions are required to address the issues that contribute to suicide (as summarised in Appendix 3) and the group plans to address these during the lifetime of the strategy. However, the steering group also recognises that there is a need to prioritise which actions to focus on first. The draft document describes seven priority actions (see pages 6 – 7) which have been informed by discussions at steering group meetings, and wider participation at the workshop event.

The Steering Group will oversee delivery of the seven priority actions, and will appoint a lead for each area. The appointed lead will develop a project plan that sets out key milestones over the first eighteen months of the strategy.

The Steering Group will also develop a process to monitor the delivery of the strategy, including a dashboard of indicators.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to

- send comments on the draft strategy to the author by 1 December 2017
- agree that the Chairman may take Chairman's action to sign off the final version of the strategy on behalf of Havering Health and Wellbeing Board (by 31 December 2017)
- agree to receive an annual progress report on the implementation of the strategy's action plan and its impact on suicide rates

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REPORT DETAIL

No further detail

IMPLICATIONS AND RISKS

As this is a joint strategy and action plan, there is a risk that Barking and Dagenham HWB and Havering HWB may have differing views about the strategy and thus the strategy not agreed within the timescale required (i.e. by end 2017).

BACKGROUND PAPERS

No further background papers

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Barking and Dagenham, and Havering

Suicide prevention strategy

2018-2022

DRAFT VERSION 1

Document Control

Name	Barking and Dagenham and Havering Joint Suicide Prevention Strategy
Version number	
Status	
Produced by	The Barking and Dagenham and Havering Suicide Prevention Steering Group
Approved by	London Borough of Havering Health and Wellbeing Board
On	
Approved by	London Borough of Barking and Dagenham Health and Wellbeing Board
On	
Review date	

Version history

Version	Status	Date	Dissemination/Change
Draft 1	Draft	15 Nov 17	First draft for comment

Approval history

Version	Status	Date	Approved by

Contents

Introduction

In their role as leaders for public health, local authorities are ideally placed to coordinate work on suicide prevention. Given that many of the relevant partners work across borough boundaries, the London Boroughs of Havering, and Barking and Dagenham, chose to jointly initiate a multi-agency Suicide Prevention Steering Group to oversee development of a common strategy. London Borough of Redbridge has pre-existing arrangements.

The Steering Group (see Appendix 1 for membership) oversaw the development of the strategy, which was informed by Public Health England Guidance[1], the National Suicide Prevention Strategy for England[2] and engagement with a wide range of stakeholders across the two boroughs at a workshop in October 2017 (see Appendix 2 for list of attendees).

From the outset, the Steering Group recognised that every suicide has devastating consequences for individuals, their families, communities, and wider society and in most if not all cases, there are opportunities to intervene that aren't taken. Statutory services have a role to play; but only by engaging all sections of public life and the wider community will we foster individual and community resilience; ensure that vulnerable people at risk of suicide are supported and kept safe from preventable harm; and ensure a quick intervention when someone is in distress or crisis. Only when we are confident every possible step has been taken or better still, we experience 'zero suicides' will we have done enough.

In the meantime, this strategy sets out an ambitious initial target - to reduce rates of suicide by one-third by 2020/21. At the same time, we will improve our understanding of suicide so that through further iterations of this strategy we will work to identify and take every opportunity to prevent suicide with the ultimate aim of achieving 'zero' suicides.

Aims

The aims of this strategy are:

a) to reduce rates of suicide across Barking and Dagenham and Havering by one third by 2020/21
b) to ensure that people who are affected by suicide in our boroughs receive help and support.

[1] Public Health England (2016) *Local suicide prevention planning; a practice resource* avail https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

[2] Department of Health (2012) *Suicide prevention strategy for England*

Objectives

The dual aims of the strategy will be achieved by the following objectives, which are grouped into three themes; prevention, support at times of crisis, and support for those affected by a suicide:

Theme 1: Prevention

1. strengthening mental wellbeing in the wider community
2. ensuring local residents and people working in the borough are trained to deliver preventative interventions
3. reducing access to the means of suicide
4. identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support
5. supporting research and data collection, and monitoring incidences of local suicide and self-harm to learn lessons for prevention in the future

Theme 2: Support at times of crisis

6. ensuring that people in crisis are identified, taken to a place of safety and discharged with robust safety plans

Theme 3: Support for those affected by suicide

7. identifying those bereaved or otherwise affected by suicide and ensuring that they receive appropriate information, care and support
8. working with local media to ensure the delivery of sensitive approaches to suicide and suicidal behaviour

The impact of suicide

The PHE suicide prevention profiles for Barking and Dagenham, and Havering show that rates of suicide in both boroughs are lower (better) than rates for London and England.

Nonetheless during the period 2013-15, there were:

32 suicides in Barking and Dagenham

47 suicides in Havering

Moreover the number of deaths is a poor measure of the long lasting and devastating impact of suicide in economical, psychological and spiritual terms on all those affected.

As well as having a profound and long-lasting effect on families, friends and acquaintances, suicides in public places witnessed by bystanders have an even greater ripple effect. As a result, it has been estimated that for every life lost to suicide between six and sixty people are directly affected[3].

Quote from a family member affected by suicide

As well as the devastating human costs of loss of life to the individual, families and the community, there are enormous financial costs to society. The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering.[4]

What we know

There are specific groups of people at higher risk of suicide. Nationally,

- three in four deaths by suicide are by men[5]
- the highest suicide rate in England is among men aged 45-49[6]
- people in the lowest socio-economic group and living in the most deprived areas are more at risk[7]

There are specific factors that increase the risk of suicide

- The strongest predictor of suicide is where there have been previous episodes of self-harm[8]
- Mental ill-health and substance misuse are factors that contribute to many suicides[9]

Risk factors compound one another making some individuals particularly vulnerable:

- 46% of mental health services' patients who died by suicide between 2008-12 were unemployed at the time of death[10]

[3] Local Government Association (2017) *Suicide prevention: A guide for local authorities*. Available at: https://www.local.gov.uk/suicide-prevention-guide-local-authorities
[4] PHE (2016) *Local suicide prevention planning*
[5] PHE (2016) *Local suicide prevention planning* p9
[6] *ibid*
[7] *ibid*
[8] PHE (2016) *Local suicide prevention planning* p9
[9] PHE (2016) *Local suicide prevention planning* p9
[10] PHE (2016) *Local suicide prevention planning* p57

- 18% of mental health service patients who died by suicide between 2012-13 had serious financial difficulties in the previous three months[11]
- In 2008-12, 7% of mental health services patients who died by suicide were in unstable housing (homeless /living in bed and breakfast or a hostel)[12]

We know that suicides are not inevitable, and that many are preventable. We know that concerted action across a broad range of factors must happen in order to make a difference and reduce numbers of suicide.

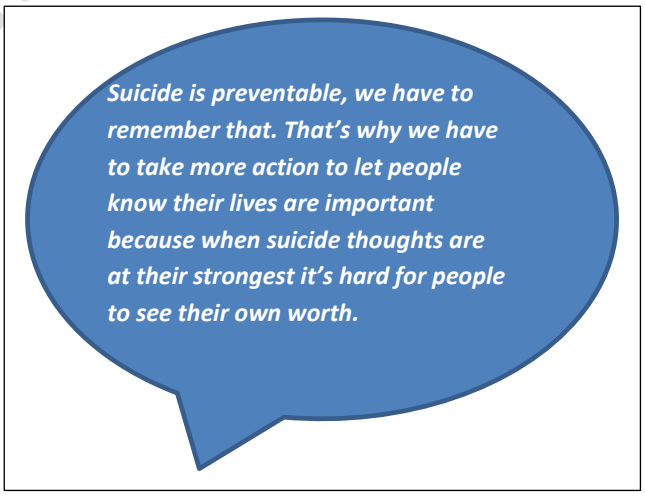
We know from a stakeholder workshop held in October 2017 that there are many individuals, agencies and organisations across our boroughs that see suicide prevention as a high priority and are keen to work together to this end.

We know from national guidance that there are many actions required when planning for suicide prevention. However, in order to make progress, we acknowledge that we must prioritise actions that are the most important locally. The stakeholder workshop helped to identify what our initial priorities should be, and these are described in the following section "What we will do".

What we will do

During the lifetime of this strategy, we will seek to take action on all of the issues that are highlighted in national guidance (as summarised in Appendix 3). However, our immediate priorities will be to focus on those issues that were highlighted during our local stakeholder workshop. As a result, our seven priority actions will be:

Action 1: We will seek to learn lessons from suicides and attempted suicides in our boroughs, and put in place measures that reduce the likelihood of such circumstances reoccurring. We will establish processes, so that information from various sources e.g. the coroner, reviews conducted by the NHS Serious Incident processes, safeguarding, Child-Death Overview Panel (CDOP) etc is collated and analysed to improve our collective insight about suicide locally. (Theme 1)



[11] PHE (2016) *Local suicide prevention planning* p57
[12] PHE (2016) *Local suicide prevention planning* p57

Action 2: We will work to ensure that frontline staff understand the risks of suicide and their potential contribution regarding prevention. As a first step, working with partners, we will collate information on the training available and seek to embed suicide awareness training in local statutory agencies' staff training programmes. Staff working with residents affected by debt, social isolation, homelessness and unemployment will be prioritised. In addition, we will provide information and education to local residents, so that they know what to do if they are concerned about someone who is at risk. **(Theme 1)**

Action 3: We will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support. **(Theme 3)**

Action 4: We will strengthen the support that is available to individuals who are in crisis and identified at immediate risk of suicide, including the ongoing support that is subsequently provided. **(Theme 2)**

Action 5: We will apply the learning described in Action 1 above, with the aim of reducing access to means of suicide, particularly suicides in public places. **(Theme 1)**

Action 6: We will review the care of patients that self-harm. **(Theme 1)**

Action 7: We will work to ensure that effective assessment of suicide risk is incorporated into the routine care by GPs of patients known to be at increased risk of suicide e.g. patients with significant long term health problems, depression etc. **(Theme 1)**

Monitoring and evaluating outcomes

The Steering Group will oversee delivery of the above priority actions, and will appoint a lead for each area. The appointed lead will develop a project plan that sets out key milestones over the ensuing eighteen months.

The Steering Group will also develop a process to monitor the delivery of this strategy and key actions including a dashboard of indicators. The Group will report progress on implementation of the strategy's action plan and its impact on suicide rates to the boroughs' respective Health and Wellbeing Boards at least annually. (See Appendix 4 for governance arrangements).

Acknowledgements

The Suicide Prevention Steering thank all who have been involved in the development of this strategy, including those who participated in the workshop, and advised and commented on the versions of the draft content.

Appendix 1: Suicide Prevention Steering Group

The Suicide Prevention Steering Group is jointly led by London Borough of Havering, London Borough of Barking and Dagenham, and Barking Havering and Redbridge CCGs. It is chaired by the Havering Director of Public Health. The Steering Group includes representation from a range of services, and in order to keep the Group to a manageable size, this means that some services are Havering-based, and some services are Barking and Dagenham-based.

Director of Public Health (Chair), London Borough of Havering
Mental Health Lead (Vice Chair), Clinical Commissioning Group
London Borough of Havering (Public Health)
London Borough of Barking and Dagenham (Public Health)
London Borough of Barking & Dagenham (Commissioner of drug and alcohol services)
Metropolitan Police Service
Senior probation services lead for Havering and Barking and Dagenham
Crossrail (Head of security and community engagement)
Network Rail
Barking, Havering and Redbridge University Hospitals NHS Trust (Specialty Lead for Emergency Medicine)
North East London Foundation Trust, including Children and Adults Mental Health Services
London Borough of Havering Adult Social Care
London Borough of Havering Safeguarding Boards Business Manager
London Ambulance Service
British Transport Police
BHR Clinical Commissioning Group (Commissioner for mental health)
Barking and Dagenham Children's care management team

Appendix 2: Participants in Suicide Prevention Stakeholder Workshop

Over 90 people from a range of local and national organisations and disciplines attended a workshop held on 18 October 2017 at the Salvation Army in Romford.

Name	Surname	Job Title	Organisation / Department
Monica	Abdula	Street Pastor	Salvation Army, Romford
Emma	Akazarah		Probation Services
Samantha	Akintola		NELFT
Mark	Ansell	Acting Director of Public Health	London Borough of Havering
Chris	Ayton	Service Manager	Subwize
Lorraine	Baileystar	Mental Health Sub-group,	Barking & Dagenham
Doug	Bannister	Vice Principal	Drapers Academy
Girish	Barber	Disability Employment Advisor	DWP / Job Centre
Richard	Barker	Operations Manager	Land Sherriffs
Nicki	Barrett		Havering Womens Aid
Meryl	Bindon		South Essex Crematorium
Brian	Boxall	Chair Havering HSAB & HSCB	London Borough of Havering
Becky	Bray	Route Crime Manager	Network Rail
Kevin	Browning		Salvation Army, Romford
Ian	Buckmaster	Executive Director and Company Secretary	Healthwatch, Havering
Norma	Busby	Floating / Carepoint Manager	Family Mosaic
Jo	Calcott		Havering Women's Aid
Natasha	Camilleri	Family Support Worker Children's Services	London Borough of Havering
Marilyne	Cane		Salvation Army, Romford
David	Cavanagh	Detective Inspector, Custody Manager	Metropolitan Police
Sonia	Chemal		London Borough of Redbridge
Dave	Chuck		Salvation Army, Romford
Peter	Congdon	Statistician	London Borough of Barking & Dagenham
Jay	Dayal		DWP
Louise	Dibsdall		London Borough of Havering
Bequi	Doku		London Borough of Barking and Dagenham
Lisa	Doody		Havering Womens Aid
Sonia	Drozd	Senior Commissioner, Substance Misuse & Domestic Abuse	London Borough of Barking and Dagenham
Kehinde	Fehintula	Training and Outreach Officer	London Borough of Barking & Dagenham
Michael	Fenn	Senior Commissioning Manager, Adults' Care and Support	London Borough of Barking & Dagenham
Caroline	Fisayo	Business Support	London Borough of Barking & Dagenham
Trisha	Fitzpatrick		Havering Women's Aid
Lorraine	Goldberg	Executive Director	Carers of Barking and Dagenham
Jennie	Green	Administrator	London Borough of Havering
Elaine	Greenway	Acting Consultant in Public Health	London Borough of Havering
Kate	Griffiths		Thrive LDN
Bradley	Halfacre	Assistant Contracts Manager	The Mercury Mall
John	Harrison		London Ambulance Service
Emma	Hilstead	Volunteer	Salvation Army, Romford
Sue	Hitchings		DWP
Paniz	Hosseini	Health Intern	London Borough of Redbridge
Jenny	Houlihan		London Borough of Barking and Dagenham
Nicholas	Hurst	Director	London Communities Policing Partnership

Name	Surname	Job Title	Organisation / Department
Kayley	Johnson	External Relations Officer	London Borough of Havering
Paul	Keating		London Ambulance Service
Peter	Keirle	Assistant Director of Contracts	Commissioning Support Unit, North East London
Imran	Khan	Manager	NELFT
Grace	Kihu		Health Youth Worker, LGBT
Mary	Knower	Public Health	London Borough of Barking & Dagenham
Raj	Kumar	Lead for Mental Health and Dementia	BHR CCG
Susan	Laut	Specialist Psychotherapist	BHRUT
Susan	Lloyd	Public Health Consultant	London Borough of Barking & Dagenham
Emma	MacFarlane		BHRUT
Wellington	Makala		NELFT
Shezana	Malik	Chief Dietician	District Nurses
Adrian	Marshall	Commissioning Manager, Adult Care Support	London Borough of Barking & Dagenham
Heather	McKelvey	Youth Worker, LGBT	
Marie	McLaughlan	Volunteer	Salvation Army, Romford
Chris	Merchant	Project Leader Mental Health	London Borough of Barking & Dagenham
Rachel	Moss		London Ambulance Service
Irvine	Muronzi		NELFT
Jane	Murphy		WDP
Pamela	Nkyi		London Borough of Redbridge
Gloria	Okewale	Administrator	London Borough of Havering
Juliana	Orekan	Senior Team Manager, Children's Care & Support	London Borough of Barking & Dagenham
Nicola	Orriss	Child and Adolescent Mental Health	NELFT
Linda	Parsons	Children's Centre Co-ordinator	London Borough of Havering
Meena	Pawar		Redbridge CCG
Andrea	Pender	Manager of Floating Support Service	Family Mosaic
Yvonne	Powell	Community Safety	London Borough of Havering
Samantha	Ramsay		London Borough of Barking & Dagenham
David	Richards	Retired Civil Servant	GOBG London Group
Ryan	Ricketts	Landsheriffs	C2C - Landsheriffs
David	Shand	Volunteer	Havering Mind
Lindsey	Sills	Public Health	London Borough of Havering
Lee	Simpson	Disability Employment Advisor	DWP
Kevin	Sole	Associate Director	NELFT
Lorna	Spike-Watson	PA to Havering DPH	London Borough of Havering
Nina	Stiffel	Head of Year 10	Redden Court School
David	Tchilingirian	Suicide Prevention Lead	Public Health England
Paul	Thompson		British Transport Police
Emma	Tierney		Solace Women's Aid
Paul	Tinsley		London Borough of Havering
Sira	Toure	Social Worker	London Borough of Barking & Dagenham
Richard	Vann		Healthwatch Barking & Dagenham
Jane	Vervin	Lead Social Worker	NELFT
Ciaran	White	Fundraising, Events & Training	Havering MIND
Cynan	Williams	Intern	London Borough of Barking & Dagenham
Jill	Williams		London Borough of Barking & Dagenham
Deidre	Willsher	Police Officer	British Transport Police
Tracey	Wraight	Healthy Schools Officer, Public Health	London Borough of Havering

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Appendix 3: Suicide Prevention: the issues and what should be done; what national guidance tells us

The issue	The facts	Our local focus should be	Relates to strategy objectives
People who self-harm	c. 50% of people who die by suicide had a history of self-harm the true scale of the problem is not known as many people who self-harm do not attend A&E or seek help from services	Implementing NICE guidelines on self-harm Providing suicide and self-harm awareness training for healthcare staff working in emergency departments, ambulance staff and primary care Suicide prevention training particularly for people working with high risk populations e.g. citizens advice, food banks, housing, criminal justice etc Providing suicide and self-harm awareness training for staff working in schools and colleges, care environments, and criminal and youth justice systems Raising awareness of the help available for those who self-harm, and those who are concerned about someone who self-harms	2. Local residents and people working in the borough are trained to deliver preventative interventions 4. Identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support
Treatment of depression	Education of primary care doctors targeting depression recognition and treatment has been identified as one of the most effective interventions in lowering suicide rates	Providing education for GPs and other clinicians, including high risk groups, such as men Ensuring effective pharmacological and psychological treatment for depression Ensuring early identification and treatment of depression Ensuring that treatment pathways for long-term	4. Identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support

The issue	The facts	Our local focus should be	Relates to strategy objectives
		physical health conditions incorporate self-management strategies and routine assessment for depression	
High frequency locations and reducing access to the means of suicide	Releasing details of location and method increases risk of imitative suicides The control of analgesics has been shown to be effective Structural interventions at high risk locations reduces deaths by suicide (little evidence that this leads to a change of location)	Ensuring that local media follow Samaritans guidelines Council planners considering potential for suicide in application processes Rail network putting into place preventative measures at high risk Ensuring safer environments for at risk prisoners, such as safer cells Establishing a process for monitoring information, trends and hot spots in order to learn from SUIs, inquests, etc. Providing education for those setting up memorial or tribute pages regarding non-release of specific details Encouraging retailers to control the sale of dangerous gases and liquids Promoting safe medicine management to prescribers and pharmacists	3. Reducing access to the means of suicide 8. Working with local media to ensure the delivery of sensitive approaches to suicide and suicidal behaviour 5. Supporting research and data collection, and monitoring incidences of local suicide and self-harm to learn lessons for prevention in the future
Mental health of adults (see also depression above)	30% of all suicides were by people who had contact with mental health services	Ensuring mental health services comply with best practice (eg. National Patient Safety Agency Preventing Suicide: A toolkit for mental health services)	1. Strengthening mental wellbeing in the wider community

The issue	The facts	Our local focus should be	Relates to strategy objectives
	in the past 12 months Lower patient suicide is associated with specialised community team, lower non-medical staff turnover and implementing NICE guidance on depression For pregnant women and those who have given birth in the last year, suicide is the second most common cause of death	Reviewing care pathways between emergency departments, primary and secondary care Undertaking regular assessment of mental health service ward areas to identify and remove potential risks Providing training for frontline staff working with high risk groups Promoting mental health through workplaces Reducing the stigma of mental ill health Informing local populations about how to recognise and respond to warning signs in themselves, including awareness messages specifically aimed at men via traditional male settings (e.g. football, rugby, pubs, music venues) Implementing the *Prevention Concordat Programme for Better Mental Health for All*	2. Ensuring local residents and people working in the borough are trained to deliver preventative interventions 4. Identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support 6. Ensuring that people in crisis are identified, taken to a place of safety and discharged with robust safety plans
Mental health of children and young people, including those who are vulnerable such as looked after children, care leavers, and children and young	Suicide is one of the main causes of mortality in young people Looked after children have an increased risk of poor mental health	Helping children to recognise, understand, discuss and seek help for emotional problems, including through PSHE education Promoting training/awareness among staff, pupils and parents to identify high risk signs of behaviours (depression, drugs, self-harm), including awareness of LGBT and patterns of cumulative risk and so-called final	1. Strengthening mental wellbeing in the wider community 4. Identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support

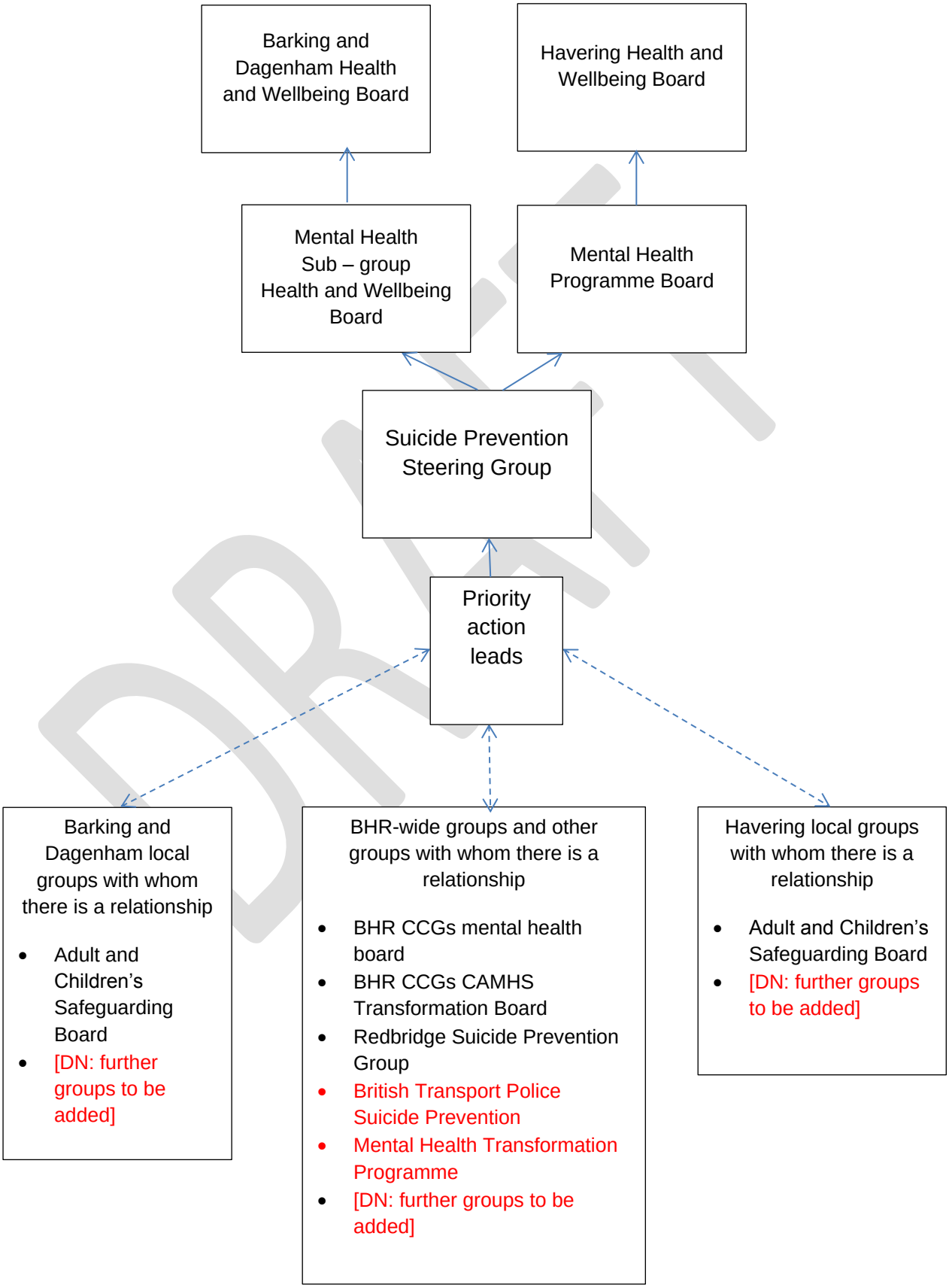
The issue	The facts	Our local focus should be	Relates to strategy objectives
people in the youth justice system		straw stresses (such as exams) Ensuring mental health and other services are acceptable and accessible to young people Implementing NICE guidance to ensure provision of stepped-care approaches for treatment for children and young people with mental health problems Ensuring effective protocols on how to respond to risky behaviours in children and young people, including clear referral routes into specialist services, Delivering bullying prevention initiatives Through the healthy child programme, identifying children at high risk of emotional problems and ensure that they and their families are supported Safeguarding Children Boards taking into account suicide prevention	
People who misuse alcohol and drugs	Misuse of drugs and alcohol is strongly associated with suicide, particularly among men, those who self-harm and those with a mental health diagnosis Around half of mental health patient suicides	Ensuring that there are high quality drug and alcohol treatment services in place, with effective arrangements where mental ill health is also present. This to include working in accordance with national recommendations and guidelines, such as the NHS *Five year forward view for mental health*, and PHE's *Co-existing alcohol and drug misuse with mental health issues: guidance to support local commissioning and delivery of care*	4. Identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support

The issue	The facts	Our local focus should be	Relates to strategy objectives
	between 2003-13 had a history of either alcohol or drug misuse (or both)		
Bereavement support, especially for people bereaved by suicide	Suicide bereavement leaves people at a higher risk of suicide themselves. [13] Compared with people who have been bereaved through other causes, individuals who are coping with a loss from suicide are more likely to experience increased risk of psychiatric admission and depression.[14] Between 6 and 60 people are affected by each suicide. A conservative estimate of 10 people directly affected by each death meant that between 2013-15, 320 people were affected in Barking and Dagenham, and 470 people in Havering.	Mapping what support is available for people affected by suicide Ensuring that information about where support can be accessed is made available, including through local funeral directors, the Coroner's office, and voluntary sector organisations Ensuring arrangements are in place for anyone identified as being at risk of contagion, including rapid referral for community mental health support where needed Ensuring that all first responders know about what support is available for those bereaved by suicide Encouraging employers to take into account bereavement support as part of workplace health programmes Ensuring that school and colleges have arrangements in place to support pupils, staff and the wider school community in the event of a death affecting the school community	7. Identifying those bereaved or otherwise affected by suicide and ensuring that they receive appropriate information, care and support

[13] PHE (2016) *Support after a suicide: a guide to providing local services*
[14] *Ibid*

The issue	The facts	Our local focus should be	Relates to strategy objectives
Public awareness of suicide prevention		Amplifying national suicide awareness campaigns at a local level Providing information to residents, and people who work and study in the boroughs on where to get help for themselves, and others	2. Ensuring local residents and people working in the borough are trained to deliver preventative interventions
Wider determinants: education, unemployment, debt, housing and homelessness, social isolation		Broader strategies to explicitly outline the part that such strategies play in suicide prevention, and referencing • Health inequalities: the groups at higher risk of suicide (including men) • Suicide awareness training to frontline service provider across education, housing, employment, etc • Training on suicide prevention for frontline staff who are in contact with people who are vulnerable	

Appendix 4: Governance Structure Chart



Appendix 5: Additional Reading and Resources

Department of Health (2012) *Suicide prevention strategy for England*
https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england

Local Government Association (2017) *Suicide Prevention: A guide for local authorities*
https://www.local.gov.uk/suicide-prevention-guide-local-authorities

Mind (2013) *Building Resilient Communities*
https://www.mind.org.uk/media/343928/Report_-_Building_resilient_communities.pdf

Mind *Suicidal Feelings* (including advice for people who need help in an emergency)
https://www.mind.org.uk

Public Health England *Suicide Prevention Profiles*
https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide

Public Health England (2016) *Local suicide prevention planning*
https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan

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HEALTH & WELLBEING BOARD

Subject Heading:	**Pharmaceutical Needs Assessment 2018-21 for consultation**
Board Lead:	**Mark Ansell Director of Public Health, LB Havering**
Report Author and contact details:	**Dr Andrew Rixom, Consultant in Public Health, andrew.rixom@havering.gov.uk tel 01708 431706**

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

There is a statutory requirement for Health and Wellbeing Boards to publish a Pharmaceutical Needs Assessment (PNA) every three years.

The PNA is primarily used by NHS England to inform the commissioning of community pharmacy services and in particular, to control market entry of new pharmacies into an area.

The current edition of the Havering PNA expires in March 2018.

The LBs of Havering, Redbridge and Barking & Dagenham have jointly commissioned PHAST to produce their respective PNAs to a common format to facilitate use across the developing Accountable Care System.

A 60 day statutory public consultation on a new Havering PNA began on 25th October and will close on Friday 5th January 2018.

The draft PNA and consultation questions are available online at https://www.havering.gov.uk/info/20047/consultations_complaints_and_feedback/206/consultations#pna2018. A variety of approaches will be employed to raise public awareness of the consultation. In addition, statutory consultees, including organisations represented on the Health and Wellbeing Board are being approached directly for a response.

Notwithstanding the expected population growth in Havering, the draft PNA concludes that there are no gaps in essential, advanced, enhanced or locally commissioned services.

The PNA will be redrafted in response to the consultation and a finished document will come to the HWB for formal sign off in March 2018.

NB. This PNA has been written against a changing environment for community pharmacy. NHS England has begun implementation of plans that are likely to result in fewer community pharmacies, with increased use of internet dispensing freeing up community pharmacists to be more involved in direct patient care. However aspects of these plans are subject to judicial review.

RECOMMENDATIONS

That the members of the Health and Wellbeing Board note the launch of the public consultation about the Havering PNA and encourage their own organisations to respond as statutory consultees as appropriate.

REPORT DETAIL

Please see attached slide set.

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

https://www.havering.gov.uk/info/20047/consultations_complaints_and_feedback/206/consultations#pna2018

HAVERING PHARMACEUTICAL NEEDS ASSESSMENT

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WHAT ARE PHARMACEUTICAL SERVICES?

ESSENTIAL SERVICES

These include:

- The dispensing of medicines
- Promotion of healthy lifestyles
- Support for self-care

ADVANCED SERVICES

These include:

- Medicines use review
- The new medicines service for community pharmacists
- Appliance use reviews and the stoma customisation service for dispensing appliance contractors

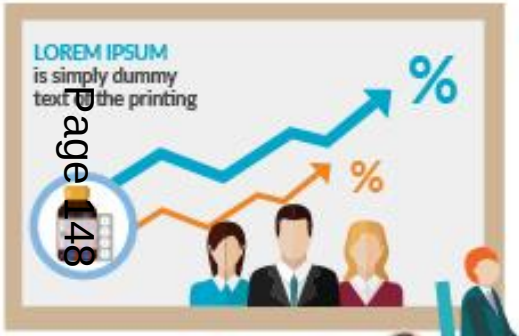
ENHANCED SERVICES

Enhanced Services

NOTE :

Local authority and CCG may also commission services from local pharmacies to meet local health needs such as smoking cessation, sexually transmitted diseases weight management and morning after pill

WHAT IS A PHARMACEUTICAL NEEDS ASSESSMENT (PNA)?



A PNA DESCRIBES THE PHARMACEUTICAL NEEDS of residents living in Havering.

AND MAKES AN ASSESSMENT whether the current provision of pharmaceutical services meet the needs of the local community.

WHAT IS THE PURPOSE OF A PNA?

PNA will help to make decision to open new pharmacy or to not open a new pharmacy

CHANGE LOCATION OR EXTEND SERVICES IN HAVERING

SURVEY OF PHARMACY SERVICES

- DISPENSING DRUGS
- DISPENSING APPLIANCES
- KEEPING RE-CORDS
- SINGPOSTING
- SUPPORT FOR SELF-CARE
- DISPOSAL OF UNWANTED DRUGS
- REPEAT DISPENSING
- CLINICAL GOVERNACE
- PROMOTION OF HEALTHY LIFESTYLE

OPTIONAL SERVICES

SMOKING CESSATION

EMERGENCY CONTRACEPTION

CARIOVASCULAR RISK ASSESSMENT

CHLAMYDIA SCREENING/ TREATMENT

NEEDLE AND SY-RINGE EXCHANGE

WHO WAS INVOLVED IN PRODUCING THE PNA?

A stakeholder advisory group provided the oversight for the production of the draft PNA. It included representatives from

Local authority public health

Local clinical commissioning group

Local pharmaceutical committee

Local HealthWatch

Shared services coordinator

PHAST team

WHY ARE WE CONSULTING YOU?

The law about pharmacy needs assessment requires Havering Health and Wellbeing Board consult with partners on a draft PNA for 60 days. The consultation will take place between 25 October 2017 and 5 January 2018.
At the same time, a resident survey will gather views on: 5th January 2018.

- The adequacy and quality of pharmacy provision in Havering
- How pharmacies can improve the quality of services they offer local residents
- How pharmacies can be used as a local resource for health
- What new and innovative services pharmacies could offer in the future

HOW WILL WE USE THE INFORMATION COLLECTED?

- The feedback will be analysed and findings will be discussed by the stakeholder advisory group.
- Advise the Havering Health and Wellbeing Board if any sections of the PNA need amendment prior to final publication
- The findings will be published with the final PNA.
- Data protection will be followed and no individual identifiable data will be published.

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www.havering.gov.uk

Conclusions

- No gaps have been identified in essential services that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole Borough.
- There is no gap in the provision of essential services during normal working hours across the whole Borough.
- There are no gaps in the provision of essential services outside of normal working hours across the whole Borough.
- There are no gaps in the provision of advanced services at present or over the next three years that would secure improvement or better access to advanced services across the whole Borough.
- There are no gaps in the provision of advanced services across the whole Borough.
- No gaps have been identified that if provided either now or over the next three years would secure improvements, or better access to enhanced services across the whole Borough.
- There are no gaps in the provision of enhanced services across the whole Borough.
- There are no gaps in the provision of locally commissioned services at present or in the future that would secure improvement or better access to locally commissioned services across the whole Borough.
- There are no gaps in the provision of locally commissioned services across the whole Borough

We would like to hear your views on pharmacy services in Havering.

We are conducting a consultation on the PNA and a resident survey on pharmacy services.

The Havering PNA consultation and resident survey are on the Council Website at:-

https://www.havering.gov.uk/info/20047/consultations_complaints_and_feedback/206/consultations#pna2018

The consultation and resident survey close on 5th January 2018

Thank you !

If you have any further questions please contact Dr Andrew Rixom, Consultant in Public Health Andrew.rixom@havering.gov.uk.

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HEALTH & WELLBEING BOARD 15 November 2017

Subject Heading:	**Update on East London Health & Care Partnership and NEL 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.

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.eastlondonhcp.nhs.uk or email: enquiries@eastlondonhcp.nhs.uk

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LONDON BOROUGH

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). The STP for East London is being developed by the East London Health & Care Partnership. The plan is known as the NEL STP because the NHS has divided London into five areas: north east; north central; north west; south west; and south east.

1.2 For Havering, the work to develop the detail underpinning the NEL 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 NEL STP.

2. Proposal

2.1 See Appendix 1

3. Engagement

3.1 We recognise the involvement of local people is crucial to the development of the NEL 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 NEL 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 NEL STP.

This can be viewed at http://www.eastlondonhcp.nhs.uk and includes:

- An overview of all the initiatives included in the NEL STP narrative to determine at which level equality analyses should be undertaken i.e. NEL 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.

Havering
LONDON BOROUGH

Appendices

Appendix 1: General update on the East London Health & Care Partnership October 2017

Appendix 2: Better Care and Wellbeing in East London, by East London Health & Care Partnership

Appendix 3: East London Health & Care Partnership governance structure

IMPLICATIONS AND RISKS

None

BACKGROUND PAPERS

- 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 October 2017

Index

1. Introduction

The East London Health & Care Partnership brings the 12 local NHS organisations and eight borough councils together to protect and improve health and care services.

With a shared goal to help people live 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 supported by NHS 111 staff, GPs, 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, supported by the right team of staff from across health and social care, with the right resources, 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 just to 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, such as the elderly, disabled and those with mental health difficulties.

'Barrier busters'

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 between them as necessary.

The Partnership's main priorities are:

- To help local people live healthy and independent lives
- To improve local health and care services and outcomes
- To have the right staff in the right place with the right resources to meet the community's needs
- To be a well-run, efficient and open Partnership

The Partnership is not seeking to take away local control of services. It recognises that while east London faces some common problems – such as the high rate of preventable illness and a shortage of clinicians and care staff – the local make up and characteristics of the area vary considerably and services must be tailored and managed accordingly.

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 Partnership is therefore shaping the way it tackles its priorities around three localised areas, bringing the councils and NHS organisations within them together as local care partnerships:

- Barking, Havering and Redbridge
- City of London & Hackney
- Newham, Tower Hamlets and Waltham Forest

They will be responsible for ensuring the people living in these areas get high quality standards of care designed around their needs.

The Partnership in full will drive forward the things that can only be achieved by all of the councils and NHS organisations across east London working together. This includes:

- good quality urgent and emergency care for the area
- the availability of specialist clinical treatments
- a better use of buildings and facilities;
- the recruitment and retention of doctors, nurses and other health and care professionals
- an increased use of digital technology to speed up the diagnosis and treatment of illness
- ways of working that put a stop to duplication and unnecessary expense

The involvement of councils is enabling the provision of health and care services to be aligned with the development of housing, employment and education, all of which can have a big influence.

But the biggest single factor in the long term is to prevent ill health and deaths caused by the effects of lifestyle choices such as diet, lack of exercise and smoking.

2. Sustainability & Transformation Plan (STP)

The development of a Sustainability & Transformation Plan (STP) was the original reason for the East London & Health Care Partnership came together, but it is now just one of many things the Partnership can and wants to do.

The purpose of the STP was to set out how local health and care services will transform and become sustainable over the following 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 across England. They are geographically set around 'footprints' that have been locally defined, based on natural communities, existing working relationships and patient flows, considering the scale needed to deliver services, transformation and public health programmes required.

The East London Health & Care Partnership STP has been defined as one for north east London (NELSTP) by NHS England because it has divided the capital into five 'footprints': north east, north central, north west, south west and south east.

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

The NEL 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

The plan is formally a 'draft' and will continue to evolve as the organisations involved develop it further, agree shared solutions and receive feedback from stakeholders.

Indeed, the plan has advanced considerably since it was submitted. This is mainly due to the establishment of stronger and more purposeful relationships between the organisations concerned, as well as the increasing involvement of a wider group of interested parties, such as the housing and voluntary sectors.

It has led to a series of transformation workstreams being created to focus on the following:

- Prevention
- Urgent & Emergency Care
- Primary Care Services
- Mental Health
- Cancer
- Maternity
- Medication
- Digital and Online Services
- Workforce
- Estates

All the workstreams have initial ideas on what they plan to do and what it will mean for local people. These are now being developed further in terms of how things can be achieved, and when.

Some of the schemes will require additional funding to take them forward and the Partnership is bidding for this from NHSE. A variety of other sources are being pursued too.

More information about the Partnership, and the initial workstream plans, is given in Appendix 2 *Better Care and Wellbeing in East London*.

Once the plans are sufficiently developed – especially in terms of how they could be put into practice and when – and any necessary funding and resources are secured, the Partnership will engage fully with stakeholders and, where appropriate, the wider public so they can contribute their views and ideas.

Some improvements are already being made by the workstreams. A summary of these will be presented at the meeting.

3. Partnership Governance

The organisations behind the East London Health & Care Partnership member organisations:

NHS

Clinical Commissioning Groups

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 Partnership itself is not a statutory body, so it cannot make any formal decisions. These are made by the relevant governing bodies or systems or the member organisations. It does, however, have a governance structure for its activities. This is attached as Appendix 3.

The structure was put in place in early 2017 but, following feedback from member organisations, it is now being reviewed. Some of the groups, such as the Clinical Senate, have been functioning well, but others have proved not so productive, mainly due to their size. A key focus of the review is the role, make-up and size of the Partnership Board and Community Group.

4. Development of Accountable Care Systems (ACS) and a single accountable officer.

Proposals for new commissioning arrangements across east London have been approved by all seven CCG governing bodies.

This means the proposals can now progress to the next stage, which will see the start of recruitment to the new role of single accountable officer and the designing of new governance structures to support the new commissioning arrangements.

The aim of the new arrangements is to establish commissioning that is truly integrated around patients, putting their needs first and in line with the expectations of the NHS Five Year Forward View, and harnesses the benefits of CCGs working together and collaborating with other NHS organisations, local authorities and the voluntary sector.

Providing care that is better coordinated and more joined-up care between GPs and hospitals, physical and mental healthcare and social care will mean breaking down barriers that currently hinder this happening.

Additionally, the new plans aim to ensure that discussions and decisions happen at the most appropriate level, for example, due to its scale, specialised commissioning will take place at an east London level.

The approved proposals also reflect the very strong desire to build sustainable local Accountable Care Systems (ACSs) in east London. The new arrangements are a starting point for that and may evolve over time to reflect progress with implementation of local ACSs.

There is a recognition that while the borough and system focus is important in delivering the best services for local people, there is also a need to work at scale across a wider patch to standardise some functions and some ways of working that are common across all east London CCGs.

CCGs remain accountable to their local populations and their stakeholders, including health and wellbeing boards and overview and scrutiny committees.

It is expected the single accountable officer – who will be appointed by the seven CCG governing bodies in November – will be the accountable officer for each of the CCGs separately. Stakeholders will also be involved in the recruitment process.

The single accountable officer will be a member of each CCG governing body, and act with each, to take local responsibility for local performance. They will lead a small corporate team comprised of borough/system leaders and corporate directors and take the STP lead role too.

In line with this, each CCG will have a local senior manager and a team to provide strong local leadership. They will be responsible for the delivery of plans within the local system, local finances and the engagement of local partners to drive greater integration.

Governance structures will be developed to support the new arrangements, with joint decision-making through CCG governing bodies acting together via a joint committee and committees in common.

The joint committee will be responsible for the strategic functions that need to be done at east London level.

The committees in common will enable functions where CCGs wish to collaborate at a system level, thereby supporting local accountability and sovereignty.

There will be wider engagement with stakeholders over the coming weeks to discuss and test the new arrangements before a further report is taken to November's CCG governing body meetings to finalise the arrangements.

It is intended the new set up will then operate in shadow form from 1 January 2018, prior to full implementation from 1 April 2018.

5. Engagement

The Partnership has engaged with various key stakeholders over the past several months, but it has mostly been to establish relationships rather than talk about specific plans.

The groups we have engaged with so far include the police, fire and ambulance services; professional associations such as the BMA; housing, education and local business organisations; the voluntary and charity sector; some community groups; and public and patient representative bodies.

It's a very diverse audience, with many different levels and types of interest. Keeping them engaged and involved in what we are doing is one of our biggest challenges, but this is essential if we are to achieve our goal. We need to invest considerable time and resource in it and ensure there is a regular dialogue.

A previous attempt to bring people together, through a single reference group as part of the Partnership governance structure, proved impractical due to the numbers involved and diversity of interests.

Instead, we are now looking at developing smaller ones based around localities or areas of interest, complementing existing forums and networks. This includes the borough Health & Wellbeing Boards, which bring many of the right people together already.

Just mapping the various interests has been a challenge. While many networks are already in place, they don't always join together very well. Many of the organisations we have spoken to have welcomed our efforts to connect them.

As with our partner organisations, the priority has been to address the poor image of STPs. It's why we now talk about a partnership, and people working together, rather than a plan.

People agree about the challenges facing health and care services and that something needs to happen to ensure they can meet current and future demands. What they want to know is how we intend tackling those challenges and what it will mean for them.

The detail they want, to inform the engagement we need to do, is only just starting to emerge as the Partnership comes together to develop substantive ideas and solutions. Once these are sufficiently developed, and any necessary funding and resources are secured, the Partnership will start holding meaningful conversations with people over the coming months.

The information in Appendix 2 is a starting point. A suite of other communications resources, including videos and an improved Partnership website, are also being developed, with help from stakeholders.

We are also taking advice on who we need to talk to, and the best way to reach them.

As already said, there are many groups need to engage with. We are establishing regular meetings with the local Healthwatch and community voluntary sector organisations for help this – not just with our communications and engagement activities, but the development of ideas and plans generally.

We are also working closely with our communications and engagement colleagues in the partner organisations to make use of their local insight and networks.

While some of our activities are pertinent to everyone in east London – such as those around prevention, signposting of services and improvements to NHS111 – the intention is to frame most of them at a local level, so they have more relevance. Again, we will work closely with our communications colleagues in doing this.

The wider Partnership launch held in Stratford last July proved very successful, especially the showcase of current and planned improvements to services. We now want to take this out on the road early in 2018 and hold a similar event in each borough – predominantly badged under the relevant local partnership.

A roadshow style of engagement – i.e. going to where people are, rather than expecting them to come to you – is clearly the right way to reach specific communities and hard-to-reach groups. There are many existing forums and networks we can visit, some of whom have already expressed an interest.

The borough events the Partnership supported in the summer – namely the Mayor's Newham Show and Waltham Forest Garden Party – demonstrated the effectiveness that working together can have in terms of attracting public attention. Both were highly successful, pulling in lots of people. We plan to more of this, joining up not only with our own member organisations but the police, fire and other sectors too.

London Fire Brigade is particularly keen to work with us. It has around 100 staff involved in a school visit programme and is happy for us to piggyback it with health education information.

Our universities and colleges are also willing to help, as are business organisations like the Canary Wharf Group and East London Business Alliance. They all afford access to large numbers of the people we need to engage with.

While we want to put the focus on the local partnerships, there are of course times when we want to promote the wider east London partnership and the things that are best done as one – such as workforce recruitment or to support of a public health campaign.

Events like the Health & Housing Conference in October '17 are also an effective means of stakeholder engagement, especially as they go beyond the confines of the STP. Again, we hope to do more of these. We are also looking at holding some conferences or summits aimed at specific interest groups, such as young people.

But one of the most important groups we must engage with is our staff. We want them to feel informed and 'on message' about the challenges facing health and care services. It is vital they feel part of what we are doing.

Staff are the eyes and ears in terms of what matters to local people and are an invaluable source of views and ideas that will help us get it right. Our internal communications will reflect this, recognising the contribution everyone makes and encouraging and valuing people's opinions and suggestions.

We intend running an interactive programme of engagement with staff over the coming winter to create awareness and understanding of what the Partnership is about; what it is planning to do; what it means to them; and what they can do.

Keeping our many different stakeholders engaged and involved in what we are doing is one of our biggest challenges, but this is essential if we are to achieve our goal.

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East London Health & Care Partnership

BETTER CARE AND WELLBEING IN EAST LONDON

East London Health & Care Partnership

We are:

NHS

NHS Barking and Dagenham Clinical Commissioning Group

NHS Redbridge Clinical Commissioning Group

NHS City and Hackney Clinical Commissioning Group

NHS Tower Hamlets Clinical Commissioning Group

NHS Havering Clinical Commissioning Group

NHS Waltham Forest Clinical Commissioning Group

NHS Newham Clinical Commissioning Group

East London NHS Foundation Trust

Homerton University Hospital NHS Foundation Trust

North East London NHS Foundation Trust

Barking, Havering and Redbridge University Hospitals NHS Trust

Barts Health NHS Trust

Councils

London Borough of Barking & Dagenham

City of London

Hackney

Havering London Borough

Newham London

London Borough of Redbridge

Tower Hamlets

Waltham Forest

BETTER CARE AND WELLBEING IN EAST LONDON

We can all do our bit

With an ever growing population, and more of us living longer, the challenge to keep us healthy and well has never been bigger.

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 as our population grows faster than in any other part of the country.

Despite immense 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 that 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 our community and our health needs also change.

It is now able to treat people with new drugs and clinical care that weren't available in the past. With this comes an increase in life expectancy, but also a rise in the ailments of old age. More people now have conditions including heart disease, arthritis and Type 2 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.

This a chance to deliver improvements that matter:

- to make it easier to see a GP;
- to speed up cancer diagnosis;
- to offer better support in the community for people with mental health conditions;
- to provide care for people closer to their home.

If we do nothing and carry on providing and using 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 will suffer if not addressed urgently.

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

We all have a part to play in this – all of those providing the services, and all of us using them. We can all do our bit.

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.

BETTER CARE AND WELLBEING IN EAST LONDON

With a shared goal to help people live 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 supported by NHS 111 staff, GPs, 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 just to 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, such as the elderly, disabled and those with mental health difficulties.

'Barrier busters'

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 between them 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 Partnership's main priorities are:

- To help local people live healthy and independent lives
- To improve local health and care services and outcomes
- To have the right staff in the right place with the right resources to meet the community's needs
- To be a well-run, efficient and open Partnership

The Partnership's *Sustainability and Transformation Plan (STP)* sets out how these priorities, and those of the wider health and care sector, 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 plugging 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 involvement of councils 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 on people's health and well being.

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 and the time pressure and financial pressure preventable conditions put on the NHS. This is 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 ourselves and our families eat and drink and all get more active.

Rather than immediately going to the doctor or calling for an ambulance when we don't need to, we can go to the pharmacist and get advice from telephone and online services first.

We can all do our bit and if we do this, and get behind the work of the East London Health & Care Partnership, the prize is being able to lead healthy and independent lives, and get the care we can trust and rely on when we need it.

PREVENTION

Our aims

- **Better support to stop smoking**
- **Better screening, treatment and support for diabetes**
- **Help you look after your own general health and wellbeing**

More and more people are choosing to live, work and stay in east London.

Major regeneration of the area is creating growth and opportunity, bringing new jobs and housing, better transport, shopping and leisure facilities, making it an attractive place to call home.

But while this is improving east London as a place, and making it generally more prosperous, are we actually investing in ourselves and taking care of our personal future health and wellbeing?

Some 40 per cent of all deaths in England are preventable and are caused by the effects of lifestyle choices including diet, lack of exercise, smoking, alcohol and drugs.

Treating preventable diseases, such as heart disease and smoking-related lung cancer, costs the NHS in England £11 billion each year.

About 1.2m people in London still smoke. Of these, 280,000 live in east London and the local NHS spends £56m a year treating people for illnesses caused by it.

Type 2 diabetes is also preventable.

One in six patients in hospital in England has diabetes, 90 per cent of whom have Type 2 and it costs the NHS £1million an hour to care for them – 10 per cent of the total NHS spend.

More than half of all adults in east London are overweight or clinically obese. This is less than the national average of 63 per cent, but London has the highest rate of childhood obesity of any city of its size in the world.

If we fail to tackle preventable illnesses, not only will this situation continue, and likely get worse, the sustainability of our health and care services will be put at risk.

The East London Health & Care Partnership has three priorities to help tackle these issues:

- To help people stop smoking. We will especially target children and young people, so they fully understand how harmful and expensive smoking is – both to the individual and, in terms of treatment, to the NHS
- To reduce diabetes. We want to improve early diagnosis and provide ongoing support for those identified 'at risk'. This includes offering places on the National Diabetes Prevention Programme, where people are given a personal health and wellbeing coach to help with their diet and exercise. We also want to improve outcomes for those living with Type 1 and Type 2 diabetes, ensuring they receive regular follow ups and have access to specialist advice when needed.
- To improve workplace health. Around 24 million working days are lost in London each year because of sickness absence or injury. We will help business and public sector organisations across east London, including our own, give better health and wellbeing support to staff. We will promote healthy eating and physical activity and create support services for dealing with stress and other health issues, including those who want to stop smoking or reduce the amount of alcohol they drink.

But it's not just down to the authorities; we all have a stake in our own health. There are many things we can do in our daily lives to take better care of ourselves – such as eating more healthily, reducing alcohol intake and getting plenty of exercise.

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better support in our hospitals, mental and community health and primary care services to help people stop smoking
- Improving screening processes to better identify those at risk of contracting Type 2 diabetes, and offering courses to help those people change their lifestyles
- Making the care that people with Type 1 and Type 2 diabetes receive in GP surgeries and hospitals the same across east London
- Empowering people, through flexible self-care courses, to better look after their diabetes and avoid unnecessary trips to hospital
- Working with local schools, colleges and universities, employers, libraries and voluntary services to provide better support for young people with diabetes
- Improving workplace health across east London, starting with the NHS. Happier, healthier NHS staff means better healthcare for patients.

What does it mean for local people?

- Better support to stop smoking, with help and advice available at many health and care centres, workplaces and online
- Better screening, diagnosis, treatment and support for people with diabetes
- New services to help young people, and pregnant women, manage diabetes better
- Better opportunities and more support to stay healthy at work
- Greater consistency of healthcare opportunities and support across east London
- Help to help you take better care of yourself

What can you do?

- If you smoke, try to stop and seek help to do so
- Cut down on sugary food and drinks
- Eat smaller portions and enjoy a balanced diet, including vegetables
- Keep hydrated – plenty of water!
- If you drink alcohol, do so sensibly and watch how much you drink
- Try to do some physical exercise every day. Just taking the stairs instead of the lift once a day, or going for a quick stroll, can make a difference

And if you do these things yourself, support a family member or friend that wants to do the same!

Take an NHS Health Check

The NHS Health Check is a health check-up for adults in England aged 40-74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

If you are in this age group without a pre-existing condition, you can expect to receive a letter from your GP or local authority inviting you for a free NHS Health Check every five years.

In the meantime, there are other ways of getting your health checked. Visit www.nhs.uk for more information on this and many other topics.

URGENT & EMERGENCY CARE

Our aims

- **Make it easier to understand the range of services available and how to access them quickly**
- **Provide more services in local communities, so they are accessible and convenient. This will also reduce the pressure on hospitals**
- **Make it easier to see a GP and bring services together**

Our hospital Accident & Emergency (A&E) Departments face some of the most intense pressures in our local health and care services, with growing numbers of people attending them each year.

Around 100 people are currently visiting the A&Es across east London every hour. But many of them do not need to be there, as they have relatively minor problems that can be treated elsewhere.

With people unsure of where to go for treatment, there is a huge demand on busy A&E services.

Some 68 per cent of patients have told us they do not know the difference between facilities such as 'Urgent Treatment Centres' and 'Minor Injury Units'. We want to change this.

An immediate priority for the East London Health & Care Partnership is to give better information on how and where we can all get the right care and treatment, including advice on ways we can look after ourselves.

There are three ways in which you can access health services and help to reduce pressure on our hospitals:

- **'Click'** - online information and support and to book urgent or routine appointments when needed.
- **'Call'** – for people who don't have access to the internet and those who need more advice or reassurance from a healthcare professional.
- **'Come in'** – where patients really need to see a healthcare professional.

...and we are improving all three.

'Click' and 'Call' – information and support online and by telephone through NHS 111

Click

Online support and information 24/7 through the NHS 111 website at **www.nhs.uk**. Here you get information on a range of health issues, and in a variety of languages, to help you decide what action to take, including what to do if you need to speak to a clinician.

Call

If you do not have access to the internet, or need further health advice after going online, you should firstly try calling your GP. If your GP is unavailable, you can call NHS 111 by simply dialing 111.

The NHS 111 telephone service is being improved from next year, enabling you to speak to a wider range of qualified healthcare professionals, including nurses, GPs and pharmacists.

Calls to NHS 111 about the very young and older people (babies under one and people over 75) will always be directed immediately to a qualified healthcare professional.

Speaking to NHS 111 will ensure you are getting the right level of advice and support. If you need to be seen by someone, you will be booked an appointment at the most appropriate place, such as with your own GP or at an Urgent Treatment Centre close to where you live.

Staff from care homes and community health staff are also now using NHS 111 for clinical advice. It is helping many people avoid the need to go to hospital and be treated and cared for at home instead.

Come in

Where patients really need to see a healthcare professional because it is an emergency.

GP Practices

We don't just want to make it easier to book an appointment with a GP. We also want to offer them at a more convenient time.

It's now possible to book appointments online at many surgeries. An increasing number are extending their opening hours to cover evenings and weekends.

In some instances you may not need to visit a surgery at all. You could have the appointment with a doctor, or nurse, by a video link from your smartphone instead.

We are also looking to free GPs, and other healthcare professionals in local surgeries, from paperwork so they can spend more time with their patients, especially those with complex conditions.

Improvements to information systems, and the links between surgeries, hospitals and specialist services, will give doctors and other clinical specialists quicker access to records and test results, enabling them to plan and give better care to patients.

Community

A priority is to provide care closer to, or in, people's homes. It's why we are bringing all the relevant services together in local neighbourhoods.

GPs, community nurses and other NHS specialists will be based alongside council care teams in centres across east London, within easy reach of the main residential areas, to provide comprehensive treatment and support – not just in the centres themselves, but also in the surrounding homes.

Bringing expertise together in this way will do more than just streamline services. With more staff than traditional GP practices, and equipped with the latest facilities and technology, the centres will be able to stay open longer and offer a greater range of services – from 8am to 8pm, seven days a week.

Urgent Treatment Centres

If your need cannot be treated by a GP, you may be directed or booked for an appointment at your nearest Urgent Treatment Centre.

Located across east London, Urgent Treatment Centres give treatment for minor injuries including: sprains, strains and broken bones; injuries to the back shoulders and chest; minor head and eye injuries; minor burns and scalds; insect and animal bites; and wound infections.

Before heading off to one of these centres, we recommend people contact NHS 111 first so they can be directed to the right place. If you do go to an Urgent Treatment Centre and your need can be better met elsewhere you will be redirected. It's therefore best to give a 'click' or 'call' to NHS 111 first to ensure you get it right and don't waste time.

Accident & Emergency Departments

If you need to attend an Accident & Emergency Department (A&E) we want to ensure you are treated as soon as possible.

For some emergency conditions, we are setting up special areas in A&Es where people can be quickly assessed and treated so they can, when possible, go straight home without being admitted to hospital.

An example would be for a clot in the lung (pulmonary emboli) or leg (deep vein thrombosis). You will be treated by a team of specialists in a separate part of the A&E and may be able to leave the same day, with medication and a schedule of follow up treatment if needed.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better information to the public on where to get the most appropriate healthcare.
- Launching a new, improved NHS 111 online and telephone service, with better links to other health services such as GPs, pharmacists, Urgent Treatment Centres, mental health specialists and community health professionals.
- Improving access to weekend and evening GP appointments.
- Saving some visits to the surgery by enabling patients to speak to a doctor or nurse online or via a video link from a smartphone.
- Improving information systems for GPs to free them up from paperwork, see more patients and plan and give better care.
- Bringing community nurses, GPs, other NHS specialists and social care staff under one roof in local communities.
- Creating consistency in the services available at Urgent Treatment Centres, so people understand what treatment can be given to them.
- Creating special areas in the hospital for specific emergency conditions to avoid people being admitted to hospital when there is no medical need for this.

What does it mean for local people?

- It will be easier to understand what healthcare services are available, and where.
- By calling or visiting NHS 111 online you will be able to get all the advice you need on how and where you can get the best care.
- It will be easier to book an appointment with a GP. Appointment times will be more convenient, including evenings and the weekends. In some instances you may not need to go to the surgery at all. Instead, you could speak to the doctor or nurse over the phone, online or via a video link from a smartphone.
- You will be able to see a range of health and social care professionals, quickly and conveniently in one place, close to your home.
- Wherever you live in east London, you will have access to an Urgent Treatment Centre for the treatment of minor injuries, including broken bones and minor burns.
- We will strive to give every patient the best possible care and treatment. If you need to be admitted to hospital, we want to reduce the time you have to spend there and get you safely home as soon as possible.

PRIMARY CARE SERVICES

Our aims

- **Make it easy to see your local GP or healthcare professional**
- **Improve the quality of services provided, so it is consistently good**
- **Bring services together to make them more accessible and convenient**

Primary Care services are usually the first point of contact the public has with the NHS. They include GP surgeries or practices, pharmacies and dentists.

Across east London there are examples of excellent primary care services. Many are among the best in the country, but there are also some that need improving.

We want all of our health and care services in east London to be the very best and are working with clinicians and staff in primary care to ensure they are consistently good across the area, both now and in the future.

Information on the many improvements we are making is also given elsewhere in this guide, especially in the section on Urgent and Emergency Care. This includes information about the NHS 111 service, which you can contact online or by telephone for advice and help, day and night, when you don't feel well and are unsure about what to do and where to go.

We want to make it easier to book an appointment with a GP. We also want to offer them at a more convenient time.

It's now possible to book appointments at many surgeries online. An increasing number are extending their opening hours to cover evenings and weekends.

In some instances you may not need to visit a surgery at all. You could have the appointment with a doctor, or nurse, by a video link from your smartphone instead.

We are also looking to free GPs, and other healthcare professionals in local surgeries, from paperwork so they can spend more time with their patients, especially those with complex conditions.

Improvements to information systems, and the links between surgeries, hospitals and specialist services, will give doctors and other clinical specialists quicker access to records and test results, enabling them to plan and give better care to patients.

For minor ailments it's often quicker in the first instance to visit your local pharmacy rather than GP surgery.

Pharmacists are skilled, qualified healthcare practitioners who will be able to see you immediately and offer advice and medication for a range of complaints such as hay fever, conjunctivitis and flu. They offer many other services as well, including flu vaccinations and help with stopping smoking.

An increasing number of pharmacists in east London are able to offer urgent repeat medication. NHS 111 can also help with this.

An important priority is to provide care closer to, or in, people's homes.

It's why we are bringing all the relevant services together in local neighbourhoods, in the form of hubs.

GPs, community nurses and other NHS specialists will be based alongside council care teams in centres across east London, within easy reach of the main residential areas, to provide comprehensive treatment and support – not just in the centres themselves, but also in the surrounding homes.

Bringing expertise together in this way will do more than just streamline services. With more staff than traditional GP surgeries, and equipped with the latest facilities and technology, the hubs will be able to stay open longer and offer a greater range of services – from 8am to 8pm, seven days a week.

As well as making primary care more accessible and convenient, we want to improve the quality of services so people experience the best possible treatment and care – whoever they are and wherever they live.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better information to the public on where to get the most appropriate healthcare.
- Launching a new, improved NHS 111 online and telephone service, with better links to other health services such as GPs, pharmacists, Urgent Treatment Centres, mental health specialists and community health professionals.
- Improving access to weekend and evening GP appointments
- Saving some visits to the surgery by enabling patients to speak to a doctor or nurse online or via a video link from a smartphone.
- Improving information systems for GPs to free them up from paperwork, see more patients and plan and give better care.
- Bringing community nurses, GPs, other NHS specialists and social care staff under one roof in local communities.
- Helping GP practices improve the experience of their patients, including better staff training and development
- Helping GP practices improve services for people with long term conditions, such as diabetes
- Projecting the mix and number of GPs and other Primary Care staff that will be needed to meet the needs of the public in the future, and working hard to recruit them
- Working together to retain current staff for longer, making east London an attractive place to work for both existing and new recruits

What does it mean for local people?

- It will be easier to understand what healthcare services are available, and where.
- By calling or contacting NHS 111 online you will be able to get all the advice you need on show and where you can get the best care.
- It will be easier to book an appointment with a GP. Appointment times will be more convenient, including evenings and the weekends. In some instances you may not need to go to the surgery at all. Instead, you could speak to the doctor or nurse over the phone, online or via a video link from a smartphone.
- You will be able to see a preferred clinician if you wish and are prepared to wait longer for an appointment.
- You will be able to see a range of health and social care professionals, quickly and conveniently in one place, close to your home.
- Your overall experience of Primary Care will be better and consistent. You will feel you are treated as a person, not a number

MENTAL HEALTH

Our aims

- **Improve access to services and cut waiting times for treatment**
- **Treat mental and physical health needs as one**
- **Address the wider determinants on mental health, e.g. housing and employment**

Mental health services in east London are among the best in England, but they face tough challenges ahead.

The area's growing population is placing unprecedented demands on services, with higher numbers of people needing mental health support.

One in four of us will have problems with our mental health at some time in our lives. Whether it is a concern about a job, financial problems, a relationship, bereavement or the pace and pressures of modern life, it can happen to any of us.

- People with a serious mental health illness die on average 15 years younger than the rest of the population.
- Physical and mental health issues are intrinsically linked – 30 per cent of people with a long-term condition have a mental health problem and 46 per cent of people with a mental health problem have a long-term condition.
- Mental health service users in east London are two to three times more likely to die of cancer, circulatory or respiratory disease than the rest of the population.
- 50 per cent of lifetime mental health conditions are first experienced by the age of 14, 75 per cent by the age of 24.
- 60 per cent of people in contact with secondary care mental health services are not in employment.
- 47 per cent of people with serious mental illness smoke compared to 20 per cent of the wider population.
- 30 per cent of people with serious mental illness are obese compared to 10 per cent of the general population.

Many people with mental health problems have to rely on emergency departments (A&E) for help.

- People with mental health problems in east London attend A&E nearly three times as often as others. They are also three times more likely to be admitted to hospital in emergencies than others.
- More than 20 per cent of all emergency admissions in east London can be attributed to mental health service users, who only make up seven per cent of the overall population.

No one should experience mental illness without the right support. But with more and more people needing it, and only so many resources available, we will have to change the way our mental health services are delivered.

We are making the provision of sustainable mental health services across east London one of our top priorities, but believe we can go further.

Working in partnership, bringing the NHS and councils together, our ambition is to:

- Develop new models of care that address mental and physical health and social care needs as one.
- Provide good service user education to reduce stigma and promote resilience.
- Help people with more serious mental health problems to find and remain in employment – a key factor in their recovery.

We also want to find the right place for people to live, with the right support close by – essential in helping them get well.

Creating opportunities and providing good quality care in the community, including specialist services, is an underlying aim of the East London Health & Care Partnership. It is part and parcel of helping people live happy and independent lives, and nowhere is this more important than in mental health.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Working with partners to address the wider determinants of mental health e.g. access to accommodation, education and employment.
- Supporting the roll out of digital self-management tools such as the London Digital Mental Wellbeing Service (www.digitalwellbeing.london).
- Developing an east London-wide suicide prevention strategy.
- Supporting employers to improve staff mental health and emotional wellbeing via programmes such as Mental Health First Aid.
- Developing our talking therapies services so there are more appointments with reduced waiting times.
- Integrating mental health services into GP surgeries, A&E and general hospitals.
- Developing perinatal mental health services for expectant mums and mums of new babies.
- Improving services for people experiencing a crisis by ensuring everyone in crisis can access mental health crisis support 24/7.
- Delivering mental health treatment at home.
- Delivering specialist mental health services for children and young people closer to home.
- Developing a new Child and Adolescent Mental Health Unit Psychiatric Intensive Care Unit here in east London.

What does it mean for local people?

- Improved access to, and shorter waiting times for, psychological therapies.
- A wider range of mental health services to be accessible via your GP.
- Your mental and physical health and social care needs treated as one, wherever and whenever necessary.
- Enhanced support to access the right education, employment and accommodation opportunities for people with mental health issues.
- People in east London will have access to the same range of mental health services wherever they live.

CANCER

Our aims

- **Cut waiting times for appointments**
- **Diagnose and treat any cancer quickly, with better education and information for the public**
- **Improve care and outcomes for people**

Parts of east London compare poorly with the rest of England in helping to prevent, and treat cancer.

Local people aren't living as healthy a lifestyle as others elsewhere. The area has higher-than-average rates of smoking and obesity and fewer take part in any form of physical activity.

People are also not going for check-ups as often as they should, greatly reducing the chances of survival because a cancer hasn't been detected and treated early enough.

The facts are simple:

- More than 40 per cent of cancers diagnosed in the UK last year could have been prevented by people adopting healthier lifestyles.
- Up to 10,000 deaths in England could be avoided each year if cancer is diagnosed earlier and treatment started sooner.

But we can all do something about it.

The East London Health & Care Partnership is making the prevention of cancer, and improving outcomes for people that have it, a top priority.

We are going to improve information on screening for breast, cervical and bowel cancer and other forms of the disease. This includes better signposting on when and where you can be screened, and what you can do yourself to check for symptoms.

We especially want to reach out to those that don't have regular health checks, or who don't like seeking help.

We want to cut waiting times for appointments and ensure patients from all backgrounds have access to timely, high quality modern treatments. Working with some of the best expertise there is, we want people to live well after treatment and increase their chance of survival.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Ensuring all patients who are referred for an urgent appointment with a specialist are seen within two weeks.
- Making sure patients are receiving their tests and diagnostics on time to enhance early diagnosis and treatment and improve cancer survival.
- Enabling better communication between GPs, hospital consultants and other specialists to allow faster and more effective treatment and care.
- Encouraging patients in east London to take up their screening.
- Improving information technology and administrative processes to make sure the cancer referral pathway is effective and patient care is joined up.
- Listening to patients and carers to ensure we meet their needs and keep improving their care.
- Working with public health services to improve prevention and lifestyle choices.

What does it mean for local people?

- If you are referred urgently by your GP or another health care professional you will be seen within two weeks.
- If you have a cancer diagnosis, you will receive treatment quickly in order to improve your chances of survival.
- A number of health and social care professionals will be involved in your care to ensure your care is joined up.
- Your experience of care will be positive because we are listening to you and making improvements.
- If you take up screening when you get an appointment, you are likely to receive early detection and treatment.

What can you do?

We will do our bit to turn things round, and make sure east London does everything it can to beat cancer. But you can play your part too and take good care of yourself. It is by far and away the best thing you can do to avoid this disease.

Do yourself, your family and friends a favour and:

- stop smoking
- avoid too much alcohol
- eat well
- keep active
- check yourself over regularly
- register with a GP
- attend regular screening appointments

If your GP refers you to the hospital for a test, or to be seen, please make sure you attend the appointment.

MATERNITY

Our aims

- **Improve information and advice about pregnancy to help prevent any problems**
- **Give women greater control and more choice about how and where they give birth**
- **Make them feel safe and secure, cared for and supported**

East London has the fastest growing population in the UK and the highest birth rate.

Our health and care services must cope with this growth and continue to ensure all goes well for the mums and babies. But it's not the only challenge.

More women of child bearing age are living with a long-term health condition, such as diabetes or heart disease. This can lead to a complex birth, requiring extra care and attention. We need to help women prevent and better manage these conditions.

Our vision for maternity services in east London is for them to be safe, caring and kind. We want it to be easier for women to find out about the services, and for care to be focussed around the needs of the woman and her family.

We want all women to feel safe and secure during their pregnancy. We want them to have a choice about how and where they give birth and to feel supported throughout.

For our staff, our culture is to promote innovation and continuous learning. We want to create a working environment where they feel valued – one that will help us attract and retain the best people.

We are one of seven areas across the country taking part in the Better Births Initiative to make care safer and give women greater control and more choices during their pregnancy. It aims to reduce the number of different midwives and doctors seen during pregnancy, so a proper relationship can be built.

We will strive for continual improvement in all that we do to ensure the best, and happiest, outcome for every mum and baby.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Listening to, and working with, women in east London to understand their needs and design care around them.
- Giving women greater choice about how and where they give birth.
- Making it easier for people to get help and information and book appointments.
- Ensuring safe and high quality care for all mums and babies.
- Ensuring there are enough midwives to cope with the increasing number of births. There is currently a shortage of midwives in east London, many are retiring or moving away from the area. We need to recruit more and keep them here.
- Working together to ensure every woman gets continuity of care throughout her pregnancy and birth. We want to reduce the number of different midwives and doctors she sees, so a proper relationship can be built.

What does it mean for local people?

- You will have a greater choice about where and how you give birth.
- You will have easier and better access to help and information, including advice on how to keep well before, during and after pregnancy. You will also be able to book appointments online.
- You will likely see the same midwife throughout your pregnancy to ensure continuity of care.
- The plan for care during your pregnancy will be developed and agreed between you and your midwife or obstetrician.
- If you have a long-term condition, such as diabetes, or you are having twins or other multiples, you will be seen by your midwife and obstetrician regularly and may be referred to a specialist.
- Your overall experience of care during and after your pregnancy will be positive and of high quality. We want you to feel safe and secure, cared for and supported.

MEDICATION

Our aims

- **Ensure the right medicines are used, at the right time, for the right patients**
- **Reduce medicine waste**
- **Make it easier to get prescribed medicine when it is needed**

To be truly effective, medicines must be used properly and responsibly – from those that help get us better when we're ill, to those that keep people with long-term conditions alive.

The East London Health & Care Partnership's aim is to ensure the right people, get the right medicine at the right time. We don't want people taking medicines they don't need.

New medicines are being introduced all the time. This includes those available over the counter from pharmacists and supermarkets, as well as those only available on prescription.

GPs, pharmacists and other healthcare professionals must have a good understanding of what medicines their patients are taking and what they can and cannot do. They also need to know the side effects of the medicines and how and when they should be taken.

Evidence from the Royal Pharmaceutical Society shows there is an urgent need to get the fundamentals of medicine use right.

For example:

- Only 16 per cent of patients who are prescribed a new medicine take it as prescribed.
- At least six per cent of emergency re-admissions are caused by avoidable adverse reactions to medicines.
- It's estimated at least £300m is wasted on medicines each year across England.

The overuse of anti-biotics is also something we need to get right. It is weakening their effectiveness and making them counter-productive. The World Health Organisation says resistance to antibiotics is one of the biggest threats to global health.

We will be improving education and information about medicines and encouraging people to become less dependent on them, including antibiotics.

There are alternative and often more effective ways to treat and prevent common ailments.

Taking regular Vitamin C and Zinc supplements, for instance, can prevent colds developing. If you do have a cold, steaming your nose and mouth for up to 15 minutes, four times a day, and drinking plenty of fluids, can alleviate the symptoms.

For people with long-term conditions, alternatives to medication can include following a particular healthy eating regime and an exercise programme.

An example is for those with high cholesterol. A diet rich in plant sterols and stanols, that block the body's absorption of cholesterol, can avoid some people having to take drugs called statins. They are substances that are naturally found in small amounts in plants – in fruit, vegetables, pulses and grains. You can also buy spreads, cereals and yoghurt-style drinks which have been fortified with them. Regular exercise also helps and sometimes reduces the need for blood pressure medication.

Physical activity can also help with mental health conditions, such as depression, as can getting sufficient sleep and being more involved in communities to combat loneliness.

We also need to reduce the prescribing of medicines that are proven to have limited clinical value.

Around £3.8m is currently being spent on them every year in east London. It doesn't just represent poor value for money – which could be better spent on other health and care services – the use of such medicines is not in the best interest of patients.

It is not always necessary to go to a GP for treatment for minor ailments, or for medication that can be bought over the counter in a pharmacy or shop without a prescription. A pharmacist can give advice for problems such as coughs, colds, fevers, hay fever and eye infections.

For those taking medication for a long-term condition, your GP will regularly review what you are taking and adjust it as and when needed. If your surgery has a practice pharmacist you can ask them to check the medication too.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Following national recommendations from NHS England, we are reviewing the prescribing of certain medicines. They are those for which there is limited evidence about their effectiveness.
- Buying some medicines from alternative better value suppliers. These are the unbranded items that do exactly the same thing, but for a lot less money. It will enable any savings to be better spent on other health and care services.
- Helping people take charge of their overall health and achieve better outcomes without a dependency on medication. Holding regular reviews with patients to identify medicines they no longer need.
- Reducing medicines waste
- Reducing resistance to antibiotics by moderating the amount and type prescribed. Educating patients and prescribers on the importance of completing courses of antibiotics when necessary.
- Ensuring we have sufficient pharmacists where they are needed. This includes clinical pharmacists within GP practices and/ or clinics in order to help ensure the right medicines are used, at the right time for the right patients.

What does it mean for local people?

- You will be able to get professional medical advice for all minor ailments in pharmacies, including out of hours pharmacies.
- Pharmacists will give you advice on the nature of medicines available to buy over the counter and what you will need a prescription for.
- You will not be prescribed medicines for which there is limited evidence about their effectiveness or where there are safer alternatives.
- You will not be prescribed antibiotics unless they are essential.
- You will be less likely to be kept in hospital waiting for medicines to be prescribed.
- The cost of prescribing medicines to you as a tax-payer will be less, meaning money can be better spent on other health and care services.

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

Our aims

- **Ensure we have the we have right number of good quality staff to look after people, now and in the future**
- **Make services and care accessible and convenient, consistent and personal**
- **Give the best possible treatment and care by ensuring our staff have access to all information and resources they need**

THE RIGHT STAFF

There is a considerable shortage of staff to fill key roles in health and care services. It's one of the biggest challenges the sector is facing in meeting the demands of a growing and ageing population.

Not as many people want to become doctors or nurses or care workers as used to.

Doctors, nurses and care workers cannot afford to live in London because of high property prices and a chronic shortage of suitable accommodation.

People also want more flexible jobs and careers so they can manage their other responsibilities like childcare or looking after an older relative.

Many GPs are due to retire soon, and a quarter of nurses leave their profession after just five years.

Nearly 20 per cent of jobs in registered social care lie vacant.

We are having to rely heavily on temporary staff, who come at higher rates than permanent staff and are not always available.

While we are still managing to provide services safely, action is needed to tackle the shortages, both now and in the future.

Attracting staff

The regeneration of many parts of east London is making it an increasingly attractive place to live and work. We need to promote this more strongly and sell its strengths.

In future when we advertise for staff, we will not just give details about the job and organisation. We will tell people about the wider benefits of the area – its transport, shopping and restaurants; the nurseries, schools and colleges; the many leisure attractions. Most importantly, we will help find them a home and offer affordable key worker accommodation. This is the single most important factor in recruiting staff to work in London and is something we are currently working on with housing providers and developers.

But we don't just want to attract staff from outside the area. Far from it. We want to recruit 'home-grown' talent too and are working with local schools, colleges and universities to do more of this. Creating job and career opportunities in our public services for the people that already live here will always be a priority for the partnership.

When we have recruited good quality people to come and work with us, we want to keep them.

To do this we need to offer more training, research and career development opportunities, with the ability to work across different organisations.

For example, midwives in east London are now getting the chance to work in all different areas of the profession not just one – home births; deliveries in birthing centres; hospital labour wards; experience of complicated births. It's this sort of variety, and the opportunity to progress a career without having to keep moving home, that's a big factor in retaining people.

As well as offering careers, we will also be putting more emphasis on looking after the health and wellbeing of our staff, including how to manage stress. Difficulty with this is a major reason why many doctors, nurses and carers leave the profession. We want to ensure the right support is in place to help them.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Collaborating with councils and housing associations to ensure there is affordable accommodation for key workers.
- Expanding roles in GP surgeries (including physician associates, clinical pharmacists, practice healthcare assistants and care navigators) and developing an endoscopy and community nurse workforce.
- Promoting east London as a place, with all its attractions and benefits, to encourage more staff to live, work and stay here.
- Working with education and training providers to develop job and career opportunities in health and care for local residents.
- Offering more training, research and career development opportunities.
- Looking after staff so they can better look after the people of east London.

What does it mean for local people?

- More healthcare professionals likely to be taken on and retained to look after you and your family's health and care needs – now and in the future.
- A continuity of care wherever you are treated – in hospital, in the community and at home.
- More job and career opportunities in local health and care services

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

THE RIGHT PLACE

Having staff in the right place might be a hospital, a GP surgery or even a patient's home.

Whether staff work in a hospital trauma centre or in the community, we are enabling and encouraging them to work together across the range of health and care services. We want to stop working in silos. The focus will be on following patients, not patients following us.

Where we can we are looking to put local health and care, and other public services, in the same building. This isn't just to save money, but to encourage closer working between them – and to stop the public having to go to lots of different places.

When a building is no longer required, the money recouped from the sale or rent will be reinvested locally to help improve or rebuild those we do need.

Although we have many modern facilities in the area, we also have buildings that are more than 100 years old and no longer fit for purpose. Whipps Cross Hospital in Waltham Forest definitely needs rebuilding, and we are working on this right now. We want all of our facilities to be up to date and functional, ready for future advances.

A greater use of digital technology will also help ensure services are provided in the right place. We want staff to have greater flexibility over how and where they work so they can spend more time in local communities. It also saves money on costly building space, which can be better spent on patient care.

Technology brings other benefits too.

Using a digital device to constantly monitor someone's heart, or provide a video link to a doctor or nurse, for instance, can enable a patient needing that type of care to stay in the comfort of their own home, yet remain in constant touch with expert help and support should it be needed.

It will not only make care accessible and convenient, but more consistent and personal. It's very likely you will see the same staff throughout your care rather than lots of different people.

If you are unfortunate enough to have an accident requiring major surgery, for instance, once you have been discharged from hospital the same team of physiotherapists will visit you at home to help you fully recover. As well as saving numerous trips back and forth to the hospital, it will avoid you constantly having to repeat your medical history, or details of any medication, to a number of different people.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Ensuring staff can offer a continuity of care to all patients.
- Enabling staff to work in the community – making services more accessible and convenient and saving on costly building space.
- Looking to share the buildings we do need with other public services, not just to save cost but to make things more convenient for people.
- Improving buildings and facilities in need of repair or modernising.
- Tapping into the opportunities digital technology offers to give patients better and more convenient access to services. This includes appointments via a video link and apps to monitor their own health and progress.

What does it mean for local people?

- Care will be accessible and convenient, more consistent and personal
- More care will be given to you in your home or close by, helped by digital technology
- You will more likely see the same staff throughout your care, establishing a relationship with them that generates assurance and trust
- No need to keep repeating your medical history and medicines to different health and care professionals.

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

THE RIGHT RESOURCES

It's vital our staff have all the resources they need to do their job effectively.

As we have already said, digital technology will enable staff to spend more time in local communities. We will continue to invest in it to ensure they have easy and reliable access to all the information and data while out and about.

The right resources also means creating better links between the many different information and IT systems across health and care services.

Many of them have been developed independently of one another and, as a result, they can't 'talk' to each other. It's slowing down information exchanges between organisations and delaying the results of clinical tests. We are joining systems up to overcome these problems.

And it's not just about information technology.

To give effective treatment and care, staff need access to an array of equipment and resources, from hi-tech medical scanning systems to basic office supplies. We are working together to make sure they have it, investing in new kit and facilities where needed and joining up our buying teams to secure the best possible deals.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Continuing to invest in digital technology to ensure staff can work anywhere in the community with the information and data they need.
- Joining up IT systems to speed up information exchanges and the sharing of records so staff can plan, and give better treatment and care.
- Working together to ensure staff have all the modern facilities and equipment they need to do their jobs effectively

What does it mean for local people?

- More care can be given in or closer to your home as a result of staff being better equipped to work flexibly
- Your treatment and care will be planned and managed more effectively thanks to improved IT systems and the sharing of records
- Modern equipment and facilities will enable you to get the best possible treatment and care

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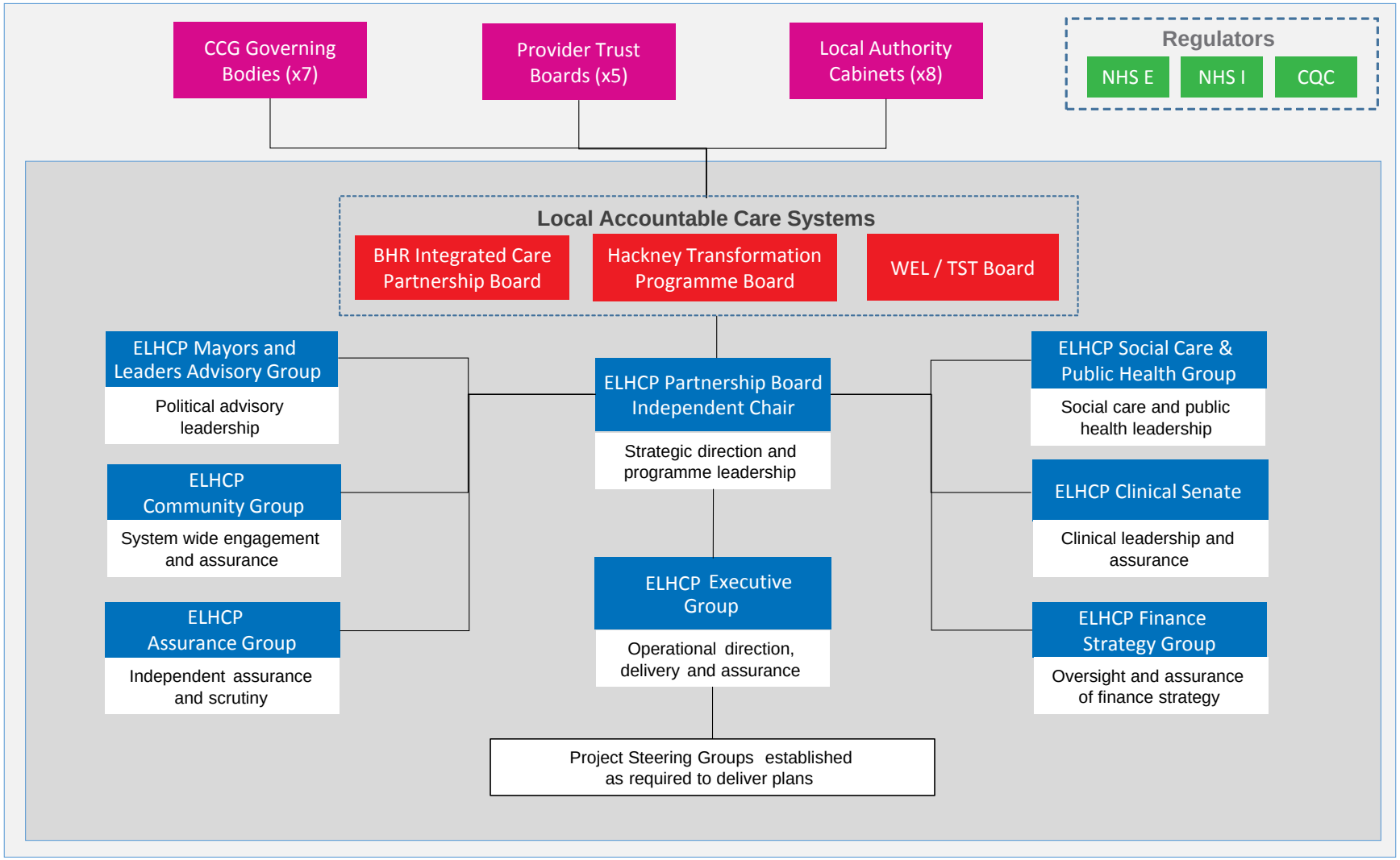
East London Health & Care Partnership

Governance structure



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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Indicator Set November 2017
Board Lead:	Mark Ansell
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

In July 2017, the Board agreed a set of high-level indicators that reflects the priorities and themes of the Health and Wellbeing Strategy.

It was agreed that the content of the indicator Set to be included as a reference paper for each meeting, noting that many of the indicators will remain unchanged where data are published annually.

This brings to the attention of the Board the three indicators that have been refreshed for November 2017, as follows:

Indicator Number	Indicator	Comments
6	**Good blood sugar control in people with diabetes**	Havering showed a 5% increase from 2015/16 (52%) to 2016/17 (57%); both London and England showed a slight increase of 3% and 2% respectively between the same periods.
8	**NHS friends and family recommendation of NHS Havering GPs**	The percentage of recommendation from family and friends has dropped from 88% to 84% from June 2017 to August 2017; however the number of respondents has increased significantly from 298 to 697. There was little change in the percentage of recommendation for London (1% increase) and England (no change).
12	**Referral to treatment**	Percentage of Havering GP-registered patients referred to BHRUT, treated within the expected timescales has dropped from 92% (16,739/18,206) to 90.5% (16,715/18,466) from June 2017 to August 2017; this indicates that Havering CCG's performance as of August 2017 is below the 92% NHS target. The BHRUT overall performance was also slightly below the target but higher than Havering CCG at 91.4%.

RECOMMENDATIONS

No recommendations

REPORT DETAIL

No further detail

IMPLICATIONS AND RISKS

Not applicable

BACKGROUND PAPERS

No further background papers

Health and Wellbeing Board Indicator Set: November 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	Update status
				Count	Rate (%)	London	RAG	England	RAG	Target	RAG		
1	Healthy life expectancy, male	High	-	66	-	64		63		-		2013-15	Unchanged
2	Healthy life expectancy, female	High	-	65	-	64		64		-		2013-15	Unchanged
3	Physically active adults	High	-	-	55	58		57		-		2015	Unchanged
4	Overweight (including) obese children, Year 6	Low	↑	993	37	38		34		-		2015/16	Unchanged
5	Achieving a good (or better) level of development at age 5 (EYFSP)	High	-	-	71	71		69		73		2016/17	Unchanged
6	Good blood sugar control in people with diabetes	Low	↑	-	57	61		62		-		2016/17	**Updated**
7	A&E attendees discharged with no investigation and no significant treatment	Low	↓	16,585	-	-		-		-		2016/17	Unchanged
8	NHS friends and family recommendation of NHS Havering GPs	High	↓	697	84	88		89		-		Aug-17	**Updated**
9	Satisfaction with Adult Social Care services	High	-	-	62	60		64		-		2015/16	Unchanged
10	Mortality attributable to air pollution	Low	-	-	5.1	5.6		4.7		-		2015	Unchanged
11	Prescribed Long acting reversible contraception (LARC) excluding injections	High	-	1,350	2.8	3.6		4.8		-		2015	Unchanged
12	Referral to treatment	Low	↓	16715	90.5					92		Aug-17	**Updated**

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

RAG rating: Significantly better than comparator; Significantly worse than comparator; Similar to 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	Percentage of Havering GP-registered patients referred to BHRUT, treated within the expected timescales

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

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 31 January 2018. Deadline for papers **12 January 2018.**To be held in CR3A	
East London Health and Care Partnership Update	Ian Tompkins
Havering Safeguarding Children Board and Havering Safeguarding Adult Board 2016/2017 Annual report	Brian Boxall
High Needs Funding Review and SEND Strategy	Tim Aldridge
Director of Public Health Annual report	Mark Ansell
Forward Plan	
HWB Meeting 14 March 2018. Deadline for papers **23 February 2018.**To be held in CR3A	
Update on East London Health and Care Partnership	Ian Tompkins
Health Protection Forum Report	Mark Ansell
Obesity Strategy	Mark Ansell
Report from End of Life Steering Group	Gurdev Saini
CCG Outcomes Indicator Set	tbc
Adult Social Care Framework	tbc

Havering Health and Wellbeing Board - Forward Plan 2017/18

Clinical Governance of public health commissioned services	Andrew Rixom
Forward Plan	

Previous Board meetings and topics covered

HWB Meeting 10 May 2017. Deadline for papers **28 April 2017**. To be held in CR3B	
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
Health and Wellbeing Strategy: extension to June 2019	Mark Ansell
Refreshed Health and Wellbeing Board Strategy Dashboard/indicator Update	Mark Ansell
Forward Plan	

Havering Health and Wellbeing Board - Forward Plan 2017/18

HWB Meeting 19 July 2017. Deadline for papers **6 July 2017**. To be held in CR3A	
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
Integrated Care Partnership Progress Report	Keith Cheesman
Drugs and Alcohol Strategy Update	Elaine Greenway
East London Health and Care Partnership Update	Ian Tompkins
Forward Plan	
HWB Meeting 20 September 2017. Deadline for papers **1 September 2017**.To be held in CR2	
Update on Referral to Treatment Delays	Sarah Tedford / Louise Mitchell
Healthwatch Havering Annual Report	Anne-Marie Dean
East London Health and Care Partnership Update	Ian Tompkins

Havering Health and Wellbeing Board - Forward Plan 2017/18

Local Plan Development	Neil Stubbings
SEND Executive Board Update	Tim Aldridge
BHR Transforming Care Partnership Plan update (originally scheduled for May Meeting)	Lee Salmon
Havering CAMHS Update (originally scheduled for July Meeting)	Jacqui Van Rossum
Joint Commissioning Strategy	John Green
The development of a joint Havering and Barking & Dagenham Suicide Prevention Strategy	Elaine Greenway
Forward Plan	
HWB Meeting 15 November 2017. Deadline for papers **27 October.** To be held in CR2	
Local Plan Development	Chris Hilton
Suicide Prevention Draft Strategy	Mark Ansell
Integrated Care Partnership / Locality Work	Barbara Nicholls / Andrew Blake-Herbert
Terms of Reference	Anthony Clements
Draft Havering Autism Strategy	Lee Salmon

Havering Health and Wellbeing Board - Forward Plan 2017/18

East London Health and Care Partnership Update *(written report to note)*	Ian Tompkins
Mayor of London draft Inequality Strategy (for consideration and comment) consultation closes 30 November	Mark Ansell
Public Health Information Products: Public Health England dashboard, Public Health Outcomes Framework Pharmaceutical Needs Assessment	Mark Ansell Andrew Rixom
Forward Plan	

Groups to provide papers to HWB board

- **JSNA Steering Group**
- Care Transformation Board
- **SEND Executive Group**
- Mental Health Partnership Board
- **CAMHS Transformation Partnership Board**
- CYP Commissioning Forum
- Adults Commissioning Forum
- End of Life Partnership Board
- **Health Protection Forum.**
- JSNA Steering group.
- **Local Children's Safeguarding Board and Adult Safeguarding Board *(changes due to safeguarding arrangements so will need to be reviewed)***
- Care Transformation Board

Could include the following plus any additional groups delivering the aims and objectives of the JHWS

Havering Health and Wellbeing Board - Forward Plan 2017/18

- Joint Management and Commissioning Forum.
- End of Life Strategy Group.
- Poverty Reduction Programme Executive (being reviewed – might not exist)
- Mental Health Partnership Board (?Dementia Partnership to be part of this board).