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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD
AGENDA

1.00 pm	Wednesday, 11 July 2018	Town Hall, Main Road, Romford

Members: 16, Quorum: 6

BOARD MEMBERS:

Elected Members:	Cllr Gillian Ford Cllr Damian White Cllr Robert Benham Cllr Jason Frost (Chairman)
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 Ceri Jacob, BHR CCG
Other Organisations:	Anne-Marie Dean, Healthwatch Havering Matthew Hopkins, BHRUT Jacqui Van Rossum, NELFT Vacancy, NHS England

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. CHAIRMAN'S ANNOUNCEMENTS

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.

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, ACTION LOG AND INDICATOR SET (Pages 1 - 16)

To approve as a correct record the minutes of the Board held on 14 March 2018 and to authorise the Chairman to sign them, and to consider the Indicator Set.

5. HEALTH AND WELLBEING STRATEGY - NEXT STEPS (Pages 17 - 20)

6. HAVERING OBESITY PREVENTION STRATEGY - ANNUAL UPDATE (Pages 21 - 44)

7. SERVICES IN HAVERING FOR PEOPLE WHO HAVE A VISUAL IMPAIRMENT: A REVIEW (Pages 45 - 94)

8. HEALTH PROTECTION FORUM ANNUAL REPORT 2017-2018 (Pages 95 - 116)

9. DRUGS AND ALCOHOL HARM REDUCTION STRATEGY ACTION PLAN PROGRESS AND REVIEW (Pages 117 - 164)

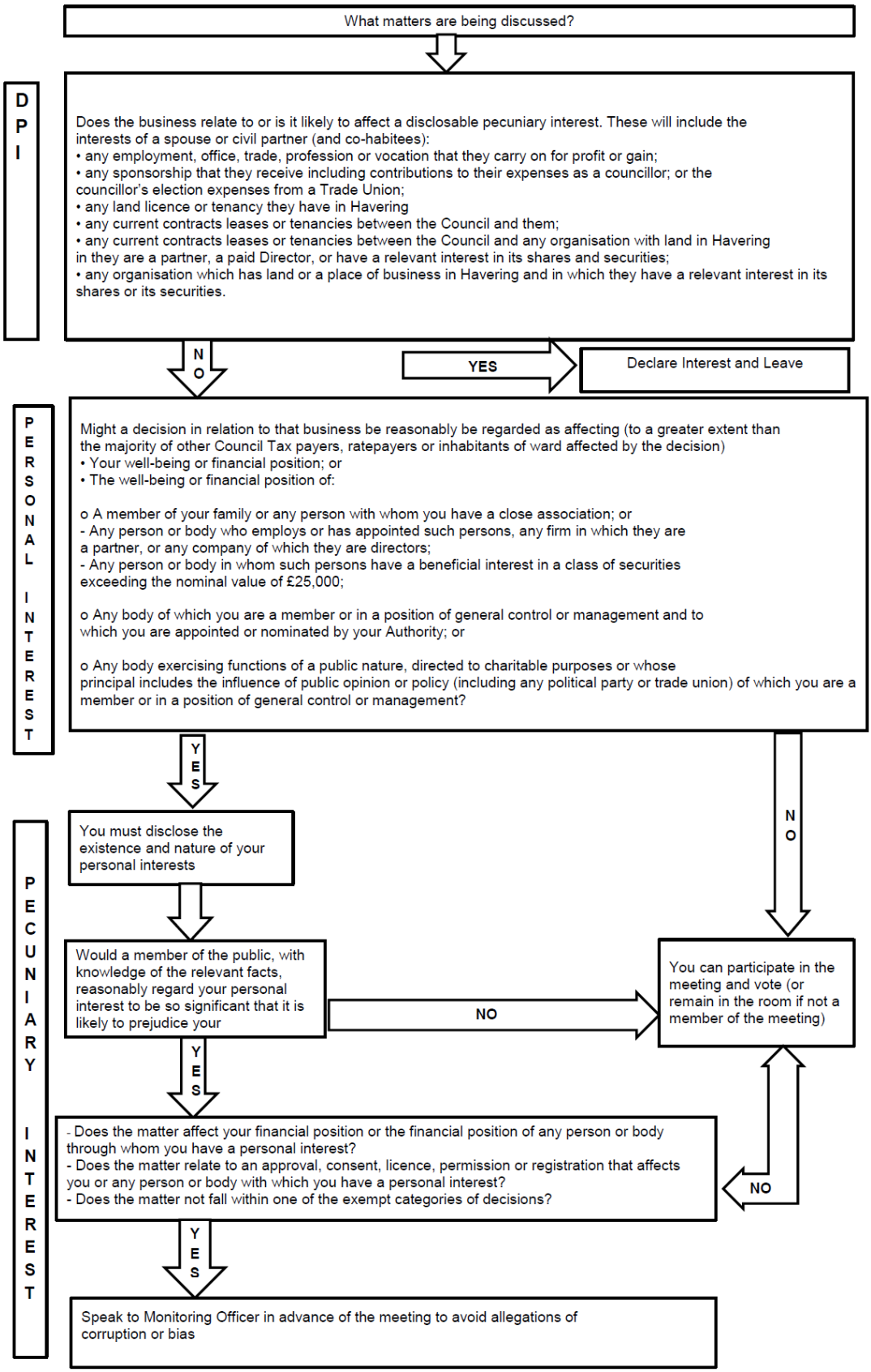
10. COMMUNITY URGENT CARE CONSULTATION - 'RIGHT CARE, RIGHT PLACE, FIRST TIME' (Pages 165 - 168)

11. LOCAL AREA INSPECTION OF SUPPORT FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) (Pages 169 - 172)

12. CLINICAL GOVERNANCE OF PUBLIC HEALTH COMMISSIONED SERVICES (Pages 173 - 186)

13. DATE OF NEXT MEETING

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Committee Room 3A - Town Hall
14 March 2018 (1.00pm – 2.55pm)

Present:

Elected Members: Councillors Wendy Brice-Thompson (Chairman) and Roger Ramsey.

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

Havering Clinical Commissioning Group (CCG): Steve Rubery, Interim Director of Delivery and Performance Barking, Havering and Redbridge Clinical Commissioning Group

Other Organisations: Anne-Marie Dean, Executive Chairman, Healthwatch Havering and Mateen Jiwani, Associate Medical Director, Barking, Havering and Redbridge University Hospitals NHS Trust.

Also Present: Phillipa Brent-Isherwood, Assistant Director of Policy, Performance and Community, Trevor Cook, Assistant Director Children's Services (Education), Elaine Greenway, Acting Consultant in Public Health, Victoria Freeman, Democratic Services Officer, Caroline Penfold, Head of Children's and Adult with Disabilities Service (Learning and Achievement) and Ian Tompkins, Director of Communications and Engagement, East London Health Care Partnership.

47 **CHAIRMAN'S ANNOUNCEMENTS**

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

48 **APOLOGIES FOR ABSENCE**

Apologies were received from:

Councillor Gillian Ford, Elected Member, London Borough of Havering
Tim Aldridge, Director of Children's Services, London Borough of Havering
Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group
Dr Gurdev Saini, Board Member, BHR CCG
Matthew Hopkins, Barking, Havering and Redbridge University Hospitals' NHS Trust (Mateen Jiwani substituting)
Ceri Jacob, Barking, Havering and Redbridge University Hospitals' NHS Trust
Jacqui Van Rossum, North East London NHS Foundation Trust

49 DISCLOSURE OF INTERESTS

There were no declarations of interest made in any of the items on the agenda.

50 MINUTES

The minutes of the meeting held on the 15 November 2017 were agreed as a correct record and signed by the Chairman.

51 HEALTH AND WELLBEING BOARD ACTION LOG

It was confirmed that all items on the action log had either been delivered or were on the agenda.

52 HEALTH AND WELLBEING BOARD INDICATOR SET MARCH 2018

Members received the Health and Wellbeing Board Indicator set which provided an overview of the health of residents and the quality of care services available to them. Some of the indicators had been refreshed.

It was highlighted that childhood obesity continued to worsen and that the Board would receive a more detailed report regarding the Obesity Strategy at their meeting in July 2018.

RESOLVED:

That the Board noted the changes.

53 HAVERING SAFEGUARDING CHILDREN BOARD AND HAVERING SAFEGUARDING ADULT BOARD 2016/17 ANNUAL REPORT

The Board received the annual reports of the Havering Safeguarding Children's Board and the Havering Safeguarding Adults Board, which highlighted the strengths and weaknesses of the multi-agency safeguarding systems for adults and children as of the end of the 2016/17 financial year. The reports highlighted the work of the boards and the future challenges and set out the work of the statutory partners including individual agency challenges.

The focus of the Havering Safeguarding Children's Board over the past year had been on addressing issues identified in the 2016 Ofsted Inspection. Although the Ofsted recommendation was 'requires improvement,' their report acknowledged that major structural changes to children's services were already underway to introduce the 'Face to Face' approach.

The Metropolitan Police Basic Command Unit (BCU) model had significantly positively impacted on safeguarding in Havering. This model was now being rolled out to create 12 BCUs across London.

Members attention was brought to the two serious case reviews which had progressed during 2016-17 and issues pertaining to the provision of transitional support from childhood into adulthood were highlighted. The importance of hospitals in responding to injuries was noted and members were recommended to read the extensive case review and their associated recommendations.

Members discussed the provision of support available for young carers and Looked after Children. The Safeguarding Board were aware that there were more carers than reported and this would be monitored and carers supported. Training had been provided to a group of care leavers to support them in the production of a documentary about their journey. The Board asked to be notified when the documentary became available.

Members requested that an exempt document containing data on incidences of cases referred to courts be circulated to the Board.

Havering Safeguarding Adults Board was funded under arrangements set out in the Adults Care Act 2014, with the contribution from member organisations agreed locally. It was highlighted that the board were operating under financial constraints.

RESOLVED:

That the Board considered the reports and agreed to take into account the issues raised when considering future planning of services for vulnerable adults and children in Havering.

54 **HIGH NEEDS REVIEW AND STRATEGY**

The High Needs Strategy set out Havering's vision for improving the provision for children and young people with high needs and their families. The strategy had been developed following the review of high needs provision which involved consultation with a wide range of stakeholders.

The main findings identified from the consultation were:

- A need to use resources wisely to ensure needs could be met across the spectrum with appropriate levels of support.
- A need to support providers, working with all ages of children, to develop the most inclusive services possible.
- That work should be with providers, schools and colleges to improve attainment amongst children with Special Educational Needs and Disabilities (SEND) whether they have an Education, Health and Care Plan (EHCP) or not.
- A need to improve information for children, young people and parents so options, services and pathways are clearer.
- A need to develop more provision for children and young people with Autistic Spectrum Disorder (ASD) and Social, Emotional and Mental

Health Needs (SEMH); from early years, through school and into adulthood.

- A need to improve data gathering (including how schools record data) so that needs could be met appropriately as they develop and changed.

Members discussed parent/carer communication and noted that some parents continued to want their child's needs to be met out of borough rather than met by local provision. This increased the likelihood of transitional difficulties and had a financial impact on the borough. The strategy promoted work with local providers to increase capacity. An application had been made for a special school in the borough for 3-16 years olds, to focus on more complex needs; and a recommendation had been made to change the funding regime for individual schools with children with educational health care plans to allow them to receive increased funding. It was noted that the borough had received positive initial feedback from its recent Special Educational Needs inspection.

RESOLVED:

That the Board approved the High Needs Strategy so that the actions detailed in the action plan (Appendix 1) could be taken forward.

55 **HAVERING END OF LIFE CARE ANNUAL REPORT 2017/18**

Havering Clinical Commissioning Group (CCG) had made significant progress and had achieved the highest reduction in percentage of deaths in hospital compared to other CCGs in London. The CCG had agreed to extend their contracts with hospices to 2019.

RESOLVED:

That the Board noted the report and commended the progress made with End of Life Care in Havering during 2017-18.

56 **UPDATE ON EAST LONDON HEALTH AND CARE PARTNERSHIP AND NEL SUSTAINABILITY AND TRANSFORMATION PLAN**

Mr Ian Tompkins, Director of Communications and Engagement, East London Health Care Partnership, provided the Board with a further update on the development of the East London Health and Care Partnership and the Sustainability and Transformation Plan.

The Partnership's top priority was the reduction of the pressures on hospitals and accident and emergency departments, when often people should be supported by NHS 111 staff, GPs, community staff and resources in their own homes.

Significant improvements were being made by joining services up and people were starting to benefit. The Partnership had received funding to

assist in quick diagnosis and treatment of cancer and would aid the East London Cancer Campaign, to promote early detection, the key to effective treatment and recovery. Local maternity service provision was being developed across east London, to recruit and retain staff, with the involvement of NHS trusts and neighbourhood midwives.

To assist with recruitment and retention of health care staff across London, consideration was being given to the provision of key worker accommodation. The building of a web portal would be launched in due course, with involvement of colleges and universities to ensure a joined-up east London health and care presence at recruitment fairs.

The Partnership was shaping the way it tackled its priorities around Barking, Havering and Redbridge; City of London and Hackney; Newham; Tower Hamlets and Waltham Forest and would drive forward issues such as good quality urgent and emergency care for East London; the availability of special clinical treatment; 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; and ways of working that will put a stop to duplication and unnecessary expense. The biggest single factor in the long term was to prevent ill health and deaths caused by the effects of lifestyle choices such as poor diet, lack of exercise and smoking.

The organisations behind the East London Health and Care Partnership included Clinical Commissions Groups, Provider Trusts and Councils. The new commissioning arrangements aimed to ensure that commissioning was integrated around local people and significantly improved both services and health outcomes, by developing prevention and self-care; better primary and community services so that services were closer to home; and demand and capacity planning across hospitals.

RESOLVED

That the report be noted.

57 **HEALTH AND WELLBEING BOARD STRATEGY**

Members received a report which recommended the extension of the current strategy for a further 12 months, which would allow for sufficient opportunity to consider what to prioritise, consider implications of recent developments in the structure of the health and social care landscape, and take into account anticipated changes to the Board's membership. The current strategy had a broad range of priorities, which would continue to inform the scheduling of reports received at the Board whilst a new strategy was being developed

RESOLVED: That

i) The HWB agrees to extend the current strategy for a further 12 months (to end 2019).

ii) The HWB receives a presentation on the JSNA in July 2018.

58 **UPDATE ON REFERRAL TO TREATMENT (RTT) DELAYS**

The Board received an update on Referral to Treatment (RTT) Delays, during which it was explained that significant issues were identified with how BHRUT had historically reported RTTs and since the issues had been identified, work had been undertaken to recover its RTT position and implement a Recovery and Improvement Plan.

The aim was to reduce demand on the trust and for patients to be seen within the required time. In June and July 2017, the national RTT incomplete standard of 92% was met and this was achieved three months ahead of the agreed recovery plan. However, the target had not been sustained and a revised recovery plan had subsequently been introduced. Reasons for not delivering the national standard was due to referral levels, sub-speciality clinical capacity issues and the closure of dental services.

RESOLVED That the Board noted that:

i) BHRUT had narrowly missed the 92% standard.

ii) Plans were in place to return to delivering the national RTT standard by April 2018.

59 **PHARMACEUTICAL NEEDS ASSESSMENT 2018-21 FOR CONSULTATION**

The consultation period for the Pharmaceutical Needs Assessment (PNA) ended on the 5th January 2018 and the feedback had been incorporated into the revised document presented to the Board.

The main purpose of the PNA is to inform decisions by NHS England on market entry of new pharmacies into Havering in the three years to 2021. There is detailed guidance on the format of a PNA which NHS England uses to assess the consultation document. NHS England's comments have all been addressed in detail in the final document.

The final document meets the Board's statutory requirement to produce a PNA.

As a separate issue, the Chair was requested to highlight concerns to NHSE regarding pharmacy provision in the Harold Wood Walk-in Centre following comments by Healthwatch that the Healthwatch Board had formally opposed the decision to remove a pharmacy at the Polyclinic/Walk-in Centre. Healthwatch Board's view being that wherever it was possible to join-up primary care provision to make it quicker and simpler for the patient

and carers then every effort should be made to do so and it was disappointing for residents who had benefited from this pharmacy provision for over 5 years to lose this facility.

RESOLVED:

That the Board agreed that the PNA would be published on the Council's website.

60 **FORWARD PLAN 2017/18**

The Board received the forward plan for 2017/18. Healthwatch Havering requested that their report 'The Services in Havering for People who have Visual Impairment' be added to the forward plan for presentation at the next meeting.

RESOLVED:

That the Board received and agreed the Forward Plan.

61 **HAVERING LOCAL ACCOUNT 2016/17**

The Board received the local authority's Local Account of its adult social care activity. The document explained what services the local authority support and spend money on; what the local authority had achieved; the changes and challenges the local authority faces and its ambitions and plans for further improvement.

RESOLVED:

That the Board noted the Local Account 2016/17 prior to publication.

62 **DATE OF NEXT MEETING**

The next meeting of the Board was scheduled to be held on the 11th July 2018, commencing at 1.00pm.

Chairman

Health and Wellbeing Board Action Log (following March 2018 Board meeting)

No.	Date Raised	Board Member Action Owner	Non-Board Member Action Owner	Action	Date for completion	RAG rating	Comments
17.26	14.03.18	Mark Ansell	Victoria Freeman	Members requested to be notified when the documentary produced by a group of care leavers became available.			
17.27	14.03.18	Barbara Nicholls / Tim Aldridge	Brian Boxhall	In terms of safeguarding, members requested that the exempt document containing data on incidences of cases referred to courts be circulated to the Board.			
17.28	14.03.18	Mark Ansell	Andrew Rixom	The Board asked to receive a presentation on the JSNA in July 2018.	11.07.18		
17.29	14.03.18	Ann-Marie Dean	Ann-Marie Dean	Healthwatch Havering requested that their report 'The Services in Havering for People who have Visual Impairment' be added to the forward plan for presentation at the next meeting.	11.07.18		Completed: item on July agenda

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HEALTH & WELLBEING BOARD

Subject Heading:	Health and Wellbeing Board Indicator Set March 2018
Board Lead:	Mark Ansell, Acting Director of Public Health
Report Author and contact details:	Elaine Greenway, Acting Consultant in Public Health Mayoor Sunilkumar, Public Health Analyst

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 Health and Wellbeing Board receives a Health and Wellbeing Indicator Set at each meeting, which provides an overview of the health of residents and the quality of care services available to them.

The set comprises

- ten core indicators, which remain constant all year
- additional indicators on topics of current and special interest to the Board which may be changed in year. Currently, the indicators of special interest are
    - access to Long Acting Reversible Contraception (LARC) and
    - Referral to Treatment (RTT).

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In the main, the Board receives the HWB Indicator Set for information, and anticipates more detailed discussions of the overall health and wellbeing of the local population once per year; typically when the Joint Strategic Needs Assessment (JSNA) is presented.

On this occasion, the Board is receiving this short explanation as some of the indicators on the accompanying HWB Indicator Set March 2018 have been updated.

Core indicators:

- Indicator 3 Physically Active Adults – no change for Havering (59%) and London (66%), but for England there has been an increase (66%), which means that the gap between Havering and England is widening. This is considered in Update on the Obesity Prevention Strategy which is being presented at this meeting
- Indicator 10 Mortality attributable to air pollution – this is estimated, based on background pollution and demographics. Mortality is shown to have slightly reduced from 2010 to 2015, but in 2016 increased to previous 2012 levels

Additional indicator (topic of current and special interest)

- Indicator 12 Referral to treatment – performance has declined. The CCG has provided comment (see Report Detail below).

RECOMMENDATIONS

The HWB is asked to note the changes, seeking clarification on any aspect of worsening performance, whilst anticipating:

- An update on the Obesity Prevention Strategy which is on this meeting's agenda
- A future indepth discussion on the health and wellbeing of residents when the Board receives an update on the JSNA and deliberates on the priorities for a new Havering Health and Wellbeing strategy

REPORT DETAIL

Havering CCG has provided the following comment (also on behalf of BHRUT) regarding Havering 18 Weeks Referral to Treatment:

In June 2017 BHRUT met the national RTT incomplete standard of 92%) with performance of 92.2%. This was achieved 3 months ahead of plan and again in July with performance of 92.1%.

Regrettably since then BHRUT has missed the 92% national incomplete standard for RTT since August 2017. In April 2018 (latest nationally submitted data) we recorded performance of 87.05%. On 1st December we agreed a revised recovery plan with NHS Improvement with the aim of returning to delivering the 92% standard in April 2018. However we have not met this for the following reasons:

- the closure of dental services commissioned by NHS England. Dental patients account for approximately 17% of our patients who are waiting over 18 weeks. With finite capacity this has resulted in larger than anticipated volumes of patients waiting over 18 weeks for their treatment
- winter pressures impacted on surgical capacity into April which impacted the elective pathway
- in February 18 BHRUT was placed into financial special measures by NHSE/I and this had a direct impact on the Trust ability to finance the reductions in waiting lists leading to more patients waiting more than 18 weeks
- higher GP demand in some specialties than planned.

We are in the process of agreeing activity levels with our CCGs and a revised RTT trajectory to return to delivering the 92% standard for 18/19.

In April 2016 we had just over 1,000 patients who had waited more than a year for their treatment. At the end of April 2018 we reported 4 patients had waited more than a year for their treatment, with a number of these patients choosing to wait longer following our offers to treat them sooner. We have just submitted data for May although this is not publically available yet and have declared no patient waiting more than 52 weeks for their treatment.

IMPLICATIONS AND RISKS

The indicator set is presented for information.

BACKGROUND PAPERS

No background papers

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Health and Wellbeing Board Indicator Set: 2018

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 (Healthy Life expectancy)	What is *Good*?	Trend	Havering	Comparators						Period	Update status
				Number of Years	London	RAG	England	RAG	Target	RAG		
1	Healthy life expectancy, male	High	-	66	64		63		-		2014-16	Unchanged
2	Healthy life expectancy, female	High	-	64	64		64		-		2014-16	Unchanged

#	Indicator (Other)	What is *Good*?	Trend	Havering		Comparators						Period	Update status
				Count	Rate (%)	London	RAG	England	RAG	Target	RAG		
3	Physically active adults	High	-	-	59	65		66		-		2016/17	**Updated**
4	Overweight (including) obese children, Year 6	Low	↑	1032	39	39		34		-		2016/17	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	High	↑	-	57	61		62		-		2016/17	Unchanged
7	A&E attendees discharged with no investigation and no significant treatment	Low	↓	12,367	-	-		-		-		2017/18	**Updated**
8	NHS friends and family recommendation of NHS Havering GPs	High	-	251	88	88		90		-		Apr-18	**Updated**
9	Satisfaction with Adult Social Care services	High	-	-	62	60		64		-		2015/16	Unchanged
10	Mortality attributable to air pollution	Low	-	-	6.0	6.4		5.3		-		2016	**Updated**
11	Prescribed Long acting reversible contraception (LARC) excluding injections	High	-	1,394	2.8	3.5		4.6		-		2016	Unchanged
12	Referral to treatment	High	↓	15,706	88.0					92		Mar-18	**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 over 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 (current method)
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; The local target set by the Havering childrens team is 73%
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 <2.5 µm)
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

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HEALTH & WELLBEING BOARD

Subject Heading:	Health and Wellbeing Board Strategy
Board Lead:	Cllr Jason Frost, Chairman of Health and Wellbeing Board
Report Author and contact details:	Mark Ansell, Acting Director of Public Health/ Elaine Greenway Acting Consultant in Public Health 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

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare both Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) through the Health and Wellbeing Board. A JHWS should take into account the needs of the local population as set out in the JSNA. The Havering JHWS is due to expire in 2019.

This paper proposes the following steps and timescales for developing a new strategy:

- Late August/early Sept: Development session to be held for Board members to:
    - receive reports on:-

        - the health and wellbeing needs of residents as captured in the JSNA
        - performance against the three relevant outcome frameworks for public health, adult social care and the NHS
        - the organisational priorities of the Council and NHS partners
    - consider possible approach(es) to prioritisation
    - consider recent developments in the governance of the local health and social care system and possible implications on the Havering HWB, particularly in terms of where it can add particular value
- Late Sept/early Oct: A second development session for Board members to
    - agree the focus of a new strategy considering the information presented in the previous session, the principles agreed regarding prioritisation and how the HWB can add particular value
    - consider whether any changes are needed to the TOR of the HWB to reflect changes in the governance of the health and social care system
    - agree how the views from wider stakeholders will be taken into consideration
- January 19: Consider and discuss first draft of HWB Strategy prepared by LBH PHS
- February19 – Second draft prepared and subject to wider consultation as agreed
- June/July 19 – Final draft produced for agreement by H&WB.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to agree the steps and timescales for developing a new JHWS as set out above.

REPORT DETAIL

No further detail

IMPLICATIONS AND RISKS

None identified.

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BACKGROUND PAPERS

None identified.

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HEALTH & WELLBEING BOARD

Subject Heading:	Havering Obesity Prevention Strategy – Annual Update
Board Lead:	Mark Ansell, Acting Director of Public Health
Report Author and contact details:	Claire Alp, Senior Public Health Specialist Claire.Alp@havering.gov.uk 01708 431818

The subject matter of this report deals with the following priorities 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

Havering's Prevention of Obesity Strategy 2016-19 and associated action plan was published in April 2016.

The strategy set out our approach to preventing obesity in Havering, and encouraging our local population to be more active and eat more healthily. This was presented as three interlinked work streams to: -

- Shape the environment to promote healthy eating and physical activity;
- Support a culture that sees physical activity and healthy eating as the norm;
- Prompt individuals to change, primarily through self-help.

The action plan detailed how we would use existing assets and new opportunities to progress these workstreams, and the Health and Wellbeing Board agreed that an Obesity Prevention Working Group should be formed to periodically refresh and oversee delivery of this rolling annual action plan.

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The purpose of this paper is to:-

- Update the Health and Wellbeing Board on progress made with implementation of the 2017/18 action plan. Notable successes during 2017/18 include;
    - Health Impact Assessment of the Local Plan
    - Piloting the Healthy Early Years London awards programme
    - Introduction of Starting Solid Foods sessions in Children's Centres
    - Launch of the Veggie Run app
    - Healthy Schools London programme incorporating curriculum support
- Inform the Health and Wellbeing Board of local trends in levels of obesity, physical activity and healthy eating. Headline information includes:
    - Excess weight remains broadly stable amongst 4-5 year olds and adults but continues to increase amongst 10-11 year olds.
    - Only 13.8% of young people and 59.0% of adults in Havering achieve the recommended levels of physical activity relevant to their age-group.
    - Half of young people aged 15 (49.2%) and adults (57.1%) in Havering eat 5 portions of fruit and vegetables per day.
- Highlight new regional and national publications or campaigns launched in the past year that support or guide our local efforts to prevent obesity;
- Request the board's approval of the rolling action plan, refreshed for 2018/19.

RECOMMENDATIONS

The Board is asked to: -

- Review progress made with the action plan during 2017/18;
- Discuss the refreshed action plan for 2018/19 and suggest any amendments and additions;
- Subject to there being general agreement with the approach taken to date, and that any changes suggested by members are made, agree that the Chair of the Health and Wellbeing Board can approve the 2018/19 action plan without further reference to the Board;
- Agree that the next update should be provided at the May 2019 meeting of the Health and Wellbeing Board.

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REPORT DETAIL

1.0 Update on progress made with implementation of the action plan and future planning

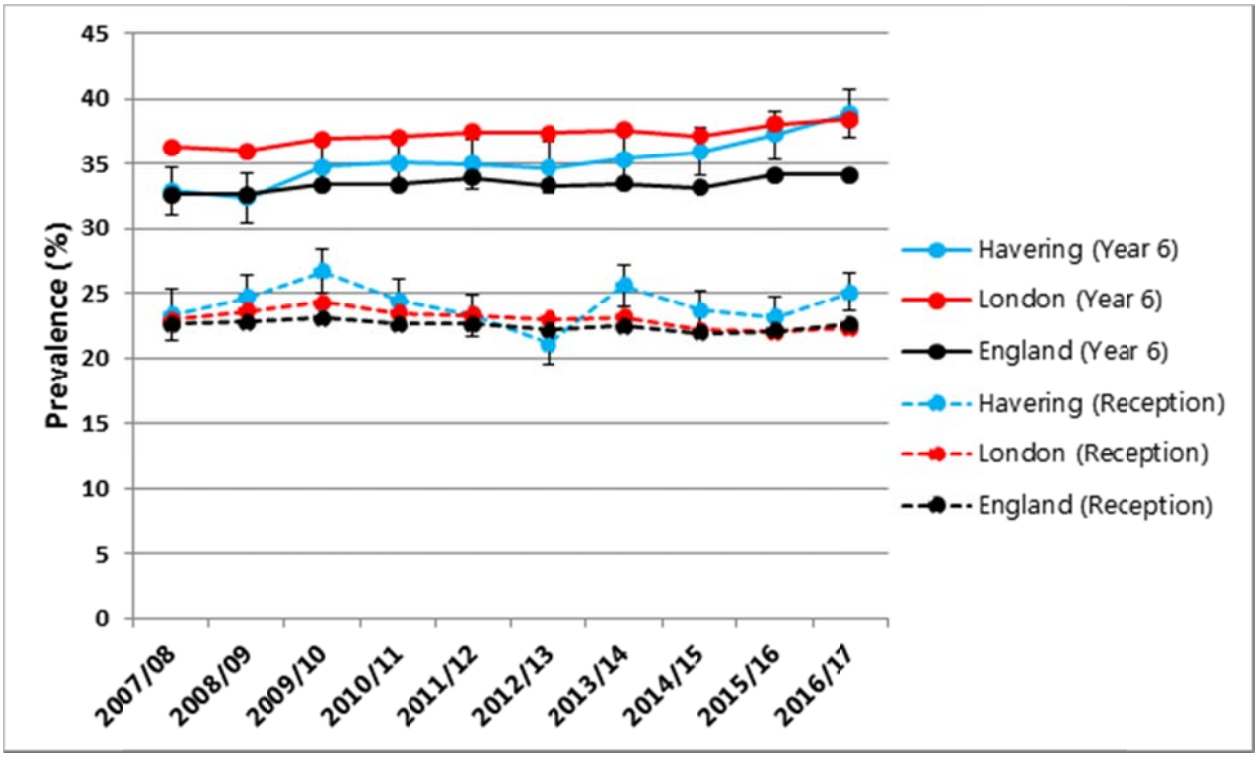
The Obesity Prevention Working Group, led by the LBH Public Health Service and with stakeholders from across the Council and external organisations takes responsibility for delivery of the action plan.

The action plan is provided as Appendix 1. RAG ratings and progress notes have been provided against 2017/18 actions, whilst new actions to be progressed during 2018/19 are indicated in blue in the RAG column.

2.0 Update on local trends in levels of obesity, physical activity and healthy eating

2.1 The prevalence of obesity in Havering

Figure 1. Prevalence of Excess Weight (Overweight and Obesity) Time Trend



- National Child Measurement Programme (NCMP) data shows that in 2016/17 prevalence of excess weight (overweight and obesity combined) amongst Reception children (4-5 year olds) in Havering was 25.1%. Trend data shows that prevalence has remained broadly stable since 2008/09. In 2016/17,

prevalence in Havering was significantly worse than England (22.6%) and London (22.3%).

- NCMP data shows that in 2016/17 prevalence of excess weight amongst Year 6 children (10-11 year olds) in Havering was 38.9%. There has been an overall increase in prevalence of excess weight in this age group since 2008/09, in line with the national trend. In 2016/17, prevalence in Havering was significantly worse than the England average (34.2%) but similar to the London average (38.5%).
- Prevalence of excess weight amongst adults in Havering, drawn from self-reported height and weight measurements in the Sport England 'Active Lives' survey, was 57.6% in 2016/17. The survey methodology changed in 2016 and thus trend data is not available. In 2016/17, prevalence in Havering was similar to both England (61.3%) and London (55.2%).

2.2 Physical activity amongst adults and children in Havering

- In 2015, only 13.8% of Havering young people (aged 15) surveyed in the What About YOUth? survey reported that they had participated in the recommended minimum of 1 hour of moderate/ vigorous physical activity every day in the past 7 days, similar to London (11.8%) and England (13.9%). 74.1% reported they had a mean daily sedentary time in the last week of over 7 hours per day, significantly worse than across London (69.8%) and England (70.1%). This survey has only been carried out once so trend data is not available.
- In Havering in 2016/17, 59.0% of adults surveyed in Sport England's Active Lives survey reported that they achieve recommended levels of physical activity (150 minutes per week according to the Chief Medical Officer's guidance). The survey methodology changed in 2016 and thus trend data is not available. Compared to regional and national averages in 2016/17, Havering is significantly worse than London (64.6%) and England (66.0%).
- From 2014/15 to 2016/17, 45% of journeys in Havering were made by active, efficient and sustainable (walking, cycling and public transport) modes of travel. This ranks Havering 17th worst amongst the 19 outer London boroughs, ranging from 65% in Brent to 43% in Bexley and Hillingdon.

2.3 Healthy eating amongst adults and children in Havering

- In 2015, 49.2% of Havering young people (aged 15) surveyed in the What About YOUth? survey reported that they achieve the recommended consumption of fruit and vegetables (5 portions per day). This survey has only been carried out once so trend data is not available. This is significantly worse than the London (56.2%) and England (52.4%) averages.
- In Havering in 2016/17, 57.1% of adults surveyed in the Sport England Active Lives survey reported that they achieve the recommended consumption of fruit and vegetables (5 portions) on a 'usual day'. The survey methodology changed in 2016 and thus trend data is not available. This is similar to the London (56.7%) and England (57.4%) averages.

3.0 Highlights of 2017-18 work to prevent obesity

Since publication of the cross-Government 'Obesity: A plan for action' in August 2016 a number of actions have progressed at national level including the introduction of a soft drinks industry levy ("sugar tax"), commencement of a sugar-reduction programme aimed at engaging the food and drink industry in reducing the quantity of sugar in products that contribute most to children's intakes, and increased investment in school sport and physical activity. Work at national level will be further strengthened following the recent publication of Chapter 2 of the Government plan (see section 4.1).

On a local level in Havering, we have continued to take actions that are within our gift as a local authority and in partnership with other stakeholders. Those described below highlight the successes achieved and challenges faced in our efforts to tackle obesity.

3.1 Successful actions completed during 2017/18

Building on projects and programmes described in the 2016/17 annual report, highlights from actions carried out in the past year include:

3.1.1 Health Impact Assessment of Havering's Local Plan 2016-2031

The Local Plan for Havering guides future growth and development within the borough over the next 15 years, until 2031. The Plan sets out the Council's vision and strategy for future housing, employment, retail, leisure, transport, community services and other types of development, and the policies that are needed to deliver them.

The Public Health and Development Planning teams jointly conducted a Health Impact Assessment (HIA) on the Local Plan. HIA is a process that can help to evaluate the health effects of a plan or project. The HIA approach recognises 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.

Through this HIA process, the plan was assessed for its potential impact on reducing Havering's obesogenic environment. A number of policies were assessed to have a positive impact on preventing and reducing obesity and where this could be further enhanced; where policies were identified as having a potentially negative impact on health and wellbeing, proposals for mitigating these impacts were included. Some examples include:

- Policies which promote access to healthy food and which limit the over-proliferation of hot food takeaways, including a new Policy specifically on Healthy Communities
- Town centre development policies which promote cultural and community cohesion and provision of a range of eating and drinking establishments

- Provision of green infrastructure, open space and recreation; promotion of gardening and allotment space and preservation of green belt land
- Policies to manage and improve air quality, making the environment a cleaner, healthier place in which to take part in active travel
- Transport and connectivity policies to make active travel more accessible

3.1.2 Piloting the Healthy Early Years London awards programme

In May 2017, LBH was successful in its bid to become one of six boroughs to pilot the Healthy Early Years London (HEYL) awards programme. HEYL provides a series of awards (first steps, bronze, silver and gold) by which nurseries and private, voluntary and independent early years providers can develop a whole setting approach to supporting and improving the health of children in their care.

The awards framework includes a number of steps to increase healthy eating and physical activity. These include establishing a food statement demonstrating how the setting meets the Voluntary Food and Drink Guidelines for Early Years Settings in England covering the content, quantity and frequency of food provision, positive role-modelling by staff, growing food and learning about where it comes from, information for parents, promoting Healthy Start vouchers and encouraging settings to welcome and support breastfeeding. Settings also develop a physical activity statement covering following government recommendations for physical activity in relation to a child's age and development, promoting active travel, positive role-modelling, and ensuring that, regardless of the weather, regular physical activity is incorporated into daily activities.

At the conclusion of the pilot, three settings in Havering had achieved 'first steps', three had achieved the bronze award and two the silver.

From June 2018, the HEYL programme will be rolled out across the borough in partnership between Public Health and the Early Years team. Obesity prevalence data for 4-5 year olds has been used to develop a phased rollout, with wave 1 targeting an initial 10-15 settings in South Hornchurch where obesity rates are high.

3.1.3 Introduction of Starting Solid Foods sessions in Children's Centres

Four of Havering's Children's Centres (Collier Row, St Kilda, Elm Park and Rainham Village) host child health clinics delivered by Health Visitors. At Collier Row and St Kilda, infant feeding 'cafés' run by Early Years Practitioners in the adjacent room to the clinics provide support for parents with breast feeding and bottle feeding. Some of the most common questions from parents during these sessions centre around the introduction of solid foods. With the support of the Public Health team, a working group was set up to develop a two-hour 'Starting Solid Foods' workshop for parents.

The session covers what age to introduce solid foods, how to introduce them, safety, cost and convenience factors, and nutrition and health needs.

This workshop has been co-delivered by a Health Visitor and Early Years Practitioner at Collier Row Children's Centre once a month since January and has been well-attended.

An evaluation will be carried out later in 2018, but early indications suggest it has been well-received and is having a positive impact on parents' knowledge and confidence when introducing solid foods. Steps are being taken to consider capacity within the Health Visiting and Early Help services to extend the offer to St Kilda and Rainham Village Children's Centres.

3.1.4 Launch of the Veggie Run app to encourage uptake of healthy school meals

In the past year, Havering Catering Services developed a game app called Veggie Run that encourages children to make healthy choices and promotes uptake of school meals.

During the game, players aim to collect healthy foods and coins and dodge unhealthy foods. The app has been widely promoted across the borough, and prizes are offered to individuals and schools accumulating the most points. Prizes are all linked to physical activity – for example sport and leisure activities, bikes and school sports equipment have been funded or discounted by Everyone Active, Cycles UK and Quorn.

The branding associated with the game is being replicated on school menus and around the canteen areas.

Work is underway to monitor impact on school meal take-up and children's health-related knowledge and behaviours.

3.1.5 Healthy Schools London incorporating curriculum support

At the end of March 2018, 34 schools had a current Healthy Schools London Bronze Award, 15 had achieved the Silver Award and eight the Gold Award.

Obesity prevention runs throughout the bronze award framework via promotion of a whole school approach to health and wellbeing. Healthy Schools have strong leadership and policies on healthy eating and physical activity, provide high quality teaching and learning in an environment that promotes good food and healthy choices, identify and support vulnerable children and young people, support staff with their own health and wellbeing encouraging them to be positive role models, and develop partnerships with their wider communities.

In the past year, the Health and Wellbeing in Schools Service has supported schools to take this whole school approach by:

- Focusing a network meeting on healthy eating with agenda items including developing a whole school food policy, teaching food technology, guidance for parents around healthy eating and packed lunches
- Supporting Havering Sports Collective to deliver healthy eating sessions in four primary schools

- Supporting HES Catering Services to deliver a parent workshop on healthy lunches at one primary school

The service has also supported schools to plan and deliver in-depth projects on healthy eating and/or physical activity as part of their silver and gold award projects. In awards achieved since March 2017, projects have aimed to:

- Increase the percentage of boys reporting that they enjoy cooking and engaging in cooking activities at home and in school.
- Increase the number of pupils choosing fruits and vegetables for snacks and lunches.
- Increase the number of pupils who have a good understanding of where their food comes from.
- Increase the percentage of Year 6 children who say they would make a healthy snack choice, are confident reading food labels, feel confident about sourcing and eating a healthy snack on the way to and from school.
- Increase the percentage of Pupil Premium children who know what the government recommendation is for daily exercise and who participate in at least one after-school activity.
- Increase the percentage of children participating in the school's daily exercise programme (e.g. daily mile).

4.0 Future Opportunities

4.1 Childhood Obesity: A plan for action – Chapter 2 (HM Government, June 2018)

In June 2018, Chapter 2 of the government's 'Childhood Obesity: A plan for action' was published in follow-up to the original plan launched in August 2016. The second instalment sets a new ambition to halve childhood obesity rates by 2030 and to significantly reduce the health inequalities that persist.

The Plan outlines steps that will be taken at national level including clear actions to consider/ consult on:

- Extending the Sugary Drinks Industry Levy to sugary milk drinks and other products if the voluntary sugar reduction programme does not deliver sufficient progress.
- Introducing:
    - Legislation to end the sale of energy drinks to children
    - Legislation to mandate consistent calorie labelling for the out of home sector
    - Further restricting advertising of products high in fat, salt and sugar on TV and online
    - Legislation to ban price promotions (e.g. buy one get one free and multi-buy offers or unlimited refills of unhealthy foods and drinks) in the retail and out of home sector
    - Legislation to ban the promotion of unhealthy food and drink by location (at checkouts, the end of aisles and store entrances) in the retail and out of home sector

Local authorities are applauded for their ambitions to tackle childhood obesity and are strongly encouraged to take bold action. This includes using planning powers to limit over-concentration of fast food takeaways, particularly around schools, as per National Planning Practice Guidance updated in 2017. Further resources will be developed to set out the economic business case for a healthy food environment and up-to-date guidance and training provided for planning inspectors. In 2019 a set of standards will be defined to demonstrate what "good" green infrastructure looks like in order to reduce inequalities in access to the natural environment.

The Plan commits to continuing the NCMP (a mandated function of local government), recommending that local authorities take advantage of the opportunity this creates to connect parents with services that can help them support their children to achieve and maintain a healthy weight. Health and care professionals will be provided with the latest training and tools to better support children, young people and families to reduce obesity, including a digital family weight management service.

The role of the public sector in leading by example is also highlighted, and support will be provided for local authorities, schools and hospitals to adopt the Government Buying Standards for Food and Catering Services once consultation on strengthening the nutrition standards within these is complete.

This steer for action by local government is reflected in Havering's 2018/19 action plan and will be further developed as more detail becomes available.

4.2 Local Government Declaration on Sugar Reduction and Healthier Food

In March 2017, the Health and Wellbeing Board agreed that LBH should pursue committing to the Local Government Declaration on Sugar Reduction and Healthier Food.

The Declaration aims to achieve a public commitment by local authorities to take actions within their control to improve the availability of healthier food and to reduce the availability and promotion of unhealthier alternatives. It must be signed by the Leader of the Council, Lead Member for Health and the Director of Public Health.

To sign the declaration LBH must commit to take a minimum of one action from each of six key areas. Firm plans are in place in five of the six areas, and work is currently taking place to scope the financial impact of restricting advertising in respect of the sixth area. Progress on actions to date is as follows:

Area 1 *Tackle advertising and sponsorship*
The ongoing procurement of advertising space on street furniture will quantify the financial impact on the Council of potentially restricting advertising of unhealthy foods and drinks before a final decision is made. "Healthy" and "unhealthy" will be defined using the Government's Nutrient Profiling Model which is currently used to determine what can be advertised on children's television.

Area 2 *Improve the food controlled or influenced by the council and support the public and voluntary sectors to improve their food offer*
There is already a clause in the leisure contract for Everyone Active to provide healthy food in their cafés and vending. Havering Catering Services is taking action to improve the healthiness of the food on offer in The Pantry which links to the Council's Workplace Wellbeing work. The work done in these settings will be used to inform future work in other Council premises.

Area 3 *Reduce prominence of sugary drinks and actively promote free drinking water*
The Public Health and Waste and Recycling teams are working together to promote the Water Refill app. This workstream will be developed and promoted during 2018/19.

Area 4 *Support businesses and organisations to improve their food offer*
A Breastfeeding Welcome scheme has been soft launched to Council and NHS premises in the borough, in readiness for a public launch in summer 2018. The aim of this scheme is to ensure mothers feel welcome and supported to breastfeed in public places.

Work is underway to enable Romford Market traders to accept Healthy Start vouchers. This central government-funded scheme provides weekly vouchers to pregnant women and children under the age of 5 from low-income families, to be spent on fruit, vegetables, milk and formula milk.

A Sugar Smart scheme will be developed this year, encouraging businesses in across the borough to make Sugar Smart pledges.

Area 5 *Public events*
The Public Health and Communications teams are working together to pilot making the 2018 Havering Show Breastfeeding Welcome.

Area 6 *Raise public awareness*
The Public Health and Early Help teams are scoping introduction of training for Early Help Practitioners and volunteers to enable them to deliver family cooking sessions in the community. The aim is to introduce this in September 2018.

4.3 School Level NCMP results letters

A sub-group of the Obesity Prevention Working Group met this year to focus on bringing together the offers of support available to schools to help them to tackle rising obesity rates. The group included Havering Sports Collective, Havering Catering Services, School Nursing Service, Bedford's Park Walled Garden and Health and Wellbeing in Schools Service. For the first time in 2018, school level NCMP results letters will be issued to Havering schools and, accompanying this, a summary of the support available and encouraging them to use their recently-increased PE and Sport Premium to provide more opportunities for children and their families to be more active and eat more healthily.

4.4 Mayor's Transport Strategy incorporating Healthy Streets vision

The Healthy Streets approach has been embedded into the Mayor of London's Transport Strategy, London Plan and Health Inequalities Strategy. This provides a long-term vision to encourage more people to walk and cycle, by making streets healthier, safer and more welcoming. The three key themes at the heart of the strategy are:

1. Healthy Streets and healthy people
Creating streets and street networks that encourage walking, cycling and public transport use will reduce car dependency and the health problems it creates.

2. A good public transport experience
Public transport is the most efficient way for people to travel over distances that are too long to walk or cycle, and a shift from private car to public transport could dramatically reduce the number of vehicles on London's streets.

3. New homes and jobs
More people than ever want to live and work in London. Planning the city around walking, cycling and public transport use will unlock growth in new areas and ensure that London grows in a way that benefits everyone.

By mode of travel, the amount of time spent being physically active during an average journey is less than one minute when travelling by car, compared to 8-15 minutes by public transport, 17 minutes on foot and 22 minutes by bicycle. The low level of physical activity participated in by children and adults in Havering (outlined above in section 2.2) could be significantly increased if they were to walk or cycle as part of trips they already make.

In addition to significant physical health benefits, the approach will serve to reduce air and noise pollution, improve mental health, help combat social isolation, and bring economic benefits to local high streets across the capital. It will also focus on minimising road danger, directly seeking to address the safety fears people have about cycling and walking more.

Local authorities are required to deliver the Mayor's Transport Strategy at a local level through their Local Implementation Plans (LIP 3). The Public Health team is part of a group working with other Council teams, led by the Transport Planning team, to develop this.

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IMPLICATIONS AND RISKS

Financial implications and risks:

Any significant decisions arising from the ongoing implementation of this strategy action plan have or will be subject to normal governance processes within the relevant organisation.

As outlined in section 4.2 of this paper, work is underway to scope the financial impact of restricting advertising of unhealthy food and drinks in the borough (in relation to action 2.2 of the action plan).

There are no further significant implications arising from adoption of this action plan.

Legal implications and risks:

Any significant decisions arising from the ongoing implementation of this strategy action plan have or will be subject to normal governance processes within the relevant organisation.

Human Resources implications and risks:

Ditto

Equalities implications and risks:

Ditto

BACKGROUND PAPERS

Havering Prevention of Obesity Strategy 2016-19 (2016)
Available at: www.havering.gov.uk/achievingahealthyweight

HM Government (2018) Childhood Obesity: A Plan for Action, Chapter 2
Available at: www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2

Local Government Declaration on Sugar Reduction and Healthier Food:
- Briefing (2016). Available at:
www.sustainweb.org/resources/files/reports/BoroughDeclaration_Briefing.pdf
- Support Pack. Available at:
www.sustainweb.org/resources/files/reports/BoroughDeclaration_SupportPack.pdf

Mayor of London. (2018). Mayor's Transport Strategy 2018. Available at:
www.london.gov.uk/sites/default/files/mayors-transport-strategy-2018.pdf

Havering Prevention of Obesity Strategy - Action Plan 2017/18 and 2018/19

Contents

Key for RAG Rating columns

Action completed in 2017/18. Will not continue to be carried out/ monitored in 2018/19.
Action completed in 2017/18. Will continue to be carried out/ monitored in 2018/19.
Action in progress. Will continue to be carried out/ monitored in 2018/19.
Action halted or cancelled. Will not continue to be carried out/ monitored in 2018/19.
New action for 2018/19.

Key for other items

Brackets around officer names indicates officer is no longer responsible. New lead officer is named.

BHRUT	Barking, Havering and Redbridge University Hospital Trust
BPWG	Bedfords Park Walled Garden
C4L	Change4Life
CCG	Clinical Commissioning Group
CS	Children's Services
CSU	Commissioning Support Unit
CYP	Children and young people
DfT	Department for Transport
ED	Economic Development
FSM	Free School Meal
HAC	Havering Adult College
HCS	Havering Catering Services
HEYL	Healthy Early Years London
HIA	Health Impact Assessment
HSC	Havering Sports Collective
HV	Health Visitor
HWiSS	Health and Wellbeing in Schools Service
JCU	Joint Commissioning Unit
L&A	Learning and Achievement
LAC	Looked After Children
LBH	London Borough of Havering
LDP	Local Development Plan
LIP	Local Implementation Plan
MECC	Making Every Contact Count
NELFT	North East London Foundation Trust
NHS	National Health Service
PARS	Physical Activity Referral Scheme
PHS	Public Health Service
RS	Regulatory Services
STARS	Sustainable Travel: Active, Responsible, Safe
STP	Sustainability and Transformation Plan
SUD	Safer Urban Driving
TfL	Transport for London

Shaping the environment to promote healthy eating and physical activity									
Strategy objective *What we are trying to achieve*	**Action No.**	**Project/ Action** *What we will do to achieve it*	**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Timescale**	**Lead officer**	**Impact on other services and organisations**	**Progress** *RAG*	*Notes*
Ensure strategic spatial plans are consistent with efforts to increase levels of healthy eating and physical activity	**1.1**	Health Impact Assessment of the Local Plan	HIA complete. Recommendations made as to how potential benefits might be maximised / harms mitigated.	Officer time	Commence March 2016	Louise Dibsdall *Public Health* Lauren Miller *Planning*			Local Plan was assessed for potential impact on Havering's obesogenic environment, and as a result positive impacts further enhanced and negative impacts mitigated against. Further detail available in annual report to the Health and Wellbeing Board and at www.havering.gov.uk/info/20034/planning/183/planning_policy/12
	1.2	Make use of resources on a healthy food environment and up-to-date guidance and training provided for planning inspectors when published		Officer time	Dependent on central government introduction as indicated in Childhood Obesity: A Plan for Action, Chapter 2	Claire Alp *Public Health*			
Continue programme of work to create healthy streets and places	**1.3**	Continue to improve the street scene and local High Street offer	Planned improvements in street scene and the local high street offer are completed. More people accessing local centres on foot or bike. (reliant on DfT/ TfL data for monitoring) Reduction in road accidents (reported annually)	LIP/ Major Scheme funding LBH capital budget contribution for regeneration works Staff time	LIP funding awarded annually following a three year delivery plan Major Scheme funding for 5 year plan from 2016/17 (2 years of design, 3 years of build)	Chris Barter *Regeneration* Chris Smart *Regeneration*	Positive impact on local businesses Positive impact on transport network through new rail station		Project is progressing well. Five gateways have been completed and the project is shortly going to public consultation. Procurement exercise is currently underway to appoint a contractor to assist with the design and build of the project Works to commence summer 2019 and complete Spring 2021
	1.4	Continue to ensure that protection and safety of pedestrians and cyclists is a key factor in decisions regarding road design		Annual Casualty Reduction Programme – LIP funding	Annual Programme	Mark Philpotts *Street Care*	Casualty Reduction programme competing against other projects for LIP funding		In process of carrying out schemes that specifically help safe walking and cycling. This will continue under general work programme.
	1.5	Continue to deliver Safer Urban Driving (SUD) programme	Increased number of HGV drivers completing the training	TfL Borough Cycling Programme Funding	Training currently funded until April 2018	Martin Day *Development & Transport Planning*			Carried out in 2016/17 and continuing into 2017/18. 292 drivers trained between April 2016 and January 2017. Final numbers for 2016/17 will be available in April.
	1.6	Explore opportunities presented by Romford Market regeneration to increase access to healthy food	Healthy food offer, Health Impact Assessment integrated into market regeneration plans	LEP London Regeneration Fund LBH budget stream Officer time	Commence exploring opportunities April 2016	John David Walsh *Asset Management* Claire Alp *Public Health*	Positive impact on market traders and potential opportunities for start-up food businesses		Focus this year has been on working through practicalities of Market Traders accepting Healthy Start Vouchers - see action 3.5
	1.7	Introduce Water Refill scheme	Venues register with www.refill.org.uk	Officer time Waste and Recycling team budget	April 2019	Natalie Naor *Waste & Recycling* Claire Alp *Public Health*			
	1.8	Scope capacity to introduce Healthier Catering Commitment scheme	Decision made on introduction of scheme	Officer time	Commence scoping when Environment Health restructure is complete.	Peter Scott/ Sarah Quinn *Environ. Health* Claire Alp *Public Health*			
Continue to improve the public transport offer	**1.9**	Public transport to improve as a result of Romford, Gidea Park and Harold Wood Stations Crossrail investment	Planned improvements in public transport infrastructure are completed.	TfL funding	Ongoing - Crossrail works in place by 2019	Chris Smart *Regeneration+G18*	Positive impact on local businesses, commuters and environment		Works to Romford Station are now complete. Works to Gidea Park station commenced Sept 17 and are nearing completion Works to Harold Wood Station are due to commence summer 2018 and complete by end of March 2019
	1.10	Exploit opportunities provided by the Rainham and Beam Park Housing Zone to improve transport accessibility	Active travel increases in line with increased use of public transport.	TfL funding	Ongoing as Housing Zone develops	Chris Barter *Regeneration* Chris Smart *Regeneration*	London Riverside Opportunity Area		Feasibility study being undertaken for test viability of north south tram link

Shaping the environment to promote healthy eating and physical activity									
Strategy objective *What we are trying to achieve*	**Action No.**	**Project/ Action** *What we will do to achieve it*	**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Timescale**	**Lead officer**	**Impact on other services and organisations**	**Progress** *RAG*	*Notes*
	1.11	Continue to lobby TfL tor improved north-south bus links and better links between hospitals	Improved bus access to Rainham to support Riverside development	TfL is responsible for bus routes	Ongoing as Housing Zone develops	Daniel Douglas *Development & Transport Planning*	London Riverside Opportunity Area		TfL permanantly diverted route N5 to serve Queens Hospital. Commissioned Project Centre for design and costs for additional bus stop at Queens interchange to increase bus capacity. Developer contribution secured for additional bus stop.
	1.12	Develop transport and smarter travel work in ine with the Mayor of London's new 'Healthy Streets' vision and Transport Strategy	Programmes align	TBC	TBC	Daniel Douglas *Development & Transport Planning*			
Maintain and improve access to high quality green space	**1.13**	Install wayfinding and interpretation signage to strengthen linking of Lodge Farm Park, Raphael Park, Rise Park and Bedfords Park	More residents use the borough's green spaces for active leisure	Funding application in progress to be submitted to Veolia Environmental Trust	By April 2018	James Rose *Parks & Open Spaces*	Increased footfall could have positive impact on trade in park cafés		Work to signpost a route is underway - signposts have been installed in Rise Park and new signs have been drafted to go into Bedfords Park. An orienteering route has been developed in Lodge Farm and Raphael Park and work is underway to scope linking the two projects.
	1.14	Explore funding opportunities to continue installing cycle parking in parks	Increased number of parking facilities in place	Reliant on funding opportunities from TfL	Report annually	Martin Day *Development & Transport Planning*			Borough Cycling Partnership funding ended in 2017.
Improve the 'cyclability' of Havering	**1.15**	Continue to promote British Cycling 'led' rides around the local area	Local residents attend SkyRide events	British Cycling (Sky Ride)	Report annually	Martin Day *Development & Transport Planning*			Let's Ride continues via British Cycling. Possibility for local led rides to be delivered through four cycling hubs in future.
	1.16	Cycle to Work scheme assists employees to purchase bikes to commute to work	Havering Council staff sign up to Cycle to Work scheme	Officer time	Report annually	Martin Day *Development & Transport Planning*			Was offered throughout 2016/17 and will continue into 2017/18.
Further improve schools as 'healthy' environments	**1.17**	Support schools to develop and update travel plans and continue to achieve STARS accreditation	Increased number of children, parents and staff travelling safely and actively. Monitoring integrated into programme including modal shift.	Officer time via TfL/ LIP funding	Report annually	Jay Amin *Development & Transport Planning*			The target is to maintain levels of active School Travel Plans in 2018. Currently have 34 Gold schools.
	1.18	Continue to ensure meals meet school food standards in primary schools and work to implement standards in secondary schools	More CYP eating healthily, including disadvantaged CYP. Measure school meal take up in schools with menus that meet school food standards	Officer time HCS marketing	Report annually	Dennis Brewin *HES Catering* Claire Alp *Public Health* Tracey Wraight *Public Health*			Menus offered in primary schools continue to meet school food standards. Continuing to work with secondary schools - menus meet the standards but a broader food offer (e.g. Grab & Go section) means students may not choose a balanced enough range of items for their meal to comply with the standards. The London Obesity Leads Network has raised this as an issue so any work completed at this level will be used to inform local actions during the 18/19 school year.
	1.19	Encourage secondary schools to adopt policies that require children to stay on site at lunchtimes	More schools adopt a stay-on-site policy. Monitor via Healthy Schools applications.	Officer time	Report annually	Tracey Wraight *Public Health* *Charlotte Newman* *HES Catering*			Scoping of 15 out of 18 secondary schools to date shows that: - 9 have a stay-on-site policy for all students - 3 allow only Year 11 students to leave the site as a daily or weekly priviledge - 3 allow only Years 12 and 13 students to leave the site. Information on other schools will continue to be gathered through the Healthy Schools programme and schools will continue to be supported to develop whole school food policies which include a recommendation to have a stay-on-site policy.

Shaping the environment to promote healthy eating and physical activity									
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	1.20	Work with schools to continue to improve playground physical activity environments	Monitor via Healthy Schools applications/ HSC. Training for playground supervisors offered by HSC/ HWiSS as required	PHS/ HSC Officer time School buy-in (PE and Sport Premium/ other school funding)	Training offered 2017/18	Sharon Phillips *HSC* Claire Alp *Public Health*			HSC continues to run sessions for midday supervisors/playleaders in positive play.

Supporting a culture that sees healthy eating and physical activity as the norm									
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Ensure key decisions are consistent with healthy living ethos	**2.1**	Pilot Equality and Health Impact Assessment (EqHIA) to ensure impacts on obesity are considered when policies, services, plans or procedures are introduced/ amended.	EqHIA used in place of EIA as standard practice across Council	Officer time	Ongoing	Louise Dibsdall *Public Health* Vernal Scott *Community Safety*			EqHIA developed and being rolled out for use across Council.
	2.2	Explore cross-council commitment to Local Government Declaration on Healthier Food and Sugar Reduction	Declaration signed Progress made in each of the six key areas	Officer time	By July 2017	Claire Alp *Public Health*	Consider potential impact on other services during development		Firm plans are in place in five of the six areas, and work is currently taking place to scope the financial impact of restricting advertising in respect of the sixth area. For more information see annual report to the Health and Wellbeing Board.
Continue to ensure that schools support healthy choices and lifestyles	**2.3**	Promote regular runnning schemes in schools	Monitor via Smarter Travel, Healthy Schools and HSC data Add to School Health Profiles in Sept 2017.	Officer time School staff time	Update School Health Profile for September 2017. Report annually	Jay Amin *Development & Transport Planning* Tracey Wraight *Public Health* Sharon Phillips *HSC*			Havering schools are encouraged to integrate regular running/ walking initiatives into school day via the Havering Mile, Daily Mile, Schools Run and Golden Mile. 'Active Mile' initiatives are encouraged in the national Childhood Obesity: A Plan for Action, Chapter 2 and further guidance/ promotion will be developed in line with this.
	2.4	Research secondary school students' food choices on the way to and from school	Project carried out by dietetic students during September placement	BSc Dietetic/ Human Nutrition students	By October 2016	Claire Alp *Public Health* Tracey Wraight *Public Health*			Replaced with project based on advertising around schools to support Local Government Declaration work. This was completed and a report produced that has since been presented to other boroughs at pan-London network meetings.
	2.5	Promote local Great Weight Debate survey to schools	Available on schools portal and used by schools developing healthy eating projects for HSL silver awards	Officer time	Ongoing	Miriam Fagbemi *Public Health* Tracey Wraight *Public Health*			Presented at March 2017 HSL network meeting and teachers encouraged to go online and complete survey. Survey remains on portal for use by schools.
	2.6	Explore opportunities to offer Youth Health Champions programme to secondary schools	Decision made regarding introduction of programme	Officer time	December 2017	Tracey Wraight *Public Health*			Scoping exercise completed. Cost and capacity are limiting factors so at present no further action will be taken.
	2.7	Continue to develop HWiSS offer and bring into line with national Healthy Rating Scheme for schools	Programmes align	Officer time	Awaiting introduction of national scheme	Tracey Wraight *Public Health*			03/18 Update received from Healthy Schools London team that at present the Healthy Rating Scheme is not progressing. Carry over as an action for 2018/19 in case things change.
	2.8	Develop stronger links between Healthy Workplace Charter and Staff Wellbeing section of Healthy Schools	Programmes align	Officer time	By April 2019	Tracey Wraight *Public Health* Lindsey Sills *Public Health*			Health Champions training adapted for school staff - take-up was low but will continue to promote in 2018/19 school year with flexibility around dates and timings to suit staff.
	2.9	Support schools to promote healthy eating/ physical activity in line with their choice of purchasing via Healthy Pupils Capital Fund	Schools signposted to relevant resources or training.	Officer time	By April 2019	Tracey Wraight *Public Health* Claire Alp *Public Health* Sally Shadrack *Education Asset Management*			
Continue to ensure that workplaces support healthy choices	**2.10**	Council and NHS organisations to actively participate in London Healthy Workplace Charter; share resources/ best practice	Up to date plan in place Evidence of on-going implementation	Officer time	Ongoing	Lindsey Sills *Public Health* Maria Healy *Human Resources* BHR			LBH is progressing work towards achieving the London Healthy Workplace Charter 'Excellence' award. This is directed by the Workplace Wellbeing Operational Group with senior buy-in from the Director of Children's Services.

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	2.11	LBH to continue to promote and deliver staff physical activity opportunities through the Workplace Wellbeing Operational Group	Activities promoted and run Monitor attendance at events/ activities	Officer time Health and Sports Development budget for activities	Report annually	Lindsey Sills *Public Health* Maria Healy *Human Resources* Darrell Braiden *Health & Sports Development*			Programme of lunchtime and after-work activities continues. Havering Staff Games held July 2017 and planned for June 2018.
	2.12	LBH to continue to promote and deliver healthy eating through the Workplace Wellbeing Operational Group	Activities promoted and run Monitor attendance at events/ activities	Officer time	By April 2018	Lindsey Sills *Public Health* Maria Healy *Human Resources*			Staff can access nutrition course on Learning Pool. Work commenced towards 'Excellence' award which requires LBH to: - Develop a healthy eating food plan, guidelines or similar - Offer support to employees who wish to lose weight - Provide a rolling schedule of events to promote the importance of healthy eating
	2.13	Keep up-to-date with new guidance on Government Buying Standards for Food and Catering Services once published		Officer time	Dependent on central government introduction as indicated in Childhood Obesity: A Plan for Action, Chapter 2	Claire Alp *Public Health* Dennis Brewin *HES Catering*			
	2.14	Explore opportunities to offer Pool Bike scheme to LBH staff (alternative to Pool Car scheme)	Scheme set up and available to staff	Reliant on TfL funding availability	By April 2018	Martin Day *Development & Transport Planning*			Continuing to explore.
	2.15	Extend learning to private sector through Sustainable Travel pack	More businesses engage with sustainability agenda promoted via business pack	Officer time PH to offer input/ support	Ongoing	Martin Day *Development & Transport Planning*	Positive impact on employee health in private sector		Grants to businesses are offered still, one taken by Queens Hospital for pool bikes, discussions continue with a small number of businesses. Unfortunately there is no longer a Business Engagement team at TfL as a result of a major restructure.
	2.16	Promotion of TfL Cycling Workplaces scheme via Sustainable Travel pack/ other communications	More businesses utilise funding to install showers, bike parking etc	Officer time	Report annually	Martin Day *Development & Transport Planning*			The scheme is still promoted, Queens received storage so far.
Continue to ensure community settings support and encourage healthy choices	**2.17**	Explore opportunities to provide fresh fruit and vegetable snacks at Stay and Play sessions in Children's Centres.	Fruit and vegetable snacks provided.	Officer time Budget to buy/ regular donation of fruit and vegetables	By end of 2016/17	Helen Anfield *Early Help Service*			Free fruit is provided at Stay and Play sessions donated by Tesco.
	2.18	Explore capacity to re-start Buggy Walks from Children's Centres and promote the Big Toddle	Buggy Walk Programme developed. Big Toddle promoted.	Officer time Volunteer time (to lead buggy walks)	By end of 2016/17	Helen Anfield *Early Help Service* Darrell Braiden *Health and Sports Development*			Health and Sports Development Manager has completed Walk Leader train-the-trainer course. Recruitment of volunteers to be trained as walk leaders completed. Training will be delivered in 2018/19.

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	2.19	Transition support for Healthy Schools London awards to traded Health and Wellbeing in Schools Service	Support for healthy schools award is self-funding and hence sustainable in long term.	Officer time School buy-in	By end of 2016/17	Claire Alp *Public Health*	Competition for school budgets		Health and Wellbeing in Schools Service transitioned to traded model and offer to schools continues to be developed.
	2.20	Deliver initiatives to increase uptake of school meals (L&A Service Plan)	School meal uptake increases	Officer time HCS budget and officer time	Report annually	Dennis Brewin *HES Catering*			During 2017/18 HES Catering Services developed the Veggie Run app game and associated branding, aimed at increasing uptake of school meals and increasing children's knowledge of healthy eating. Further details are provided in the annual report to the Health and Wellbeing Board. In addition a cashless payment system has been fully rolled out, again aimed at increasing update of school meals (including free school meals). Monitoring of school meal uptake will take place during 2018/19.
	2.21	Ensure up-to-date, evidence-based nutrition advice provided in HES Catering menus and advertising	PH advises/ supports HCS as required	Officer Time	As required	Claire Alp *Public Health* Charlotte Newman *HES Catering*			Public Health passes information on new advice and guidance to HES Catering as it emerges. HES Catering recruiting School Meals Nutritionist to commence in June 2018 to further support this work. True/false food and healthy eating questions incorporated into Veggie Run.
	2.22	Support schools to increase healthiness of packed lunches	Schools publish robust School Food Policy and packed lunch guidance for parents on their websites. HWiSS advises re. implementation to schools choosing to buy into service. Support delivered to schools	Officer time Template/ sample School Food Policy School staff time	2017/18 school year	Charlotte Newman *HES Catering* Tracey Wraight *Public Health*	Strict packed lunch policies can increase take-up of school meals, increasing viability of school meal service		A session for school staff on how to develop a whole school food policy, which includes a recommendation to have a stay-on-site policy, was delivered at the Healthy Schools Network meeting in March 2017. Sessions on healthy packed lunches have been delivered by HES catering to schools.
	2.23	Bikeability training and road safety support continues to be offered to schools	Bikeability courses delivered Road Safety and 'Safe Drive Stay Alive' roadshow delivered	TfL funding Officer time School buy-in	Report annually	Martin Day Elaine Keeler *Development & Transport Planning*			Cycle training continues in high quantities with demand on the increase. Bespoke LIP funding for cycle training is been reduced from previous years so new funding streams being explored. No's of people that undertook Bikeability training (kids and adults) - 3,851 (this includes group training for children at the hubs as well as family and adult cycle skills) OR 3,444 excluding the hubs. SDSA – 7 shows were delivered and 19 schools / educational establishments attended. Around 2850 students attended SDSA in 2017/18.
	2.24	Focus on adult cycle training	Adult cycle training courses delivered	TfL funding	By April 2018	Martin Day *Development & Transport Planning*			Adult training is continuing, target this year 250.

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	2.25	Support schools to offer diverse programme of sport and health engaging whole school community	Monitored via Healthy Schools London bronze award/ HSC (No. of healthy lifestyle-related activities/ events for parents, no. of sports clubs coming into school etc) Support provided via HSC/ HWiSS where required	PHS/ HSC Officer time School Sport Premium/ other school funding School buy-in	2017/18 school year	Tracey Wraight *Public Health* Sharon Phillips *HSC*			To date at the end of March 2018, 34 schools have achieved Healthy Schools London Bronze Award. (This includes 10 schools who have achieved their Bronze Award renewal) 15 schools have achieved Healthy Schools London Silver Awards. 8 schools have received Healthy Schools London Gold Award. HSC supports 33 schools to run a Change4Life Sports Club. Most of these have 'C4L champions' and have had training provided for this. HSC delivered 'Health Days' or 'Smart Sessions' in 16 schools in 2017/18.
	2.26	Healthy eating session to be developed and delivered at Community Safety Junior Citizen Event (for Year 6 children)	Session plan developed Sessions delivered at annual two-week event	Officer time BSc Dietetic/ Human Nutrition students	Session plan updated by end May 2016 Annual event held in June/ July	Claire Alp *Public Health* Jane Eastaff *Community Safety*			Venue has changed for this event and can no longer accommodate as many session providers. Process is in place to recruit students to deliver again should this situation change.
	2.27	Cooking in the Curriculum training to be delivered to teachers	School staff attend training	Officer time School buy-in	Report annually	Sharon Phillips *HSC* Gill Mangham *HSC*			HSC Smart Sessions used as means of teaching knife skill techniques to teachers and additional training available if requested.
	2.28	Develop links between HSC health offer and HWiSS	HSC and HWiSS offers align/ complement each other	Officer time	By Sept 2016	Claire Alp Sharon Phillips			Support provided by HWiSS to HSC to deliver Health Days and Smart Sessions, collect Change4Life club data throughout year.
	2.29	Develop links between Bedford's Park Walled Garden project and HWiSS	Food Growing training for teachers offered by BPWG as part of HWiSS Explore opportunities for BPWG Horticulture trainees to offer food-growing support to schools	Officer time Food Growing Schools: London resources	Course developed by Sept 2016	Claire Alp *Public Health* Kirsty McArdle *BPWG*	Food Growing Schools: London to support		BPWG operation currently under review following the ceasing of Lottery funding to Clear Village which previously managed the garden.
	2.30	Pilot Healthy Early Years London programme Scope capacity to rollout across borough		Officer time	Complete pilot by October 2018 Agree viability of wider rollout by April 2018	Celia Freeth *Early Years QA* Tracey Wraight *Public Health* Claire Alp *Public Health*			Pilot successfully completed. At the conclusion of the pilot, 3 settings had achieved 'first steps', 3 the bronze award and 2 silver. Phased delivery across the borough will commence in June 2018. Further details available in the annual report to the Health and Wellbeing Board.
	2.31	Culture and leisure facilities to continue to develop whole setting ethos that helps people to be healthy	Libraries, Fairkytes, MyPlace promote healthy eating and physical activity (including local clubs/ courses/ events)	Officer time Leisure provider Free PHE resources (e.g. Sugar Smart posters and packs)	Ongoing	Guy Selfe *Culture and Customer Access* Karen Heilbrunn *Everyone Active* Jane Herbert *Youth Services* Alexis Wainwright *Frontline Services*			Culture and leisure service representatives attend Obesity Prevention Working Group meetings and have engaged with emerging initiatives including Breastfeeding Welcome, Sugar Smart etc.
	2.32	Promote Sugar Smart initiative to local sports clubs and organisations, make a pledge on behalf of Health and Sports Development team and encourage clubs to make pledges	Inform clubs of initiative and work with NGBs to ensure they make pledges. Pledges to be promoted on www.haveringactive.co.uk to encourage others to sign up.	Officer time	Ongoing	Darrell Braiden *Health and Sports Development*			

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	2.33	Align local promotion of Healthy Start with national Childhood Obesity: A Plan for Action, Chapter 2 developments	Uptake of Healthy Start vouchers by eligible families increase Market Traders accept Healthy Start vouchers	Staff time Public Health budget to fund cash card fees to enable weekly reimbursement of market traders	Commence pilot by end December 2018	Claire Alp John David Walsh	Potential increased footfall/ custom for market fruit and vegetable traders		
Coordinated programme of campaigns and marketing across partnership	**2.34**	Amplify national campaigns including Change4Life '10 Minute Shake Up', Change4Life 'Be Food Smart' and Sport England 'This Girl Can'	Increased awareness of campaign messages. Local press highlight support for campaign messages from Council / NHS partners	Staff time	In line with PHE marketing campaigns timeline	Claire Alp *Public Health* Louis High *Communications*			Change4Life 'Be Food Smart' campaign resources distributed to Council community facilities in January 2018. Good local press coverage. National Be Food Smart Roadshow in Romford for 2 days in January 2018. Start4Life resources promoted through Children's Centres (within sessions, on display boards, leaflets available to public)
	2.35	Encourage independent restaurants and other organisations to sign up to high profile voluntary campaigns	Independent restaurants and cafes signed up to campaigns	Staff time Business web portal and e-newsletter	Report annually	Claire Alp *Public Health* Jolly Choudhury *Business Development*	Positive press coverage for restaurants and cafes signing up		Background work for a number of campaigns completed or in progress, ready for promotion in 2018/19: - Breastfeeding Welcome - Sugar Smart - Water Refill - Healthier Catering Commitment
	2.36	Apply to Children's Health Fund to support projects targeted at improving children's health	Funding received and projects carried out	Staff time	Determined by Children's Health Fund	Claire Alp *Public Health* Other partners as relevant to funding criteria			Children's Health Fund closed upon introduction of national sugar levy.
	2.37	Promotion of Health & Wellbeing Team across all health related professionals and organisations. Health & Sports Dev team to contribute and assist partners.	Meet key partners to identify areas of need. Establish work plan. Joint intiatives established and sustained.	Officer time and budgets	Ongoing	Darrell Braiden *Health & Sports Dev* Sharon Adkins/ Debbie Bailey *Tapestry* Claire Alp *Public Health*			

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Increase and import self-help capacity particularly regarding healthy eating	**3.1**	Ensure courses offered by Havering Adult College(including Family Learning, Education 4 Independence and Food courses) have a healthy lifestyle focus and incorporate up-to-date evidence-based nutrition advice	Course syllabi updated	LBH officer time	In line with HAC curriculum development:	Claire Alp *Public Health* Vedia Mustafa *HAC*			Cooking Skills - Basic Cooking for Beginners Education4Independence - Healthy Cooking Skills Family Learning - Kitchen Social - delivered as part of the Mayor of London's Kitchen Social programme. Also Nutrition and Health Introduction Course Level 1 Award in Nutrition and Health
	3.2	Train Early Years Practitioners and volunteers to deliver family cooking sessions	Delivery of Family Cooking sessions piloted	Budget for developing course content and training staff/ volunteers Staff time for delivery	Develop course content by September 2018 Pilot delivery by April 2019	Claire Alp *Public Health* Helen Anfield/ Linda Parsons *Early Help*			
	3.3	Early Help universal offer to promote healthy lifestyles including sessions run in Children's Centres and promotion of Healthy	Early Help staff report that sessions run in Children's Centres (e.g. Music and Movement, Messy Play, Preparing for Birth) include advice on healthy lifestyles	Early Help budget and staff time PH support as required to ensure up-to-date advice is provided	Develop during 2017/18	Helen Anfield/ Linda Parsons Early Help			Early Help Practitioners and Health Visitors have piloted co-delivering a Starting Solid Foods workshop Themed display boards in Children's Centres display up-to-date and consistent messaging e.g. sugary drinks, starting solid foods, etc
	3.4	Extend delivery of Starting Solid Food sessions to additional Children's Centres Evaluate pilot	Sessions offered at two additional Children's Centres	Early Help staff time Health Visiting staff time	FIrst additional centre by September 2018 Second additional centre by March 2019	Helen Anfield/ Linda Parsons *Early Help* Breda Kavanagh *NELFT* Claire Alp			
	3.5	Health and Sports Development to promote healthy eating in correspondence to sports clubs to raise awareness of evidence-based sources of information/ advice e.g. NHS Choices, HAC courses	Healthy eating information included in communications to sports clubs/ community organisations	Officer time Dedicated space in communications (e.g. e-newsletter) to organisations	By end March 2019	Darrell Braiden *Health & Sports Development*			Building up communications with clubs. Putting updated Healthy Weight webpages link into leaflets and on Havering Active website.
	3.6	Continue to deliver coordinated physical activity opportunities to enable to residents to participate and change behaviour e.g. healthy walks, adult physical activity programme,	Programmes run	Culture and Leisure budget	Report Annually	Darrell Braiden *Health & Sports Development*			Activities continue to be delivered. Further details available at: www.haveringactive.co.uk. Looking to establish more family based activites within the program.
	3.7	Introduce bespoke health-related activity for inactive population	Low impact sessions (tai chi, pilates, yoga) organised in local parks/ libraries linking with current partner activities in these areas.	Officer time Culture and Leisure budget	Ongoing	Darrell Braiden *Health & Sports Development*			
	3.8	Promote new online weight management service when launched by PHE.	Links to PHE weight management tools provided on LBH Healthy Weight webpage. Promote PHE weight management tools through communication channels and partners e.g. NELFT, Early Help Service	Officer time	Dependent on PHE timescale	Claire Alp *Public Health*			Digital Weight Management for children aged 4-11 and their families is currently in Discovery Phase. Commitment to deliver in Childhood Obesity: A Plan for Action, Chapter 2. Develop local promotion in line with this.
Ensure that residents and professionals working with them are aware of relevant (self-help) resources	**3.9**	As part of obesity care pathway development, ensure Council webpages list services and support relevant to healthy eating, physical	Residents can access the support that best meets their needs GPs and other health professionals signpost residents to these directories	Officer time	By April 2019	Claire Alp Katie Gray			Healthy Weight webpage maintained www.havering.gov.uk/achievingahealthyweight 0-5 webpage added. Continue to ensure Family Services Directory is up-to-date.
	3.10	Continue to recruit and train Health Champions	100+ Health Champions trained during 2017/18	PH grant	Health Champions trained by April 2018	Lindsey Sills *Public Health*	Communities/ businesses benefit from improved support/ knowledge		Contract renewed and training continues to be delivered.
	3.11	Continue to offer Health Champions follow-on modules in healthy eating and physical activity	2 healthy eating and 2 physical activity courses offered during 2018/19	PH grant	Courses run by April 2019	Lindsey Sills *Public Health*	Communities/ businesses benefit from improved support/ knowledge		RSPH Nutrition for Health course to be introduced in 2018/19 and continuing to deliver physical activity module.
	3.12	Health Champions continue to support/ deliver health promotion through community events	Healthy eating and physical activity information and signposting incorporated into events.	Officer time	Ongoing	Lindsey Sills *Public Health*			Community events supported throughout 2017/18.

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	3.13	Explore options for low-cost/ cost-neutral MECC online training for NHS staff	Recommendation made subject to funding	Staff time	Make a recommend-ation by end March 2018	CCG BHRUT NELFT Lindsey Sills			Change in staffing during 2017/18. Seek update from BHR CCG, BHRUT and NELFT in 2018/19.
Ensure care and support provided to vulnerable residents addresses wider health needs including healthy eating and physical activity	**3.14**	Encourage vulnerable families, in-house foster carers and care leavers etc to make use of available healthy lifestyle support and training e.g. healthy cooking sessions	Vulnerable families, in-house foster carers and adoptive parents attend available courses Timely and improved attendance in relation to health assessments	Officer time Training budgets for courses Existing information/ resources (e.g. NHS Choices)	By end March 2019	Robert South *Children's Services* Claire Alp *Public Health*			Action will be followed up in 2018/19 alongside introduction of family cooking sessionsin children's centres and opportunity through opening of The Cocoon.
	3.15	Integrate healthy eating and physical activity requirements into children's Care Plans	Children's social workers monitor via 6-weekly visits Independent reviewing officers monitor in biannual children's LAC reviews Supervising social workers monitor via annual review of foster carer	Officer time Existing information/ resources (e.g. NHS Choices) Consider capacity to monitor knowledge/ behaviour change amongst carers, children and young people (e.g. baseline and review questionnaire)	By end March 2018	Robert South *Children's Services* Claire Alp *Public Health*			Acton will be followed up in 2018/19.
Ensure obese women are effectively supported during pregnancy	**3.16**	Review antenatal care pathway		As a minimum, officer/ clinician time	Ongoing	BHRUT NELFT			Develop in 2018/19
Ensure mothers are supported with infant feeding	**3.17**	Continue to strengthen links between LBH, BHRUT, NELFT and voluntary sector	BHRUT and LBH websites cross-reference each other LBH attends BHRUT Maternity and Neonatal Infant Feeding Working Group and BHRUT invited to LBH Infant Feeding Steering Group meetings	Officer time	Ongoing				Webpages cross-reference each other Invites sent/ meetings attended during 2017/18
	3.18	Extend delivery of infant feeding café to additional Children's Centre	Infant feeding cafés continue in two children's centres Additional session added at a third centre	Staff time		Helen Anfield *Early Help* Breda Kavanagh *NELFT* Claire Alp *Public Health*			
	3.19	Ensure Early Help and Health Visiting staff are trained to deliver consistent advice	Havering Infant Feeding Steering Group continues to meet regularly with cross-organisation representation	Budget fo training Staff time		Helen Anfield *Early Help* Breda Kavanagh *NELFT*			3 Early Years Practitioners have completed Level 3 Unicef training 7 other Early Help staff have completed Level 1 Unicef training Level 3-trained practitioners deliver infant feeding cafes and provide support/ signposting within other groups delivered in Children's Centres e.g. Baby Massage and Butterflies
	3.20	Breastfeeding Welcome Scheme launched	Number of venues registered with the scheme	Budget for logo design, window stickers etc. Staff time	Launch by August 2018	Claire Alp *Public Health*			
	3.20	Children's Centres align actions with Unicef Baby Friendly Initiative framework to ensure a consistent, evidence based approach to infant feeding	Action plan produced in line with BFI framework	Staff time	Action plan completed by April 2019	Helen Anfield *Early Help* Claire Alp *Public Health*			
Ensure care pathway is in place for obese children and adults	**3.21**	Review and agree care pathway for obese children and adults	Equitable access according to need to limited resources	Officer time in first instance	Ongoing in line with STP development	Mark Ansell Claire Alp CCG			No progress to date. Obesity is the the STP as one of the prevention priorities and pathway will be agreed in future.
	3.22	Everyone Active and HSC to look at options/seek external funding to deliver a childhood weight management programme at 2 leisure centres	Funding identified Delivery of Childhood weight management programme	Officer time, external funding	Ongoing April 18-March 19	Karen Heilbrunn *Everyone Active* Sharon Phillips *HSC*			

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Strategy objective *What we are trying to achieve*	**Action No.**	**Project/ Action** *What we will do to achieve it*	**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Timescale**	**Lead officer**	**Impact on other services and organisations**	**Progress** *RAG*	*Notes*
	3.23	In partnership with Everyone Health, Everyone Active to launch tier 2 weight management programme at Hornchurch Sports Centre (healthy eating information supported by physical activity sessions targeting adults who are overweight and obese (up to a BMI of	Sessions trialled Minimum 10 participants attending first block of sessions	Officer time, partnership working with Everyone Health	June-Sept 18 development/launch then Sept 18 ongoing	Karen Heilbrunn *Everyone Active*			
	3.24	Everyone Active to continue to deliver the Everyone Active Referral Scheme - overweight, and obesity up to BMI of 40 is included in the referral criteria	Exercise Referral scheme dellivered; increase in referrals, starters, completers	Officer time	Ongoing	Karen Heilbrunn *Everyone Active*			

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Services in Havering for people who have a visual impairment: a review
Board Lead:	Anne-Marie Dean
Report Author and contact details:	anne-marie.dean@healthwatchhavering.co.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 significant role of a Healthwatch is to support and enable the most vulnerable members of the community to have a voice and to influence services which have a substantial impact on their day to day lives.

The Healthwatch report looks at the journey patients make from attending their optician for routine eye tests and glasses, to being referred to the hospital services at Barking Havering and Redbridge University Trust (BHRUT) for more complex care, to those residents who find themselves with an eye condition that requires them to register a Certificate of Visual Impairment (CVI) with the London Borough of Havering (LBH), and the support available to help our residents and their families to adjust their lives for the long term.

Havering
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The report contains 18 recommendations (see pages 6 – 8) and highlights that a lot more could be done to improve the experience of patients.

RECOMMENDATIONS

The Board is asked to note the report.

REPORT DETAIL

See attached report

IMPLICATIONS AND RISKS

See attached report

BACKGROUND PAPERS

None

Services in Havering for people who have a visual impairment: a review

June 2018

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill

INTRODUCTION

A significant role of a Healthwatch is to support and enable the most vulnerable members of the community to have a voice and to influence services which have a substantial impact on their day to day lives.

This report on Eye Services responds to the concerns expressed by residents, professional staff and voluntary organisations about the service model, the facilities, the level of support and, above all, the disjointed processes that service users experience. The number of organisations involved in this chain of care has surprised us. This contributes to the inability to be able to clearly describe the Care Pathways, which may result in residents who are blind or partially sighted being without the physical and health and wellbeing support they require.

In this report we look at the journey patients make from attending their optician for routine eye tests and glasses, to being referred to the hospital services at Barking Havering and Redbridge University Trust (BHRUT) for more complex care, to those residents who find themselves with an eye condition that requires them to register a Certificate of Visual Impairment (CVI) with the London Borough of Havering (LBH), and the support available to help our residents and their families to adjust their lives for the long term.

Managing long-term conditions requires all organisations to work together, maximising the opportunity by sharing clinical information and technology. It is a concern that some of the information we requested was recorded on a manual basis and only estimates of CVIs issued could be provided for 2016/17; given the role the CVI has in supporting national epidemiological analyses of the needs of people who have a visual impairment, this is particularly disappointing.

Our report indicates that a lot more could be done to improve the experience of patients, especially the provision of an Eye Clinic Liaison Officer (ECLO) at BHRUT, which we have been advised, continues to be delayed despite the support and offer of funding from the Pocklington Trust, the Royal National Institute for Blind People and the continued lobbying of the local Sight Action Group.

There is information and guidance available from the Royal College of Ophthalmologists for all hospital medical staff, comprehensive advice available for everyone from the RNIB, supportive and responsive local services from the London Borough of Havering, advice and information from CarePoint and the voluntary sector such as Sight Action and Partially Sighted Havering.

Our view is that, unless there is a more comprehensive understanding of the individual parts of the entire process of care needed in eye services and how they are interconnected, then we may only address the symptoms of an inadequate service model. However, the commitment shown from organisations to address this problem indicates that it is possible to achieve a more holistic model of care for our residents.

In preparing this report local organisations and individuals have been enormously helpful and we are very grateful for their support.

Commissioning services, redesigning clinical pathways and working across the boundaries of different organisations is a challenge. This, together with the financial pressures being faced by all organisations, makes it important that commissioners and service providers carefully determine where best value for money can be achieved while still delivering on statutory requirements and quality of service and care.

A good place to start this report is to set out the view of patients and carers which is contained within the UK Vision Strategy:

‘Seeing it my way’

- ✓ That I have someone to talk to
- ✓ That I understand my eye condition and the registration process
- ✓ That I can access information
- ✓ That I have help to move around the house and to travel outside
- ✓ That I can look after myself, my health, my home and my family
- ✓ That I can make the best use of the sight I have
- ✓ That I am able to communicate and to develop skills for reading and writing
- ✓ That I have equal access to education and lifelong learning
- ✓ That I can work and volunteer
- ✓ That I can access and receive support when I need it

PROLOGUE – Karen, a Healthwatch Havering member

I'm one of the members of the Working Group which contributed to this report. I'm also severely sight impaired (blind) myself. Although my eye problems were with me from birth, I only got myself registered as blind when I was in my early 20s. I had muddled through school and my first few jobs somehow, with hardly any support. Although I can't remember exactly who it was that recommended getting registered, I do recall feeling unenthusiastic. I couldn't imagine how being "officially disabled" was going to help me, especially being a young, confident and ambitious person. But as it turns out they were right, and I would now recommend registration (which is called a Certificate of Visual Impairment, or CVI) to anyone.

I believe the many positives of getting a CVI are largely unknown and for some reason under-publicised, so I've listed * a few of them that have made my life easier and often more financially comfortable – you can read them in section 9 of this report. Let me make it clear that even once you have a CVI, you always have the option to use or not use it. No one is going to "out" you as sight impaired without your permission. It's just a tool you have at your disposal but if you choose never to use it that's fine, and you won't be forced to. I carry a credit-card-style registration card in my wallet as proof of my status, which was provided to me by my local authority. It's convenient and discreet.

KAREN

** Karen's suggestions are listed on page 39 onward*

CONTENTS

1 RECOMMENDATIONS

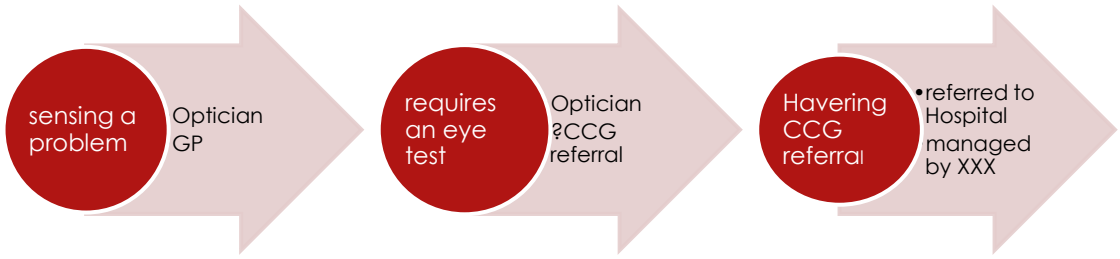
1. That all organisations work together to streamline the referral/assessment process, with the aim of reducing the expenditure and providing a faster service
2. That the CCG review and streamline the assessment, referral and treatment process, with the aim of giving patients a faster diagnosis and possibly saving money by reducing the number of clinical visits
3. That the CCG commission a more holistic model for non-emergency care, based on Care Pathways, drawing on expert opinion, evidenced based practice and mapping clearly what the patient and carer can expect
4. That the CCG review:
    - The care pathway for emergency eye care
    - The guidance and advice provided by the NHS111 service, and
    - The arrangements for patients needing to be transferred to Moorfields
5. That BHRUT and the CCG accept the offer which has been made by the RNIB and the Pocklington Trust to fund/support the appointment of an ECLO to enable the role to be provided as soon as possible, and that BHRUT and the CCG commit to funding and maintaining the role.
6. That all organisations:
    - Recognise that diagnoses of irreversible vision loss can have a traumatic impact on people's lives
    - Develop a Service Level Agreement (SLA) with a voluntary organisation to provide a support service to patients at both Queens and King George Hospital
    - Provide a suitable confidential space with equipment and furniture
7. That everyone be given access to an environment that supports and enables high quality eye care for the prevention and treatment of eye disease to optimise, preserve and restore vision

8. That BHRUT build on current good practice models to develop a Patient and Carer Partnership group facilitated by BHRUT staff
9. That BHRUT create a more dynamic, integrated relationship between the A&E Department and the Outpatients Department to better support both staff and patients
10. That BHRUT and LBH use their best endeavours to ensure that staff and residents are aware of the DVLA Patient and Doctor Guidance and the information provided on the RNIB website regarding visual disorders and driving
11. That care be taken to ensure that all relevant data is shared with Moorfields in order to support a robust needs assessment for those who have visual impairments
12. That BHRUT update their manual recording of CVIs to an electronic database which can provide information in a timely and accurate way to support both BHRUT and the wider health and social care community
13. That BHRUT review its procedures to ensure that all medical staff are complying with the Royal College guidelines and that all Consultant staff and Hospital Eye Clinic staff observe the Guidance note from DH England published 17 August 2017
14. That BHRUT and LBH work together to share the data on CVIs and RVIs to support the appropriate commissioning models for both health and social care and support the epidemiological analysis work which is reported via an NHS England Public Health Indicator
15. That LBH consider incorporating the RNIB database information into its commissioning intentions and requirements to support both current and predicated service models
16. That LBH continue to support voluntary services such as those meeting at Yew Tree Lodge and the opportunities that they provide for residents and, in particular, the highly valued evening club

17. That LBH accept that people who are not digitally literate or able to access digital systems require support to ensure that they can continue to be involved in their community and the opportunities this offers
18. That all organisations aim to achieve the highest possible standards of information, ensuring that they enable people to make informed choices and decision

2 WHERE THE JOURNEY BEGINS AND THE ROLE OF THE CLINICAL COMMISSIONING GROUP

The Journey



- Sensing a Problem

  For most of us the recognition that our vision is deteriorating can come from finding it more difficult to read small text, maybe when driving the car or that feeling of eye strain at the end of a busy day. Some people then contact opticians for an eye test, others seek an appointment with their GP.

- Requires an eye test

  Residents told us about their experiences and it seemed that there was no standard pathway and, in some cases, a meandering and time-consuming pathway. Examples are

  - Patients who attend their local optician were sometimes referred to their GP, others were referred directly to the Westland.
  - Patients who attended their GP were sometimes referred to the Westland Clinic for assessment and Westland clinic referred patients back to the GP for further referral,
  - Patients were referred to the Westland Clinic for assessment and treatment,
  - Patients were referred to BHRUT for assessment and treatment and some to the Treatment Centre.

- In discussion with groups of patients when they began to share their experiences, it became evident that in many cases the current care pathway seemed more like a lottery than clinical efficacy.

Consider

Does this referral journey provide the simplest, most cost effect and optimal route?

We understand that other parts of the country do not have a referral/assessment centre as part of the referral from GP/Optician to Hospital. In many places, the optician can refer directly to the hospital

Recommendation 1:

That all organisations work together to streamline the referral/assessment process, with the aim of reducing the expenditure and providing a faster service

Recommendation 2:

That the CCG review and streamline the assessment, referral and treatment process, with the aim of giving patients a faster diagnosis and possibly saving money by reducing the number of clinical visits

The role of the CCG

Within the NHS service provision, commissioners are required to assess the needs of their individual populations and then purchase services from local providers of care. As part of this role, the CCG assesses how many residents will need care during the year.

The CCG commission services locally from BHRUT, Westland Clinic and the Treatment Centre and more specialist services from hospitals such as Moorfields.

Commissioning services requires detailed specifications and clear performance monitoring techniques, below are areas where concerns have been raised regarding performance.

- Residents' thoughts on what a quality experience should have

  Residents told us that, for them, quality is the total experience and although they valued highly the work of the clinical staff, they identified areas where there was a lack of quality in the total experience:

  - Lack of an Eye Clinic Liaison Officer – '*An investment of £1 can net a return of £10.57 to health and social care budgets - RNIB'*
  - Support in the overall experience for older people with sight problems
  - Congested treatment areas making it hard to manoeuvre walking frames
  - Need for a range of good practical information being easily available for patients recognising the need for language translation and Easy Read
  - Need for more equipment for patients to support them at home and work – Low Visual Aids – particularly important for young people

- Patients' thoughts on what performance standards should deliver

  Patients and carers were seeking to be more informed about the standards of service available in outpatients. Patients suggested that a charter or similar should be displayed setting out the service delivery standards, examples given were

  - How the clinic operated – many found it a very confusing environment

- What to expect and how to prepare themselves, prior to their first attendance.
- More adherence to appointment times - many people said that when they had an appointment for 2.00pm they never expected to be able to leave before 4.30pm, others commented you needed to allocate the entire day if you had to attend the clinic.
- Explanations to patients when the clinic was delayed or running late

- Involving patients in designing services

  The assessment of residents' needs is an important part of commissioning; however, we could not find evidence to demonstrate involvement with service users. The Low Vision Service was criticised for lack of engagement and accessibility for service users and their families

- Improving the emergency eye care facilities in A & E

  Patients have told us that although the care is good in the A & E Emergency Eye Unit, the area is very congested and the facilities poor. Patients said that GPs were very reluctant to care for eye accident conditions. When attending on the advice or GPs or 111 some patients found the experience distressing and have stated that they have been turned away as the visit was not necessary or told to come back the next day. Some were told to go to Moorfields without any conversation about how with an eye injury the patient travelled to Moorfields.

Consider

How can the CCG by working in partnership with BHRUT enhance and maximise the service commissioned on resident's behalf?

How is the CCG preparing for the increasingly older generation who are very high users of the service?

Our research indicates that the clinical teams are very keen to improve the service model. Patients value the service and voluntary organisations who work closely with the hospital are also very supportive and keen to help with improving the service model.

Recommendation 3:

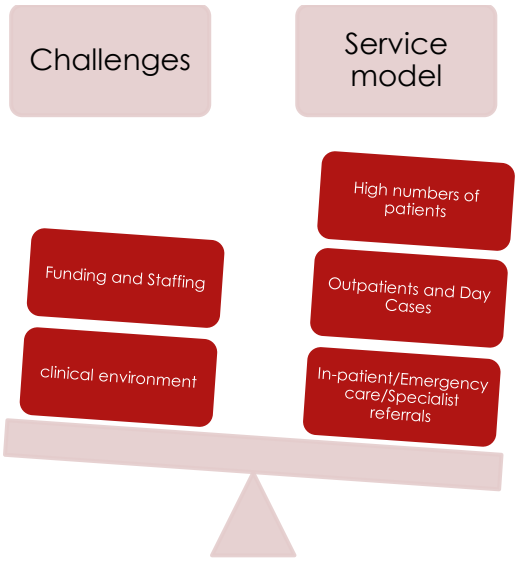
That the CCG commission a more holistic model for non-emergency care, based on Care Pathways, drawing on expert opinion, evidenced based practice and mapping clearly what the patient and carer can expect

Recommendation 4:

That the CCG review:

- The care pathway for emergency eye care
- The guidance and advice provided by the NHS111 service, and
- The arrangements for patients needing to be transferred to Moorfields

3 THE ROLE OF BARKING, HAVERING AND REDBRIDGE UNIVESITY HOSPITALS TRUST (BHRUT)



BHRUT are the main provider of Ophthalmology care for the residents of Havering. The hospital currently provides outpatients' appointments, outpatient treatments, day case procedures and in-patient operations. There are also facilities for patient to be treated for emergency eye care.

There has been nothing that would indicate a lack of confidence in the clinical staff, on the contrary it is well regarded by both staff and patients. Everyone to whom we spoke offered their opinions as a way of achieving the approach of 'a valued service that gets better'. Patients said that their care often exceeded their expectation.

For such a large service provider, crucially, there is no ECLO. It is highly possible that partially sighted residents and blind residents have been leaving the eye clinic not knowing, or unsure of, the name or nature of their eye condition. In addition, patients have not been offered formal counselling either at the time or later.

- What does an Eye Clinic Liaison Officer (ECLO) do?

  ECLOs provide people recently diagnosed with an eye condition with the practical and emotional support which they need to understand their diagnosis, deal with their sight loss and maintain their independence.

  CVI Guidance Notes from the DH England provide the following advice on ECLOs

  "16. It is good working practice to have ECLOs in hospitals as this helps to create a good link between health and social care and enhances joined up support for the patient. Clinic staff should be suitably trained to be able to manage what may be an emotional and upsetting time for the patient. The patient should be asked to sign if they consent to their information being shared. It is important to document the patient's decision in their notes and to advise them of the benefits of sharing their information. The patient does not have to consent to share information, and they can also withdraw their consent at any point by contacting the relevant organisations."

  Consider

  Being diagnosed with an eye condition that will considerably change someone's lifestyle can be difficult to come to terms with, and everyone reacts differently. People can be worried about unemployment, at a higher risk of falls and social isolation. It can be an extremely confusing and uncertain time and, in many cases, emotionally traumatic.

  ❖ People with learning disabilities are 10 times more likely to have serious sight problems than other people.

Recommendation 5:

That BHRUT and the CCG accept the offer which has been made by the RNIB and the Pocklington Trust to fund/support the appointment of an ECLO to enable the role to be provided as soon as possible, and that BHRUT and the CCG commit to funding and maintaining the role.

Consider

It is recognised good practice to provide Specialist Advisers on a voluntary basis in services where there is trauma or potentially a negative diagnostic outcome. For fourteen months this service has not been available at BHRUT to patients who receive a diagnosis that their condition is untreatable and will result in them becoming partially sighted or blind. A life-changing diagnosis with no ability to link with an organisation whose networks and advice can provide that vital stepping stone, helping an individual and their family maintain their emotional balance in the months ahead of them.

- People with sight loss are three times more likely to suffer depression.

Recommendation 6:

That all organisations:

- Recognise that diagnoses of irreversible vision loss can have a traumatic impact on people's lives
- Develop a Service Level Agreement (SLA) with a voluntary organisation to provide a support service to patients at both Queens and King George Hospital
- Provide a suitable confidential space with equipment and furniture

- Patients' and Relatives' concerns

Patients and relatives have raised many concerns:

- There is no ECLO or Voluntary Sector support available to patients on diagnosis
- Difficulty contacting the appointments department
- Waiting times for appointments, often confusion with personal and clinical details
- Overcrowding and delays in the outpatient areas
- There has been no information - leaflets/pamphlets, posters or audio material, plus a lack of information in the Accessible format, and equipment from December 2016 to December 2017
- Recently a table with leaflets and useful information has been placed in the main waiting room: it would be helpful if there was signage indicating who patients and carers should speak to, to get advice
- Patients reported a cupboard has been put up with Sight Aids on display. It is placed in a dark corner of the main waiting room and people with sight problems find it difficult to identify Aids in the cupboard.
- Cramped treatment areas
- Lack of the full range of clinical expertise expected in an ophthalmology department
- Clinical staff looking stressed and demoralised, both in Outpatients and A&E
- Lack of appropriate facilities for counselling and support
- No obvious support for patients with Learning Disabilities or patients with other physical needs such as poor mobility
- Royal College of Ophthalmologists together with RNIB have developed a Certificate of Visual Impairment Information poster template for hospital clinics this is not on display.
- Emergency Eye Care in the A & E has very poor facilities and patients complained that they are shuttled between A&E to Team 2 Outpatients.

Consider

The issues raised in this report are very similar to those contained in a CQC report for Moorfields resulting in a rating of Requires Improvement. Is it worth considering the possibility of BHRUT linking with Moorfields to learn about the development and progress they are undertaking as they strive to achieve a Good rating?

Recommendation 7:

That everyone be given access to an environment that supports and enables high quality eye care for the prevention and treatment of eye disease to optimise, preserve and restore vision

Recommendation 8:

That BHRUT build on current good practice models to develop a Patient and Carer Partnership group facilitated by BHRUT staff

Recommendation 9:

That BHRUT create a more dynamic, integrated relationship between the A&E Department and the Outpatients Department to better support both staff and patients

4 THE CERTIFICATE OF VISUAL IMPAIRMENT (CVI)

How this process works and which organisations are responsible for which part seems to have caused a lot of confusion. To assist with a better understanding of the roles and responsibilities of local organisations this section contains extracts from a range of nationally recognised bodies. In the Background Reading section at the end of this report we have identified the sources that we have considered. This process is recognised as complex and to quote the RNIB:

> *'At the moment, however, as RNIB and others have identified, the process of certification isn't always working completely smoothly: certainly, when it is combined with registration: and in fact, it is often incorrect to assume that an area with comparatively low certification rates has relatively few blind and partially sighted residents. A vast range of professionals are involved, all of whom can slow down or block the process'*

The CVI formalises the status of someone as visually impaired and acts as a referral for a social care assessment if the individual is not yet known to social services.

Guidance from the Department of Health (DH)

The DH document published on 17 August 2017 "Certificate of Vision Impairment: Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in England", advises:

> *"Purpose of the CVI form*
>
> *"4. Hospital clinic staff should explain the importance of certification and the sharing of information with their local authority, their GP and the Royal College of Ophthalmologists Certifications Office at Moorfields Eye Hospital. If the patient still does not consent to sharing information they should be*

made aware they may miss out on valuable support and information.

"5. Completing and sending off the CVI in a timely manner is not only beneficial for the patient but will enable community health and social care agencies to plan appropriate services as part of local strategies such as falls prevention or loneliness and isolation.

"6. If the patient has also provided consent to share the CVI form with the Certifications Office at Moorfields Eye Hospital, the CVI will be used to record diagnostic and other data that is used for epidemiological analysis and reported via an NHS England Public Health Indicator."

For this process, three statutory organisations are involved:

- BHRUT
- LBH
- The DVLA

BHRUT

It is the role of the senior medical staff at BHRUT to make the assessment and decision to issue a CVI. This process is part of a nationally-designed pathway with clear guidelines available to support medical staff and hospitals in performing this responsibility efficiently and with care.

The Royal College of Ophthalmologists guidelines state:

"The College believes that an important component of good clinical care by ophthalmologists is the offer of a Certificate of Vision Impairment (CVI) to eligible patients and encourages its members to promote the uptake of the CVI amongst patients who are likely to benefit from it and to facilitate the process of registration as far as it is in their power to do so."

The Guidance adds:

Certificate of Vision Impairment Form

'Part 1 of the CVI form clearly indicates the section that must be completed by the consultant ophthalmologist and they should also complete the visual acuity and diagnosis section as set out in Part 2 of the CVI as well. The CVI should be completed fully and accurately. The patient should be actively involved in completing the form which may be completed in part by members of the eye clinic staff where indicated on the form, such as by an Eye Clinic Liaison Officer (ECLO).

16. It is good working practice to have ECLOs in hospitals as this helps to create a good link between health and social care and enhances joined up support for the patient. Clinic staff should be suitably trained to be able to manage what may be an emotional and upsetting time for the patient. The patient should be asked to sign if they consent to their information being shared. It is important to document the patient's decision in their notes and to advise them of the benefits of sharing their information. The patient does not have to consent to share information, and they can also withdraw their consent at any point by contacting the relevant organisations.'

The next stage involves the patient and the decision that they make as to whether to register with the local council (in Havering, LBH):

'Being registered as partially sighted or blind enables a person to access a range of benefits to help them manage their condition and the impact it may have on their lives. Registration is voluntary, and access to benefits and social services is not dependent on registration.'

Registration is voluntary, and whilst it is essential to obtaining some benefits and concessions, it is not a prerequisite for accessing support from social services.

However, we would strongly encourage all patients to seek access to the assessment process provided by the borough. By completing the form, the borough is required to undertake a full assessment of an individual's needs and to provide the necessary help and support needed.

The College also states that:

> *'The* Referral of Vision Impairment (RVI) *letter is used where registration is not appropriate or where the patient has declined registration but wants advice and information about the difficulties caused by loss of vision.'*

LBH

LBH is responsible for assessing the needs of the Borough's population and delivering a range of support and social care provision for people with sight disabilities, and this includes working with voluntary organisations. Under the Care Act 2014, local authorities continue to have specific duties to assess and provide information, rehabilitation and support to visually impaired people. This includes making contact with people within 2 weeks of receiving their CVI. LBH is also responsible for the formal registration process of CVI. For more detail, see section 6 of this report.

The DVLA

Albeit that registration as blind with the local authority is voluntary, an individual who is a driver and is diagnosed with a visual impairment is obliged by law to comply with Driver and Vehicle Licensing Authority (DVLA) requirements (which in many cases will result in disqualification from driving). The DVLA provide a patient and doctor guidance document regarding visual disorders, as do the RNIB.

Consider

Some of the information we requested using FOI was only recorded on a manual basis and only estimates of CVI issued could be provided for 2016/17. This is disappointing given the role the CVI has in supporting epidemiological analysis which is reported via an NHS England Public Health Indicator.

Where a patient consents to registration, the CVI form is also shared with the Certifications Office at Moorfields Eye Hospital, producing data that is ultimately used to shape and commission the local services through the Joint Strategic Needs Assessment (JSNA). If the data is inadequate or inaccurate, it will lead to levels of need not being properly identified.

Recommendation 10:

That BHRUT and LBH use their best endeavours to ensure that staff and residents are aware of the DVLA Patient and Doctor Guidance and the information provided on the RNIB website regarding visual disorders and driving

Recommendation 11:

That care be taken to ensure that all relevant data is shared with Moorfields in order to support a robust needs assessment for those who have visual impairments

5 DOES THE CURRENT INFORMATION AND TECHNOLOGY PROVIDE AND MEET EXPECTATIONS?

Concerns have been expressed to Healthwatch that there is no adequate way of measuring those patients issued with CVI by the consultants at BHRUT and people registering a CVI for assessment and support being received by LBH. Without the right information, LBH cannot allocate sufficient resources to people with Visual Impairments.

Healthwatch have tried to consider how best to address this on-going concern. Our approach, admittedly basic, was to issue FOI requests to BHRUT and LBH.

According to the FOI responses received from both organisations, the position for 2016/17 is:

- BHRUT Ophthalmology Department only keeps information in a manual record by patient name and not date; about 300 CVIs were issued in that year
- LBH received in total from all ophthalmology units (i.e. mainly from BHRUT but also from elsewhere) - 93 CVIs

Below are the formal responses from both organisations:

- BHRUT

Healthwatch's FOI request was sent on 20 February 2018, but the response was not received until 21 May 2018.

Question: In 2016/17, how many Certificates of Visual Impairment (CVI) were issued by the Ophthalmology Department for people resident in Havering?

Response:

'Further to your request dated 20 February 2018, please find our response to your enquiry below. Please also accept our apologies for the delay in getting back to you.

"Our Ophthalmology department keeps a manual record of this information; however, it is not split by CCG/area. Details are recorded by patient name and not date. We can only estimate that there were circa 300 CVI's in 2016/17."

- LBH

Question: For the year 2016/17 - How many Certificates of Visual Impairment were received by the Council (distinguishing between those issued by BHRUT and those issued by other ophthalmic units, if any)

Response:

93 Certificates of Visual Impairment. This information is not held in the way requested and cannot distinguish between BHRUT and other Ophthalmic units

Question: How many assessments of need were made following the receipt of a CVI. How many assessments, if any, were made of individuals needs for support as a result of visual impairment were made without the issue of a CVI

Response:

With CVI - 87

Without CVI - 149

Question: How many people, if any, refused registration as blind despite the issue of a CVI

Response: Information not held

Consider

To make good commissioning decisions and plan appropriately for health and social care, managing all long-term conditions requires all organisations to work together, maximising the use of, and sharing, clinical information and technology.

Recommendation 12:

That BHRUT update their manual recording of CVIs to an electronic database which can provide information in a timely and accurate way to support both BHRUT and the wider health and social care community

Recommendation 13:

That BHRUT review its procedures to ensure that all medical staff are complying with the Royal College guidelines. All Consultant staff and Hospital Eye Clinic staff observe the Guidance note from DH England published 17 August 2017

Recommendation 14:

That BHRUT and LBH work together to share the data on CVIs and RVIs to support the appropriate commissioning models for both health and social care and support the epidemiological analysis work which is reported via an NHS England Public Health Indicator

6 WHAT IS THE ROLE OF THE LONDON BOROUGH OF HAVERING (LBH)?

LBH is responsible for assessing the needs of the Borough's population and delivering a range of support and social care provision for people with sight disabilities, and this includes working with voluntary organisations. Under the Care Act 2014, local authorities continue to have specific duties to assess and provide information, rehabilitation and support to visually impaired people. This includes making contact with people within 2 weeks of receiving their CVI. LBH is also responsible for the formal registration process of CVI.

- Numbers of patients registering

Concerns have been expressed to Healthwatch that there has been a decline in the number of patients registering for assessment with the borough, the rationale for this concern being that a deterioration in people's eyesight predominantly affects the older generation and Havering has the oldest population in London which is also steadily growing, so a decline in registering seemed counter-intuitive.

This was tested by another FOI request.

Question: Please provide the number of people registered with the Council as blind as of 31 March (or the nearest available date) in each of the years 2010, 2011, 2012, 2013, 2014, 2015, 2016 and 2017.

Response:

- 2010-11 = 1258
- 2013-14 = 1284
- 2016-17 = 1134

LBH explained that the number of registrations is measured only once every three years, hence it was not possible to provide data for each of the years specified.

Healthwatch followed this up with a meeting with the Service Manager for Disabilities in December 2017, at which he offered the view that Havering's numbers registered appeared lower than other boroughs because, as part of the preparation for the registration review in 2016/17, they carried out a comprehensive review of the existing register and removed from it people who were no longer in the borough, including those that had died or moved away - in some cases, a while earlier, because the service is not notified of every death or move outside the borough.

This explanation goes some way to explaining the apparent statistical anomaly but may not be a complete answer.

Social Care Information Centre

The Health and Social Care Information Centre data for 2014 does demonstrate a similar trend however, the report raises its concern about the accuracy of the 152 councils reporting.

"The statistics relating to blind people who have an additional disability may understate the true numbers.

"Due to additional guidance on deaf blind registration where there was information on additional disabilities for people having multiple disabilities including deaf or hard of hearing,

councils were advised to count this under the category of deaf or hard of hearing. This could lead to a bias towards deaf or hard of hearing disabilities" (emphasis added)

Consider

It has not been possible for Healthwatch to assess whether there is a genuine decline in the number of patients seeking assessment as part of the CVI and RVI process. As LBH has recently undertaken a comprehensive review of the list, going forward, LBH is in an advantageous position to be able to monitor accurately the number of residents with a CVI or an RVI.

The FOI response from BHRUT has demonstrated, however, that record keeping for CVIs is by use of a manual system and is only able to offer very approximate confirmation of numbers of CVI's undertaken by the Ophthalmology Department, seemingly and crucially without being able to identify the borough of residence so that neither the local authority can be confident of the number of residents eligible to be registered nor the CCG can be confident that it is paying through its commissioning arrangements for the right number of patients .

The RNIB's Sight Loss Data Tool is the UK's biggest collection of eye health datasets. It collates a wide range of publicly available datasets enabling a tailored story about the local area; and the benchmarking report shows users how local areas compare to their region and nation, across a set of key indicators.

Recommendation 15:

That LBH consider incorporating the RNIB database information into its commissioning intentions and requirements to support both current and predicated service models

Voluntary Sector services

During the process of completing this report we have had the pleasure of working with three voluntary groups, Havering Over Fifties Forum (HOFF), Sight Action Havering and the Partially Sighted Group. It has been invaluable spending time with their members to seek their views on eye services. The Partially Sighted Group and the Havering Over Fifties Forum both benefit from LBH support, particularly with the use of premises as they average between 50 – 120 members each.

LBH is undertaking a 'Review' to ascertain if they can continue to provide the Yew Tree Resource Centre on a Monday evening. This is a much-valued focus point for Havering residents who are partially sighted or blind.

While it is necessary to ensure that public funds and resources are used to best effect, it is easy to create an impression that out-of-hours provision are subordinated more to the convenience of staff and cost control than to addressing the inequality of disadvantaged people being unable to access facilities others take for granted.

Consider

There is good access to information and personal support in the borough. In addition, there is on-going development to support further use of electronic systems.

The challenge for LBH is to consider ways in which individuals who are not able to access electronic services such as email or use or afford a smart phone are kept informed and aware of services and

opportunities as these people may be some of the most vulnerable in the community.

People who have a visual impairment are not always able to access clubs or other social gatherings and facilities that others are able to use.

Recommendation 16:

That LBH continue to support voluntary services such as those meeting at Yew Tree Lodge and the opportunities that they provide for residents and, in particular, the highly valued evening club

Recommendation 17:

That LBH accept that people who are not digitally literate or able to access digital systems require support to ensure that they can continue to be involved in their community and the opportunities this offers

7 THE IMPORTANCE OF GOOD AND ACCESSIBLE INFORMATION

Healthwatch England gives the following advice on 'What should you expect from the NHS when it comes to accessible information?'

The aim of the standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

It also includes appropriate support to help individuals communicate, for example, support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices.

Five things that you should expect from organisations that provide NHS or adult social care:

- You should be asked if you have any communication needs, and asked how these needs can be met
- Your needs should be recorded in a clear and set way
- Your file or notes should highlight these communication needs so people are aware and know how to meet them
- Information about your communication needs should be shared with other providers of NHS and adult social care, when they have consent or permission to do so
- Information should be delivered to you in a way you can access and understand, with the option for communication support if needed

Consider

The evidence we have seen suggests that some people leave the Eye Clinic not fully realising the implications of the diagnosis that they have a visual impairment.

The support of an ECLO, highlighted earlier in this report, would go some way to alleviating this; but the ready availability of detailed information would also assist in understanding at a time in the affected people's lives when they are particularly vulnerable.

Recommendation 18:

That all organisations aim to achieve the highest possible standards of information, ensuring that they enable people to make informed choices and decision

8 WHAT IS AVAILABLE WITHIN THE COMMUNITY TO SUPPORT HAVERING RESIDENTS?

The following is a brief summary of information available to local residents; it is not an exhaustive guide.

✓ London Borough of Havering

'Information and service guide for people who are vision impaired'

This useful guide is available on line and in printed format. It is **available by contacting the Customer Services, Adult Social Care** on 01708 432000

www.haveringcarepoint.org/care-advice/living-with-a-sensory-impairment/

'browsealoud' software is available to improve accessibility of webpages. It enables users to change the colour scheme, alter text size and have information read aloud:

www.texthelp.com/en-gb/products/browsealoud/

✓ CarePoint

CarePoint are the Council's Information Service point. They can provide advice on a wide range of issues related to Sight Impairment, such as which concessions people are entitled to and they actively promote residents registering as it helps the council improve the support available for those living with sight impairment in Havering.

CarePoint offer Drop-In clinics across the borough, and to contact them for more information you can

Telephone 01708 776770 selecting option 2

Email carepoint@peabody.org.uk

✓ Sight Action (Havering)

Sight Action (Havering) is a local voluntary sector society for vision impaired people in Havering. Sight Action is also a registered charity (1078815).

It is supported by East London Vision (ELVis). ELVis is designed to provide an effective and efficient way of ensuring that vision impaired people living in East London get the support and services they need.

Sight Action also works closely with the Thomas Pocklington Trust.

Sight Action has a wealth of experience and knowledge and works closely with the RNIB to achieve the best possible standards of care for residents in the borough.

Email enquiries@sightactionhavering.org.uk

- ✓ Partially Sighted (Havering) - voluntary organisation based at Yew Tree Lodge

Partially Sighted Society Havering is a voluntary organisation, also based at Yew Tree Resource Centre. The Society pays London Borough of Havering for the use of Yew Tree Resource Centre to run a Monday evening social group, and also runs a Drop-In group every Tuesday afternoon.

The Society's meetings give opportunity for residents to meet in the evening, once a month, and provide a much-valued social outing and emotional support. It also provides weekend events such as barbeques where other family members can join in. The Society is well networked into the borough and provides members with information, contacts, advice and transport help to attend the meetings and events. Users were extremely positive about the "club". The service meets on 3rd Monday of each month between 8pm and 10pm. Transport can be provided.

The Drop-In Group service aims to offer advice and information; and to provide opportunities for visually impaired people to socialise with other visually impaired people, and to share hints and advice on how to get around everyday problems they encounter. In addition, the Society's volunteers demonstrate specialist equipment and how they can be used, thus encouraging independent living.

The Drop-In group meets every Tuesday between 12:30pm and 3pm at Yew Tree Resource Centre.

Contacts: Peter Slattery = Peter.Slattery@blueyonder.co.uk and John Slattery = dapjbs@gmail.com

✓ Royal National Institute for the Blind (RNIB)

This nationally respected organisation has a wealth of information and guidance on their website, as well as interactive and video information and the ability to speak to one of their advisers. It is worth a visit and can be particularly helpful for family and friends in helping to guide people through the myriad of complex issues which arise, from clinical advice, to employment opportunities, training and fitness and wellbeing.

Contact: www.rnib.org.uk or telephone 0303 129 9999

✓ Havering over Fifties Forum (HOFF)

The HOFF is a non-political organisation which offers a platform where the over 50's can find information and raise issues which are of a concern to them.

The forum is open to Havering residents aged over 50. It meets monthly, usually on the second Tuesday of the month, in the Council Chamber at Havering Town Hall

Contact 07541 511973 for general enquiries; 01708 733711 for membership

Website: www.havo50forum.org

Email: contact@havo50forum.org

9 BACKGROUND READING

To support our work, we have sourced the following documents which we hope will provide additional information to the reader.

1) The Importance of an Eye Clinic Liaison Officer – the link below takes you to the RNIB site where a detailed paper sets out the economic benefits to having an ECLO as a key member of the service.

   http://www.rnib.org.uk/economic-impact-eclo

2) The Royal College of Ophthalmologists provide as part of its professional resources advice on the CVI

   www.rcophth.ac.uk/professional-resources/certificate-of-vision-impairment/

   It has also produced two videos of interest:

   http://youtu.be/yk0sFBtKNf8 for professionals

   http://youtu.be/4iX_0_SlLOE for patients

3) Certificate of Visual Impairment

   www.gov.uk/government/publications/guidance-published-on-registering-a-vision-impairment-as-a-disability

4) Information available from RNIB

   www.rnib.org.uk/eye-health/registering-your-sight-loss

5) DVLA guidance and RNIB guidance for drivers

   patient.info/doctor/visual-disorders-dvla-guide

   www.rnib.org.uk/information-everyday-living-getting-around/driving

6) LBH advice services

www.havering.gov.uk/accessibility

www.haveringcarepoint.org/.../2015/06/Visual-Impairment-booklet1.pdf

7) The Partially Sighted Group

familyserviceshub.havering.gov.uk/kb5/havering/directory

8) The changes to the electoral system

www.gov.uk/government/organisations/department-of-health

9) UK Vision Strategy – Seeing It My Way

www.visionuk.org.uk/seeing-it-my-way-the-peoples-voice

10) RNIB statistical information

www.rnib.org.uk/.../key-information-and-statistics

11) RNIB Accessible Information Standards AIS

www.rnib.org.uk/sites/default/files/RNIB-FAQLeaflet-GP-Practice-Manager-for-1605-implementation-Oct2016_0.pdf

KAREN'S SUGGESTIONS - *Following from her Prologue on page 4*

EMPLOYMENT

Getting, and keeping, a job is particularly difficult when you have impaired vision. In fact the shocking fact is that only 27% of those of us of working age are in employment. Luckily though there is some support available.

Blind In Business –
http://www.blindinbusiness.org.uk/

This organisation, set up by three blind graduates, provides training & advice for sight impaired people hoping to find work or education opportunities. They sent me on helpful workshops & gave me loads of personal guidance when I was looking for my first full-time job.

RNIB –
https://www.rnib.org.uk/information-everyday-living/work-and-employment

The RNIB provides an absolute wealth of information and advice about how to choose, find and keep a job. For a young person unsure of how to embark on their career, the Trainee Grade Scheme (https://www.rnib.org.uk/information-everyday-living-work-and-employment-practical-support/trainee-grade-scheme) is probably of most interest. This provides a year of paid work in one of many areas of employment - a fantastic way to learn key skills & decide what's right for you.

Access to Work –
https://www.gov.uk/access-to-work

This government scheme provides support if you already have or are about to start paid employment. In my case, I was able to get a voice recorder and a hand-held video magnifier, both of which have been a huge help at work.

Blind Person's Tax Allowance –
https://www.gov.uk/blind-persons-allowance

This allowance means that you can earn an extra couple of thousand pounds before you start having to pay income tax. It's free money, and is automatically added each year, without you having to reapply.

EDUCATION

There is a range of help available for sight impaired people who want to learn & develop their skills.

Disabled Student's Allowance –
https://www.gov.uk/disabled-students-allowances-dsas

While studying, this fund provided me with various pieces of IT equipment plus an assistant for note-taking & other tasks.

Special Examination Arrangements

Wherever you're studying - further or higher education, or gaining a professional qualification - you should request help with materials & exams. I have been able to get electronic versions of printed course materials emailed to me in advance, and had extra time given to me during exams. The format of exams could also be changed to suit your needs. Contact your institution of provider for details.

BENEFITS

You may not think that your sight impairment costs you money, but I can almost guarantee that it does. From paying for taxis that other people wouldn't need, to buying magnifiers & other visual aids, to replacing the bottle of wine that you knocked onto the floor. You're entitled to benefits, so don't shy away from claiming them.

Personal Independence Payments (PIP) –
https://www.gov.uk/pip

Previously known as Disability Living Allowance, this benefit can be paid to you regardless of your income or employment status. The amount depends on how your disability affects your daily life. Contact the RNIB before applying - they can give you essential guidance on how to fill in the forms.

Working Tax Credits –
https://www.gov.uk/working-tax-credit

If you're working more than 16 hours a week, you can claim this benefit and there is extra money available for those with a CVI.

General benefits advice –
https://www.rnib.org.uk/benefits-and-support

The RNIB, as you'd expect, has a wealth of information available on this subject. Note especially that they provide a 'benefits calculator' that will check what and how much you should be entitled to.

TRAVEL

I believe travel is the area of my life which is most affected by my sight loss. Accessing the services below has made an enormous difference to my ability to travel and consequently to my sense of independence.

Freedom Pass –
https://www.londoncouncils.gov.uk/services/freedom-pass

This is the single most beneficial thing that my CVI has given me. It is a card which gives me free travel across London and free bus journeys nationally. I use it on trains, tubes and buses every day. It is only available to residents of London boroughs.

Blue Badge –
https://www.gov.uk/government/collections/blue-badge-scheme

Most people think of the blue badge as being associated with a particular car, but people with a CVI can get a 'mobile' blue badge which they can use in any vehicle in which they're a passenger. Blue badge holders sometimes get free parking or discounts/exemptions on things like the Congestion Charge, so it is well worth having.

Disabled Persons' Railcard –
https://www.disabledpersons-railcard.co.uk/

With this card you can get ⅓ off rail fares on all networks, for yourself and for your companion if you're not travelling alone.

Other rail concessions -
http://www.nationalrail.co.uk/stations_destinations/44965.aspx

Even if you don't buy a railcard, you can use your CVI registration card to get discounts of up to 50% for both of you as long as you are travelling with a companion.

ENTERTAINMENT

It is always worth mentioning your sight impairment when booking tickets for the theatre, comedy clubs etc, and when arriving at an attraction such as a museum or theme park. Frequently you will get a complimentary ticket for your companion, but there are other benefits on offer such as the ability to 'queue jump' at certain theme parks.

CEA Cinema Card –
https://www.ceacard.co.uk/

This card is accepted in many cinemas across the country, and allows your companion to get a free ticket.

TV licence –
http://www.tvlicensing.co.uk/check-if-you-need-one/for-your-home/blindseverely-sight-impaired-aud5

The discount given to blind (severely sight impaired) TV licence holders is a whopping 50%.

The things I've mentioned here are just the tip of the iceberg, but I hope they'll prove useful to anyone considering getting a CVI, or who's not sure what they can do with the one they already have. I recommend doing some Google research, perhaps about your own eye condition, or about how sight impaired people pursue the pastimes you're interested in. It can be a huge relief just to discover that you are not alone, that there are people experiencing similar things to you, and that there are solutions out there which can make your life easier & richer.

Karen

10 TABLE OF ABBREVIATIONS

A&E (Department)	Accident and Emergency Department
BHRUT	Barking Havering and Redbridge University Trust
CCG	Clinical Commissioning Group
CVI	Certificate of Visual Impairment
DVLA	Driver and Vehicle Licensing Authority
ECLO	Eye Clinic Liaison Officer
FOI	Freedom of Information
GP	General Practitioner
HOFF	Havering Over Fifties Forum
LBH	London Borough of Havering
Moorfields	Moorfields Eye Hospital
NHS	National Health Service
RNIB	Royal National Institute of Blind People
Royal College	Royal College of Ophthalmologists
RVI	Referral of Vision Impairment
SLA	Service Level Agreement

Healthwatch Havering thanks all service users, staff and other participants who have contributed to this review for their help and co-operation, which is much appreciated.

Disclaimer

This review is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**
email
enquiries@healthwatchhavering.co.uk
Find us on Twitter at @HWHavering

Healthwatch Havering is the operating name of
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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Health Protection Forum Annual Report 2017-2018
Board Lead:	Mark Ansell, Acting Director of Public Health
Report Author and contact details:	Elaine Greenway, Acting Consultant in Public Health / Louise Dibsdall, Senior Public Health Strategist

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 Director of Public Health (DPH), on behalf of the local authority, must ensure that there are preventative strategies in place locally to tackle key threats to health. The DPH is mandated to provide leadership for health protection and has a responsibility to be absolutely assured that arrangements to protect the health of the community are robust and implemented appropriately; escalating concerns as necessary.

The Havering Health Protection Forum (HPF) supports the Council DPH in discharging this duty; by contributing to surveillance and challenge of local health protection arrangements. This annual report summarises the work of the HPF during 2017/18 and priorities for 2018/19 and is the result of collaboration and input from key partners, including Public Health England, NHS England, Clinical Commissioning Group, Havering Borough Resilience Forum, BHRUT, NELFT, and LBH Public Protection.

Overall, as the report illustrates, partners continue to work well together. Some parts of the health protection system have been strengthened over the past year, such as the adoption of an Air Quality Action Plan, and the establishment of a sub-regional Antenatal and Newborn Screening Board.

The HPF has a work programme for 18/19, which is included as an appendix in the report. The work programme has been developed in response to the identification of priority issues that require improvement or closer scrutiny, or where the HPF considers that there is value in partner organisations coming together to look at existing arrangements and considering whether there is anything further that could be done to make improvements locally (see page 4 of the report).

The style of this report has been changed following feedback in 2017 that the report was heavily detailed.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to

- note the report, requesting further information/clarification on any aspect of the content
- comment on the style of the report, and whether the presentation is helpful

REPORT DETAIL

As attached

IMPLICATIONS AND RISKS

No further risks in addition to those already managed by relevant organisations that are responsible for health protection functions.

BACKGROUND PAPERS

None

Havering
LONDON BOROUGH

Havering Health Protection Forum

2017/18 Report

Contents

1. Introduction

The Director of Public Health (DPH), on behalf of the local authority, must ensure that there are preventative strategies in place locally to tackle key threats to health. The DPH is mandated to provide leadership for health protection and has a responsibility to be absolutely assured that arrangements to protect the health of the community are robust and implemented appropriately; escalating concerns as necessary.[1]

The Havering Health Protection Forum (HPF) supports the Council DPH in discharging this duty; by contributing to surveillance and challenge of local health protection arrangements. This annual report summarises the work of the HPF during 2017 and its priorities for 2018.

2. Health Protection Forum Members

- London Borough of Havering (Public Health, Public Protection)
- Public Health England (PHE) North East and North Centre Health Protection Team
- NHS England (NHSE)
- Havering Clinical Commissioning Group (CCG)
- Havering Borough Resilience Forum (BRF)
- North East London Foundation Trust (NELFT)
- Barking, Havering and Redbridge University Hospitals Trust (BHRUT)

3. Foreword

Health protection and prevention programmes rely on effective working arrangements across a range of organisations. Overall, as this report illustrates, partners continue to work well together. Some parts of the health protection system have been strengthened during 2017/18 such as, for example, the establishment of Antenatal and Newborn Screening Boards and the adoption of an Air Quality Action Plan. There are areas where improvements could be made, such as uptake of flu vaccinations; this and other improvement areas are summarised on page 4. During 2018, the HPF will continue with its core remit as set out in the introduction, but will further enhance this approach by inviting additional stakeholders to join discussions on topics where it is considered there to be benefit in wider engagement (see page 3 and Forward Plan in appendix 3).

Similar to the previous two HPF reports, this report includes a “spotlight on” section; covering a health protection issue in more detail. This year I have chosen antimicrobial resistance, which is being described as a huge global problem; bacteria are fighting back by adapting to antibiotics, drugs are becoming ineffective in treating infections and the number of effective treatment options we have is reducing.

I take this opportunity to thank HPF members for their commitment to health protection during 2017/18 and for their support in preparing the work programme for 2018/19.

Mark Ansell, Acting Director of Public Health

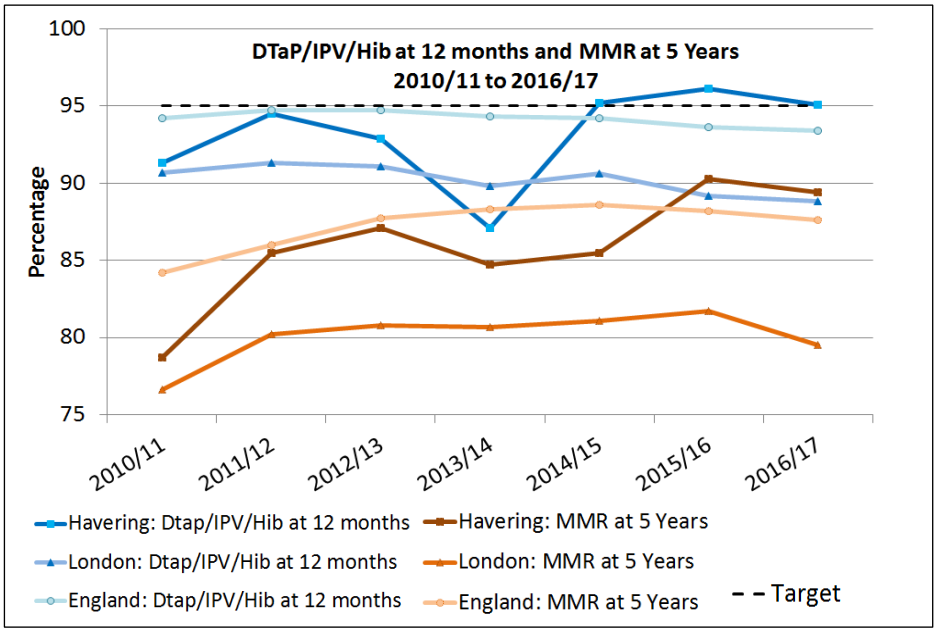
[1] Local Government Association, Department of Health, Public Health England (2013) *Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013*

4. Key topics of focus for 2018/19

The following describes the key topics that the HPF plans to focus on during 2018/19. The topics have been chosen either because the HPF has identified a priority issue that requires improvement/closer scrutiny, or that the HPF considers that there is value in partner organisations coming together to look at existing arrangements and considering whether there is anything further that could be done to make improvements locally. Ongoing monitoring will continue across all areas of health protection, and where issues arise, these will be added as key topics.

	Topic	Why Chosen	What will be done
1	Influenza vaccination	Uptake of flu vaccinations continue to decline in Havering	A multi-agency group will convene in September to receive and comment on NHSE/CCG flu vaccination plan (in the context of winter planning).
2	MMR Vaccination	Outbreaks of measles continue across Europe. Surveillance has highlighted risks posed by healthcare workers passing on infection to vulnerable groups.	Raise awareness of measles – importance of MMR vaccination – including among frontline workers in healthcare settings. Reinforce messages to medical practitioners re notifying suspected infections (as well as laboratory confirmed)
3	Antimicrobial resistance	Antimicrobial resistance is a public health concern. Whilst the majority of actions are the responsibility of prescribers, many organisations can support the drive to tackle the problem, by bringing the issue to public attention.	Multi-agency group to meet in October to consider and comment on local implementation of Antimicrobial Resistance Planning Group action plan.
4	Tuberculosis	In anticipation of a potential rise of the number of at risk groups, current arrangements should be examined and opportunities for improvement / partnership working identified.	A multi-agency group to consider where arrangements could be strengthened
5	Air Quality	Poor air quality has a direct impact on the health and wellbeing of residents, workers, commuters and visitors. An Air Quality Action Plan has been approved by Cabinet to make progress towards reducing key pollutants, Nitrogen Dioxide (NO_2) and Particulate Matter (PM_{10} and $PM_{2.5}$)	Air Quality Improvement Group will oversee implementation of the Action Plan and report progress to HPF.
6	Meningitis vaccination	There has been a national rise in Meningococcal strain W	Raise awareness of meningitis vaccine (ACWY) among those about to start university
7	Pandemic flu plan	The HBRF risk assessment process has identified pandemic flu as highest risk.	Refresh pandemic flu plan

5. Immunisations: Routine Childhood Immunisations



How the System Works

- NHSE overall responsible for childhood imms programme – some delegation to Havering CCG
- PHE provides advice, surveillance and guidance
- DPH supports and advocates for improved access and uptake
- GPs deliver pre-school imms
- NHSE commissions Vaccination UK to deliver school-aged imms in Havering , inc flu nasal spray, HPV (girls 12-13) and MenACWY (age 14)
- Childhood imms recorded on GP systems and on Child Health Information System (commissioned by NHSE and provided by NELFT[5])

Background

- Routine childhood immunisation provides early protection against infections that are most dangerous for the very young. Further vaccinations are offered at other points throughout life to protect against infections before eligible individuals reach an age when they become at increased risk from certain vaccine-preventable diseases.
- Twenty vaccinations are given routinely from birth to 14 years old[2]. Two examples given above: DTaP/IPV/Hib[3] at 12 months to help illustrate how well the childhood vaccination programme is delivered; and the second MMR which is the vaccination where there is lowest uptake nationally.
- The NHS target for immunisation is 95%[4]. This is the level to achieve "herd immunity"; protecting those who can not be immunised because there is sufficient immunity in the population to minimise level of infection.
- Local uptake of childhood vaccinations is generally higher than London, and similar to or better than England[2], but may not meet the 95% target. MMR still low following unfounded stories about safety 20 years ago.

Current concerns

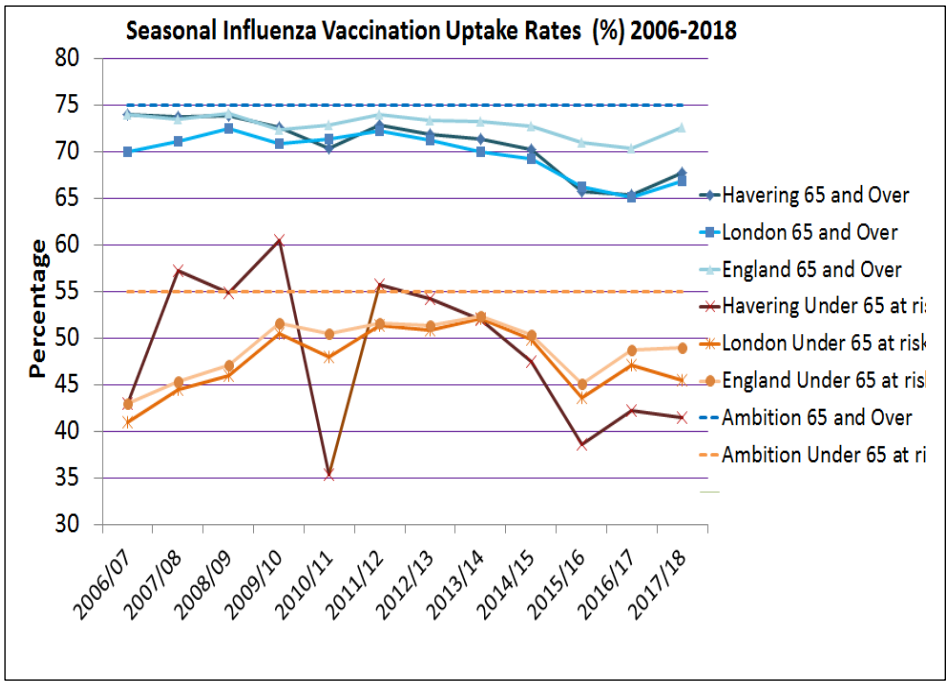
- MMR2 uptake is below 90%. A proportion of adults do not have immunity against measles. Incomplete immunity contributes to outbreaks of measles. People who are immunosuppressed are particularly vulnerable – thus important to minimise exposure in healthcare settings.
- Cases of meningitis and septicaemia caused by the strain of Men W bacteria have been rising since 2009
- There is a national drive to increase MenACWY[5] vaccination which protects against four different strains of meningococcal bacteria that cause meningitis (including W strain) and septicaemia.

Actions being taken

- NHSE has an action plan to improve uptake of MMR. Adults with no record of MMR vaccination should be offered vaccination –this is especially important for those in contact with people immunosuppressed.
- While MenACWY vaccine will continue to be provided to children in schools years 9 or 10 with a catch-up campaign for years 10-12, university entrants up to age 25 will also be offered vaccination. HPF to raise awareness of meningitis vaccine among those about to start university

[2] 2017 https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule
[3] Diptheria, Tetanus, Polio /Inactivated Polio Virus/ Haemophilus Influenzae type B
[4] Different goals are set for influenza vaccination uptake
[5] There has been a rapid rise in cases of a highly aggressive meningococcal strain, group W

6. Immunisations: Seasonal Flu



How the System Works

- NHSE commissions GPs, pharmacists (and locally Vaccination UK) to deliver flu vaccinations
- Children, pregnant women, people 65 and over, under 65s clinically at risk , and carers, are eligible for free vaccinations
- Frontline health and social care staff eligible for free flu vaccination at GP or pharmacy by showing their ID badge
- Other people can buy a flu vaccination from most pharmacies

Background

- Children, people with underlying health conditions, pregnant women and people age 65 and over are most at risk of serious complications if they catch flu.
- Flu vaccination contributes to winter preparedness: health and social care services are impacted by staff sickness from flu.
- Each year, the strains of influenza in circulation change. This means that vaccination is needed annually; vaccines are developed each year in response to the strains expected to be in circulation the following winter
- NHSE aims for 75% uptake among people aged 65 and over, has an ambition of 55% uptake among under 65 year olds with underlying health conditions (although ultimate aim is 75%)and 40% minimum for children.
- During 2017/18, Havering achieved 67.7% uptake for 65 and over (2.4% improvement on the previous year); 41.5% uptake in under 65s at risk (0.7% decline); and 54.4% in children in school years 1-6 (up 1.7%).
- Pregnant women should be offered flu vaccination even after the ideal vaccination period (Sept to Dec).

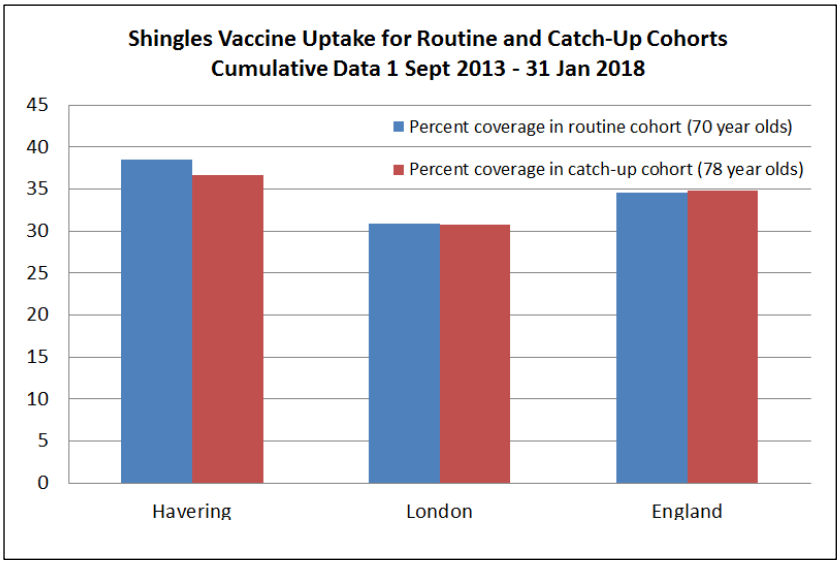
Current concerns

- There has been an overall and steady decline in vaccination uptake over the years.
- In Havering, lack of access to flu vaccination for housebound patients has been highlighted as a concern.
- Data transfer between pharmacies and GP practices for flu jabs received at pharmacies continues to be problematic due to differing IT systems.

Actions being taken

- NHSE and CCG are developing a joint improvement plan; actions will include arrangements for commissioning from pharmacies and improving data transfer processes, arrangements for vaccinating housebound patients, and working with low-performing GP practices.
- Improvement plan will be presented and discussed with HPF and key partners in September 2018, in the context of winter preparedness.

7. Immunisations: Adult



How the System Works

- NHSE commissions GPs to deliver routine adult imms
- People aged 65 years are eligible for a free pneumococcal vaccination (PPV), given once only
- Adults aged 70 or 78 years are entitled to a Shingles vaccination
- Pregnant women are offered a free pertussis vaccination from 16 weeks gestation to prevent whooping cough in newborns

Background

- Four vaccinations are given routinely in adulthood; Pertussis (whooping cough) to pregnant women, flu vaccinations (as previous page), PPV[6] (for pneumonia) and shingles. Adults with uncertain or incomplete immunisation status should be assessed and offered vaccination where appropriate.
- Pertussis (Whooping cough) in the very young is a significant cause of illness and death. A temporary programme for the vaccination of pregnant women was introduced in October 2012 to protect infants against pertussis from birth until they are vaccinated at two months of age. Local uptake of dTaP/IPV among pregnant women exceeds 70%, which is similar to England, higher than London (around 60%).
- PPV: In order to protect older adults, who are more vulnerable to pneumonia infection adults aged 65 are offered a one-off PPV vaccination. By the end of 2016-2017 65.3% of all people in Havering aged 65 and over had received the PPV vaccination, compared to 64.3% in London and 69.8% in England.
- A shingles vaccination has been developed which is designed to reduce the severity and length of a shingles episode, should it occur. People aged over 70 are most at risk from shingles and so a vaccination is offered at 70, with a catch-up cohort at 78 years old.

Current concerns

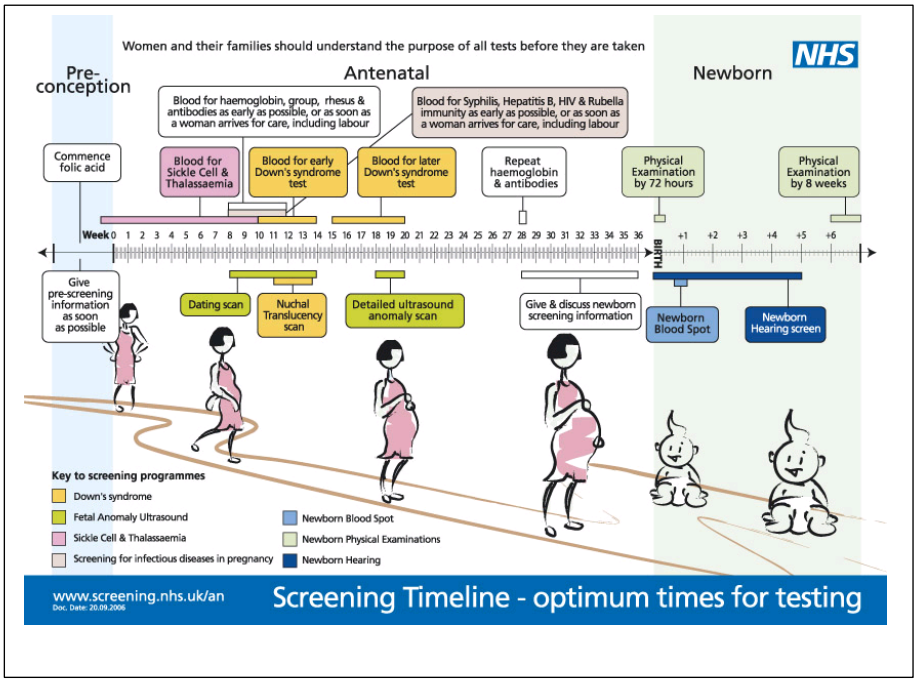
- Whilst there are no specific concerns regarding Pertussis and PVV, commissioners and providers continually seek to improve uptake.
- Whilst the percentage uptake of shingles is higher in Havering than London and England, the HPF acknowledge the demographics of Havering means that there are large numbers of older people in the borough who are not vaccinated, and so will seek further improvement in uptake locally.

Actions being taken

- Raising awareness of shingles vaccine through local promotion

[6] Pneumococcal polysaccharide vaccine

8. Screening: Antenatal & Newborn Screening Programmes (Non-Cancer)



How the System Works

- The UK National Screening Committee (UKNSC) oversees screening policy and sets standards for the programme
- NHSE commissions antenatal and newborn screening programmes
- The majority of screening tests are delivered by maternity services, although GPs provide 6 week check
- Child Health Information System Hubs provide a failsafe check to identify untested babies and inform health visitors (primarily mothers/babies who have newly moved into the area)

Background

- The Antenatal & Newborn Screening Programme (ANNBSP) aims to find health problems that may affect mother or baby, such as infectious diseases, physical abnormalities, chances of inherited disorders or chromosomal abnormalities
- Screening tests consist of ultrasound and blood tests, newborn physical examination and hearing screening
- The earlier a mother can confirm pregnancy, the earlier they can be booked into the maternity system and start the screening process
- The ANNBSP is complex; involving a range of health professionals/technicians. The programme is monitored for uptake and quality, and benchmarked against programmes delivered in London and nationally. The local ANNBSP primarily meets or exceeds performance thresholds. The latest published quarterly data show that a small number of KPIs are just below acceptable levels
    - ST2 timeliness of test for sickle cell thalassaemia – although ST3 (which is completion of test achieves 100%)
    - NB2 avoidable repeat testing for newborn blood tests is 2.1% (target is 2.0% or less)
    - NP1 infant physical examination
- Sub-regional Antenatal and Newborn Screening Boards have been established, attended by providers, CCG maternity commissioners and public health leads

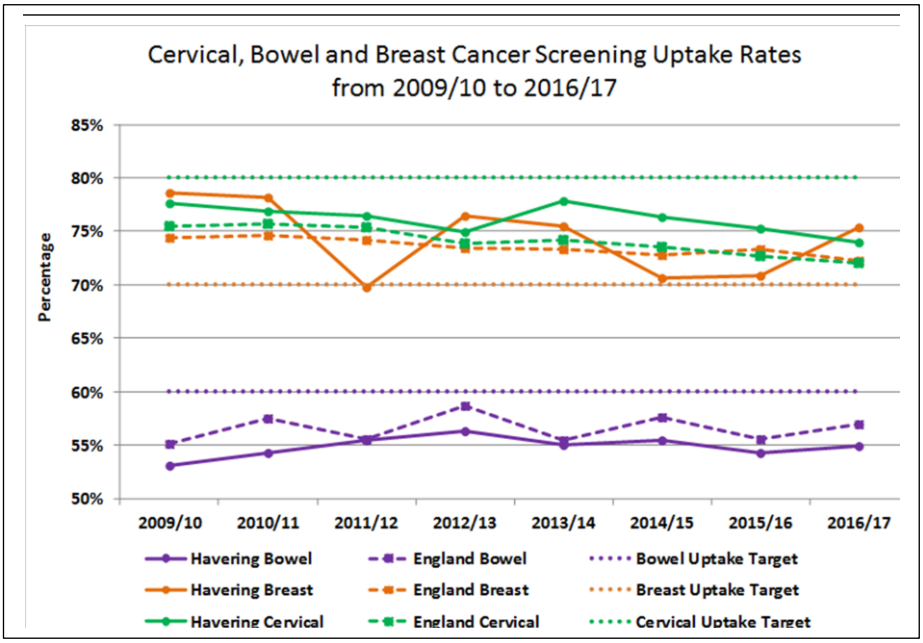
Current concerns

- There are no major concerns, and constant improvement initiatives are being introduced and undertaken, including adopting learning and rolling out improvement approaches which have been piloted / tested within the wider programme.

Actions being taken

- Continuous improvement cycles, as monitored by commissioners (NHSE) and presented to the Sub-regional ANNB Screening Boards, including a focus on the three KPIs described above

9. Screening: Cancer Screening Programmes



How the System Works

- UK National Screening Committee oversees screening policy
- NHS England commissions cancer screening programmes
- PHE provides expert advice, surveillance, and guidance
- Contracts are held with NHS Trusts /private providers / GPs / laboratories (inc multi-disciplinary teams)
- Bowel screening age 55: a one off bowel scope screening test, 60-74 a home testing kit every 2 years, over 75 can request a home testing kit every 2 years
- Breast screening; every 3 years women 50-70 (over 70 can self-refer). NHS is currently undertaking an extended trial to invite women younger and older – 47 to 73 years.
- Cervical screening for women aged 25-49 every 3 years and those aged 50-64 every 5 years

Background

- Population screening programmes identify apparently healthy people who may be at increased risk or a disease or condition, enabling earlier treatment and better informed decisions.
- There are three national screening programmes for cancer (breast, bowel and cervical)[7]; breast screening is not included in the above chart as the programme as is meeting the 70% uptake standard.
- Prostate cancer screening is not included in the cancer screening programme, as there is currently no reliable screening test

Current concerns/highlights

- Bowel: Local coverage (50.7%) is better than London (49.6%), lower than England (58.8%). Low uptake of bowel screening is thought to be because of the unacceptability of the test. Following resignation of screening practitioners 2015 and in order to maintain a safe service, the bowel screening programme was paused early 2016. The programme was restarted with a plan to offer 133% of referrals (with locum cover) and NHSE report that activity is now returned to routine levels.
- Breast: Local coverage (77.8%) is better than London (69.4%) and England (75.4%). In May 2018 Parliament was informed that there had been a serious failure in the breast screening programme. See appendix 2
- Cervical: Local coverage (74.0%) is better than London (72.0%) and England (72.0%). However, uptake of screening is on a downward trend in Havering as is also the case for all other London boroughs.

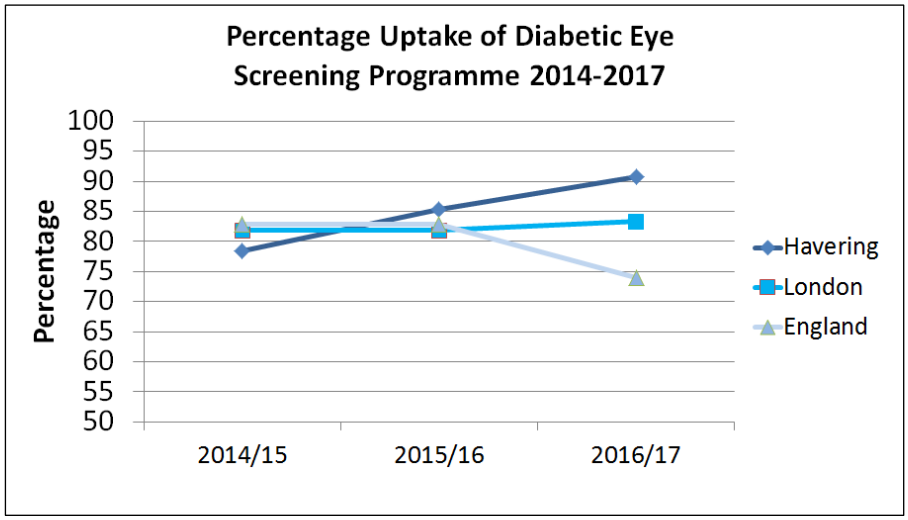
Actions being taken

- Bowel: In 2018/19, faecal occult blood testing (FoBT) will be replaced by faecal immunochemical testing (FiT), which has been shown to be more acceptable and likely to increase uptake. BHRUT staff have been recruited and bowel scope screening introduced and colonoscopy restarted as above.[8]
- Breast: See appendix 2 for summary of numbers of women affected and actions taken
- Cervical: PHE have published suggestions for improving access and uptake[9]. HPF will request NHSE to provide information about implementation

[7] https://www.gov.uk/topic/population-screening-programmes

[8] Note that in June 2018 a fire a Queens hospital led to transferring colonscopy service to King George Hospital. Bowel scope paused – to be reintroduced soon with a catch up arrangements.

10. Adult Non-Cancer Screening Programmes



How the System Works

- NHS England (London) re-procured Diabetic Eye Screening provision in Nov 15;
  - the number of Diabetic Eye Referral Centres in London were reduced from 17 to 5, each new service being aligned to the STP geographical footprint.
  - DESP provision differs in Havering from the rest of the NEL patch as it is provided in high street optometry practices.
  - Each local service coordinates screening for the population in its area and organises invitation letters, screening and surveillance clinics, results letters and referrals to the appropriate vascular network and reporting back the results to GPs.
- There are 41 AAA screening services covering the whole of England. In Havering AAA screening is provided Barts & the London Health Trust. NHSE reprocured the AAA programme, resulting in two contracts in London – North and South, commencing 1April 2018.

Background

- There are two non-cancer screening programmes: diabetic eye screening (DES) and abdominal aortic aneurysm (AAA). Both programmes are achieving good uptake locally.
- People living with diabetes are at risk of vision loss due to diabetic retinopathy. Annual DES is offered to all people with type 1 or type 2 diabetes aged 12 and over. Local uptake is higher than London and England.
- Women with pre-existing diabetes who become pregnant require DES screening due to the risks associated with diabetes to both mother and baby.
- AAA is offered to men aged 65. Screening helps to reduce the rate of premature death from ruptured AAA by up to 50 per cent One in 70 men have an AAA; deaths from ruptured AAA, around 3,000 per year, account for 1.7% of all deaths in men aged 65 and over. Uptake of AA screening in 2016-17 was 85.7% (n 20 declined); this is the highest uptake of all London boroughs, and higher than England (81.0%).[10]

Current concerns

- Whilst uptake of AAA screening in Havering is good, there are likely to be inequalities.

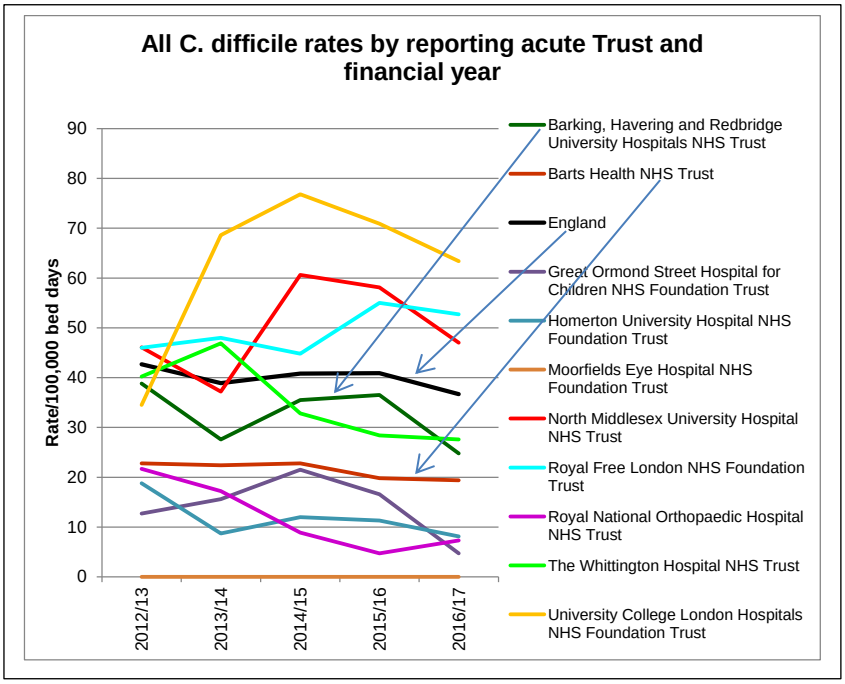
Actions being taken

- NHSE working with individual GP practices where uptake of AAA screening is low
- DES programmes are working with local maternity networks to implement an enhanced management pathway for women with pre-existing diabetes
- Commissioners and Providers are preparing to start reporting against new DES pathway standards, which came into effect on 1 April 2017 and which aims to improve standards of delivery.

[9] https://www.gov.uk/government/publications/cervical-screening-coverage-and-data/cervical-screening-ideas-for-improving-access-and-uptake

[10] https://www.gov.uk/government/publications/abdominal-aortic-aneurysm-screening-2016-to-2017-data

11. Infectious Diseases: Health Care Associated Infections



How the System Works

- The Department of Health sets tolerance target for Acute Trusts for MRSA and *C.difficile*[18] (for MRSA this is set at zero)
- PHE monitors numbers of infections that occur in healthcare settings through routine surveillance, and advises on prevention and control in places such as hospitals, care homes and schools.
- BHRUT and NELFT have infection prevention policies and procedures in place, and report HCAIs to their respective Boards

Background

- Healthcare-associated infections (HCAIs) pose a serious risk to patients, staff and visitors, and incur significant costs for the NHS. So infection prevention and control is a key priority for the NHS.
- HCAIs develop either as a result of interventions such as medical or surgical treatment, or from being in contact with the infection in either an acute or a community healthcare setting.
- The term HCAI covers a wide range of infections. The most well-known include Methicillin-resistant *Staphylococcus aureus* (MRSA) which lives harmlessly on the skin of around 1 in 30 people but can cause serious infection if it gets deeper into the body as it is resistant to widely used antibiotics. *Clostridium difficile* (*C. difficile*) is a bacteria that can infect the bowel and cause diarrhoea.
- Data from the local acute Trust (BHRUT) show that for the year to March 2018, BHRUT has had 3 cases of MRSA and 14 cases of *C.difficile.*
- North East London Foundation Trust (NELFT; community healthcare provider) Board Papers reported 7 MRSA and 4 *C. difficile* cases in 2016/17 across its services, none of which were attributable to NELFT.
- Whilst surveillance focuses on infections such as MRSA and *C.diff* , infections such as influenza, norovirus and measles can also be passed on in a healthcare setting.

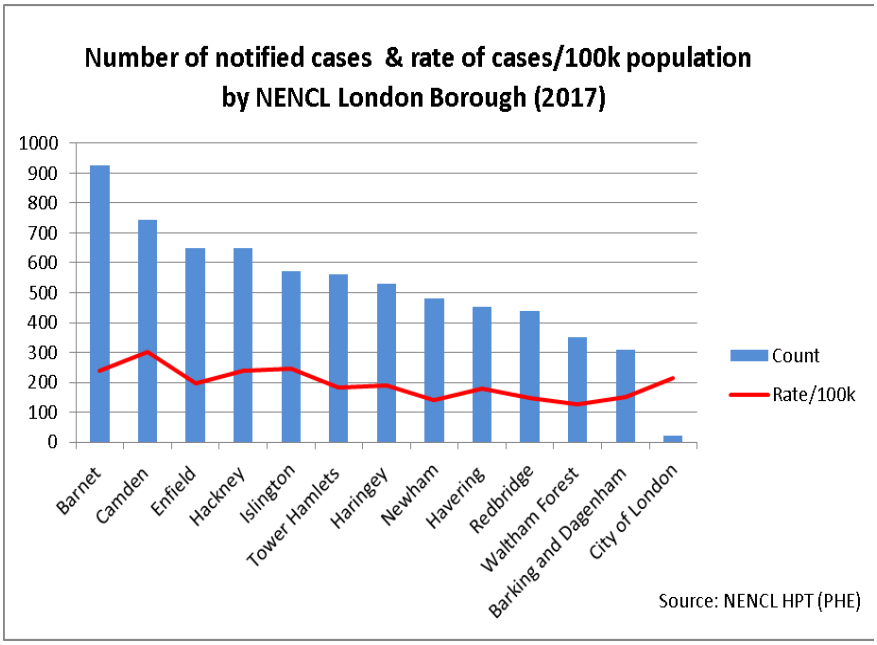
Current concerns

- The HPF has asked healthcare commissioners and providers for information on health protection policies, and to explain what actions are being taken to reduce the risk to patients of measles and flu (see pages above and below).

Actions being taken

- Havering Director of Public Health, on behalf of three boroughs of Barking and Dagenham and Redbridge have asked commissioners and providers to explain what actions are being taken to reduce the risk to patients of measles and flu. Reports awaited (as at 29 June 18).

12. Infectious Diseases: Notifiable Infections and Outbreaks/Incidents



How the System Works

- Registered medical practitioners have a duty to notify suspected cases of certain infectious diseases
- North East & North Central Health London Protection Team (NENCLHPT) provides a 24/7 service; conducting public health risk assessment for individual notifications of infectious diseases and non-infectious environmental hazards; lead outbreak investigation, management and control and provide advice.
- LBH Public Protection Services (trading standards, environmental health and licensing) works with the NENCLHPT and NHS in investigating and responding to outbreaks
- The NENCHPT produce weekly and monthly infectious diseases reports that form part of the surveillance function of the Director of Public

Background

- Notification of infectious diseases (NOIDs) refers to the statutory duties for reporting notifiable diseases[11].
- PHE aims to detect possible outbreaks of disease and epidemics as rapidly as possible, which means registered practitioners should report suspected cases (as well as laboratory confirmed).

Key Facts

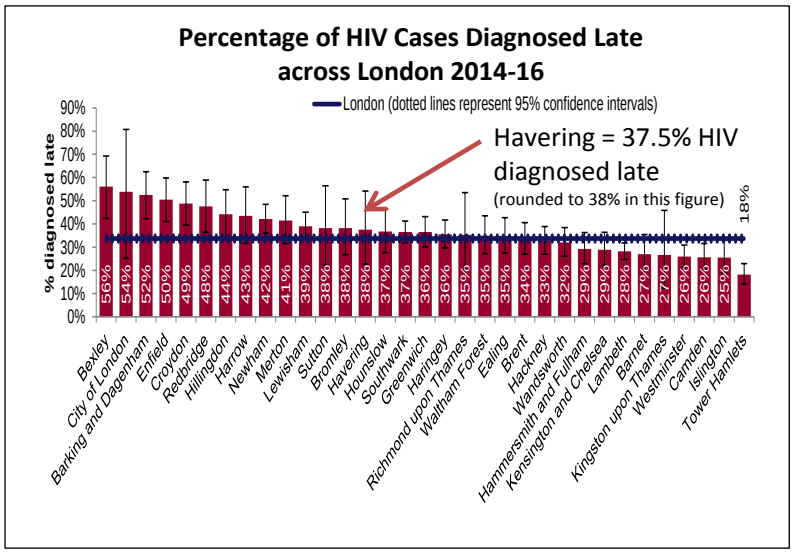
- **NOIDs – Measles:** A measles outbreak was identified in Europe. PHE alerted local public health teams and the NHS. Actions taken included communications sent to schools, advising parents to check their child's immunisation status and contact GP for MMR where necessary. Towards the end of 2017 there was an increase in notifications of measles in London. In addition a risk was identified, whereby non-immune healthcare staff could become infected with measles and pass infection on to patients. This led to additional communication across healthcare to raise awareness of the possibility of local cases and to promote MMR to patients and staff.
- **NOIDs – other:** Campylobacteriosis was the most commonly reported infection nationally; it is associated with eating raw or undercooked poultry or from contamination of other foods by these items. It is commonly accepted that suspected incidents of food poisoning are under-reported.
- **Outbreaks/Incidents:** NENCLHPT managed 32 outbreaks and incidents across Havering in 2017. 17 were in care homes (largely respiratory infections, norovirus and gastroenteritis). 5 incidents were in schools. One of these included management of the local response, following identification of low levels of legionella through routine water testing. NENCLHPT consulted with national Food and Water experts for advice and worked alongside environmental health and communications team to provide advice for parents and teachers.

Actions being taken

- Raise awareness of measles and the importance of MMR vaccination, especially among young adults who may not have been vaccinated (also see previous re healthcare associate infections, and childhood immunisations).
- Reinforce messages to medical practitioners re notifying suspected cases of infectious diseases.

[11] Notifiable diseases https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases

13. Infectious Diseases: Blood Borne Viruses



How the System Works

- LBH is responsible for commissioning sexual health services (inc HIV testing). LBH opted-in to a national HIV self-sampling service procured by PHE,
- NHSE is responsible for HIV treatment
- NHSE commissions HIV testing as part of antenatal screening. If HIV is detected, then antivirals reduce the viral load to protect the health of the mother and reduce risk of mother-to-child transmission. HIV
- PHE implemented national surveillance standards for hepatitis B in 2007 which provided the framework for more consistent reporting of cases.
- LBH commissions local drug and alcohol service, which arranges testing for BBVs, and advises clients on prevention

Background

- Blood-borne viruses (BBVs) are viruses carried in blood; transmission is by exposure to infected blood and body fluids contaminated by blood, most often through sexual contact, blood-to-blood contact and perinatal. BBVs most closely monitored are HIV, Hepatitis B (HBV) and Hepatitis C (HCV).
- **HIV:** rates of HIV in Havering are low (2.04 per 1,000 compared to England 2.31 per 1,000). Those most at risk of HIV are men who have sex with men, and black African men and women, particularly if born in a country with high HIV prevalence. Where HIV is diagnosed late, this means a higher risk of passing on infection and poorer health outcomes. There has been a steady improvement in reducing late diagnoses in Havering: over 50% in 2009-10, reducing to 37.5% in 2014-16. The new HIV self-sampling service is expected to contribute to a continuing reduction in late diagnoses[12] NHSE is conducting a trial for PrEP[13] and whether this reduces transmission in some high-risk groups.
- **HBV:** immunisation is recommended for individuals at high risk of exposure to the virus e.g. people who inject drugs, healthcare workers, babies born to high risk mothers, and household contacts of people who are acutely and chronically infected with HBV.
- **HCV:** those most at risk of HCV are injecting drug users. There is no vaccine for HCV but it can be treated. Rates of infection have been declining nationally.

Current concerns

- There are no major concerns, although later data are awaited for BBV which will show whether improvements have been sustained (especially HIV and HCV).

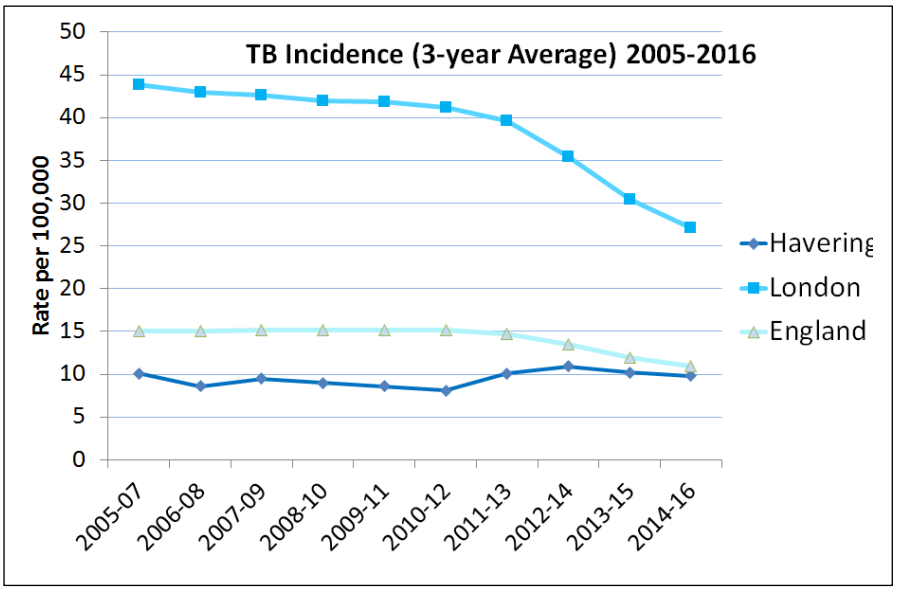
Actions being taken

- Continue to monitor all blood borne viruses, and HPF to hold a workshop discussion in January 2019 with a focus on blood borne viruses: consider epidemiology of BBVs listed above, and what further actions required.

[12] Tests for anyone who thinks they are infected available from Sexual Health clinics or community testing sites (www.aidsmap.com/hiv-test-finder); GP surgeries; or by requesting a self-sampling kit online www.freetesting.hiv)

[13] Pre exposure prophylaxis is: where people take HIV medication daily to lower their chances of becoming infected.

14. Infectious Diseases: Tuberculosis (TB)



- NHSE commissions the BCG vaccination programme; all contracted maternity units are expected to offer BCG universally to all babies born in London hospitals up to the age of 28 days; or up to 12 months if priority group A or B.
- Suspected and confirmed diseases must be notified within 3 working days
- There are 7 Tuberculosis Control Boards (TBCB) across the UK which have been functioning since September 2015; Havering is part of London TBCB.
- CCGs are responsible for commissioning TB services. In Havering this is provided by BHRUT.
- A Find-and-Treat service is commissioned pan-London; Local Service staff who work with homeless, prisoners or substance misusers should follow the NICE guidance for managing active or latent TB in these hard to reach groups

Background

- TB is a bacterial airborne infection that is associated with deprivation
- TB often affects the lungs (pulmonary TB) but can also affect other parts of the body. Infection can be active or latent (latent TB can be reactivated in later years).
- The rate of TB has been decreasing since 2011 in the UK, albeit a very small reduction between 2015 and 2016; London has followed a similar pattern. The incidence of TB in Havering remains low at 9.8 per 100,000 and does not constitute a high incidence area (over 40/100,000). Rates in 2014-16 have remained similar to 2005-07. Five boroughs in London are above the threshold rate of 40 per 100,000 cases; Newham, Brent, Hounslow, Ealing and Redbridge.
- Nationally, 11.1% of TB cases had at least one social risk factor (2016). TB cases with at least one social risk factor are more likely to have drug resistant TB. Social risk factors include history/current homelessness, imprisonment, drug/alcohol misuse, immunocompromised, some ethnic minority groups.
- The BCG vaccine is a targeted programme, given shortly after birth to babies who are high risk. It is 70-80% effective against the most severe form of disease (TB meningitis).

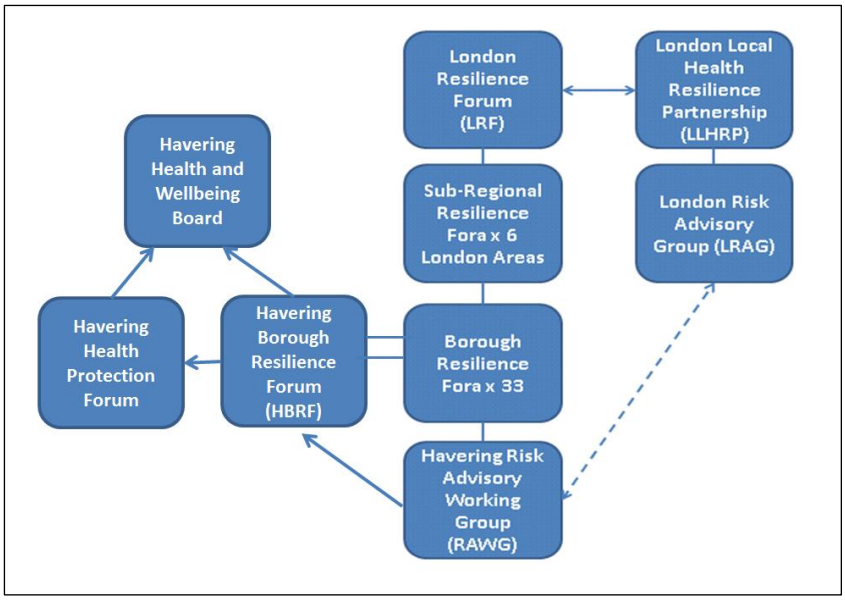
Current concerns

- Some groups are at greater risk if their social circumstances, culture, lifestyle or language make it more difficult to access diagnostic and treatment services or administer treatment; under served populations (USPs) include prisoners; homeless persons; people who are substance misusers; and those with no recourse to public funds.

Actions being taken

- Whilst incidence of TB in Havering is low, there is potential for infections to increase if numbers of under-served populations increase. A workshop session is taking place July 2018 to consider where the local system could be strengthened, particularly taking into account the challenges for USPs.

15. Public Protection: Health Emergency Planning



How the System Works

- The multi-agency Havering Borough Resilience Forum (HBRF) facilitates planning the local response in the event of a major incident, including a response to public health emergencies.
- Membership of the HBRF is set out in legislation.
- The HBRF Risk Advisory Working Group assesses risks and produces a local risk register, and contributes to the community risk register for the London Local Resilience Forum.

Background

- A wide range of events can cause health emergencies, including natural hazards, accidents, outbreaks of disease and terrorist attacks. Emergencies can be minor events that threaten the health and lives of local communities or major events that affect the whole population.

Current concerns

- Following the Grenfell fire tragedy in June 2017, Havering Council provided mutual aid assistance to the Royal Borough of Kensington and Chelsea in the form of emergency planners, registrars, social workers, LALOs and general volunteers to assist with the response and recovery phases of the incident.
- Concern was raised by NHSE at the HBRF about the status of Business Continuity Plans by GPs following extensive flooding at a GP surgery in the borough in 2016.
- The Mortuary Management Group have identified capacity issues with the Queens Mortuary, and raised concerns about the regular use of the emergency storage units in the winter months when record levels of bodies have been recorded in the mortuary.
- The HBRF Risk Advisory Working Group has identified pandemic influenza to be the greatest risk on the local risk register.

Actions being taken

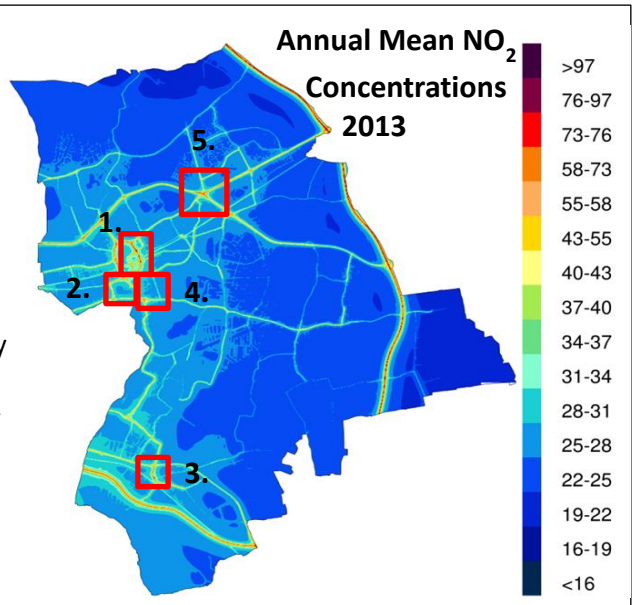
- A new revised Humanitarian Assistance Plan is currently in draft; under the Minimum Standards for London, there is now a requirement to separate humanitarian assistance and shelter plans into separate documents, which forms part of the 17/18 work plan.
- A full Section 19 report under the Flood and Water Management Act has been produced and published. Numerous flood engagement activities and mitigation measures have been carried out, including detailed work with the Maylands Health Surgery who suffered considerable damage. The Multi-agency Flood Plan was tested at Exercise Atlantis by the Corporate Leadership Team and multi-agency partners.
- The Queens Hospital Designated Disaster Mortuary (DDM) plan has been updated and endorsed by the HBRF and Coroner.
- The Pandemic Influenza Plan will be refreshed during 2018.

16. Public Protection: Air Quality

Data Trends

Hotspots:

1. Romford Town Centre
2. A124 Rush Green Road and Rom Valley Way
3. Rainham – Broadway
4. Roneo Corner.
5. Gallows Corner.



How the System Works

- The UK has signed up to a set of National Air Quality Objectives and European Directive legal limits for air pollutants; Havering has a statutory duty to provide appropriate monitoring of air quality.
- There are two main forms of monitoring – Continuous Monitoring Stations (CMS) and Diffusion Tubes; Havering has 2 continuous monitoring stations (CMS) currently in use, 10 Air Quality Mesh pods (also continuous) and 52 Diffusion Tube sites across the borough.
- Havering declared an Air Quality Management Area (AQMA) under the powers conferred upon it by Sections 82(1) and 83(1) of the Environment Act 1995, in September 2006 for both Nitrogen Dioxide (NO_2) and Particulate Matter (PM_{10}) [1].

Background

- Air Quality is a major environmental risk to public health, contributing to cardiovascular disease, lung cancer and respiratory diseases.
- Although air quality in Havering is relatively clean in comparison with inner London boroughs the health harm is nonetheless significant; the fraction of mortality attributable to particular air pollution is 5.0%, lower than London (6.4%), higher than England (5.3%).[14]
- The groups that are at highest risk of ill health caused by poor air quality are older people and children.
- Nearly two thirds (65.7%) of all NOx pollution comes from road vehicles, including diesel and petrol cars, HGVs, vans, minivans, buses, taxis and motorcycles. The remaining third comes from domestic gas supplies, domestic and commercial fuels, non-road mobile machinery, industry and other forms of transport (rail, aviation, river).

Current concerns

- In some areas of Havering NO_2 levels are exceeding the UK National Air Quality Objectives and European Directive Limit and Target Values for the protection of Human Health of 40 micrograms per cubic metre.
- Havering is now meeting the current legal objectives for Particulate Matter (PM_{10} and $PM_{2.5}$). However research has shown that this pollutant is damaging to health at any level and as such remains a pollutant of concern.

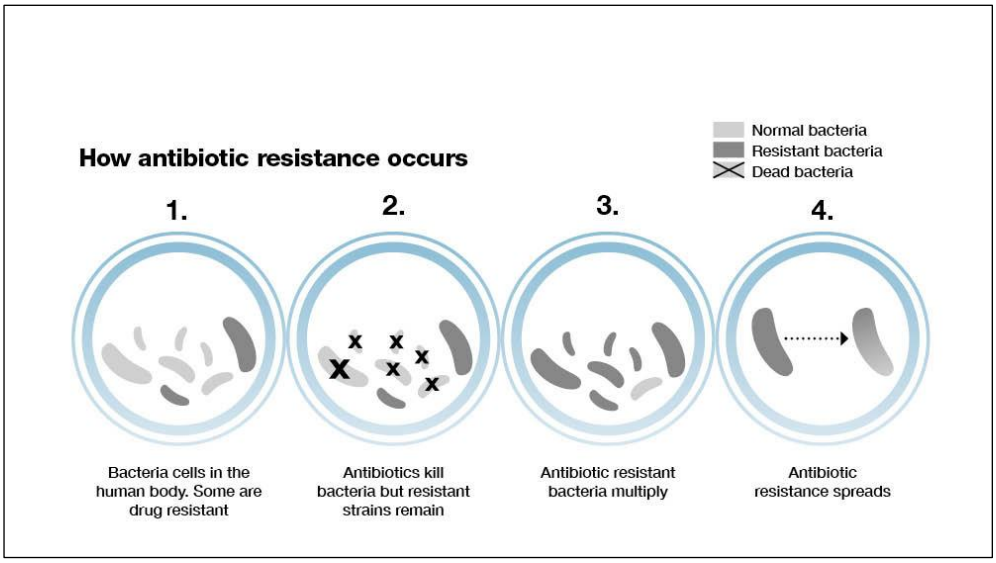
Actions being taken

- An Air Quality Action Plan (AQAP) for Havering has been approved by Cabinet. The AQAP sets out the projects, policies and initiatives to be taken over the next 5 years in order to improve air quality, by reducing Nitrogen Dioxide and Particulate Matter concentrations from the key emission sources i.e. road transport, new development and gas boilers.
- The plan aims to increase awareness, knowledge and understanding of air quality and help everyone who lives, commutes or works in Havering to reduce their own exposure as well as to improve air quality. The Plan covers air quality monitoring and modelling, public health and awareness raising to encourage smarter travel, reducing emissions from buildings and developments, reducing emissions from transport.
- The Air Quality Improvement Group will report progress of implementation of the AQAP to the HPF

[14] PHOF, data for 2016

Appendix 1: Spotlight on Antimicrobial Resistance

The previous two HPF reports have included a "Spotlight on" feature, which takes one issue and highlights why this is a concern. Previous spotlight topics covered the systems and processes introduced for health protection, following implementation of the Health and Social Care Act 2012, and influenza.



Why is antimicrobial resistance an issue?

- Antibiotic resistance has been described as one of the biggest threats of modern times
- Over-reliance on antibiotics, and not taking antibiotics properly, is leading to bacteria becoming resistant
- Without effective antibiotics many routine treatments will become increasingly dangerous; even basic operations such as setting broken bones, through to cancer treatments and animal health all rely on antibiotics working
- A failure to address the problem of antibiotic resistance could result in an estimated 10 million deaths every year globally by 2050, and a cost of £66 trillion in lost productivity to the global economy[15]

Some key facts

- Antibiotics cannot kill viruses – so will not work on viral infections such as colds or flu, and yet:
    - One third of the public believe that antibiotics will treat coughs and colds and
    - 1 in 5 people expect antibiotics when they visit their doctor
- Many mild bacterial infections get better on their own, without using antibiotics, and yet
    - GPs commonly express concerns that they feel pressurised by patients asking for antibiotics, such as when people ask on behalf of a child[16]

[15] https://www.gov.uk/government/publications/health-matters-antimicrobial-resistance/health-matters-antimicrobial-resistance

[16] https://www.gov.uk/government/publications/health-matters-antimicrobial-resistance/health-matters-antimicrobial-resistance

What is being done?

- The UK Government published a five year Antimicrobial Resistance Strategy in 2013 to tackle the issues that are leading to antibiotics becoming less effective
- In October 2017 a national campaign was launched by PHE. *Keep Antibiotics Working* warns people that taking antibiotics when they are not needed puts them and their families at risk.
- The North East London Antimicrobial Resistance Strategy Group (NELAMRSG) was set up in 2015. Led by BHR CCGs, the NELAMRSG aims to provide clinical leadership and improve collaboration. The group is now aligned to the NEL STP. The group has a comprehensive action plan which includes:
    - Regular feedback to individual prescribers in all care settings about antimicrobial prescribing; patient safety incidents related to antimicrobial use.
    - Education and training to health and social care practitioners about antimicrobial stewardship
- In October 2018, the HPF will be holding an extended meeting, and will invite commissioners, Healthwatch, and other key stakeholders to attend, to receive the NELAMRSG report and contribute to discussions on what further actions could be taken forward locally.

What else could be done locally?

- A Havering multi-agency group is meeting for a workshop session in October 2018 to consider and comment on local implementation of the strategy. Examples of local action are:
    - The leading voices for health, including those represented on the Health and Wellbeing Board, could support Antibiotic Awareness week in November, including through signing up to become an Antibiotic Guardian
    - Raise awareness among the local population about self-management of minor illnesses such as coughs, colds, sore throats, ear infections
    - Raise awareness among the local population about taking antibiotics as prescribed – so not missing doses, not sharing with others, and finishing the course even when they feel better
    - Continue the work that is being done currently on prevention; such as preventing urinary tract infections in older people

Appendix 2: Women affected by the Serious Failure in Breast Screening Programme

On 2 May 2018, the Secretary of State for Health and Social Care (SoS) reported to Parliament a serious failure in the national breast screening programme in England. He announced an independent review into the circumstances of the failure, co-chaired by Lynda Thomas, Chief Executive of MacMillan Cancer Support and Professor Martin Gore, Consultant Medical Oncologist and Professor of Cancer Medicine at the Royal Marsden. The report is due by November 2018

Following is an extract from Public Health England press release on 2 May 2018

> *"The routine NHS breast screening programme invites more than 2.5 million women every year for a test, with women between the ages of 50 to 70 receiving a screen every 3 years up to their 71st birthday. Around 2 million women take up the offer.*
>
> *"The problem was identified in January 2018 whilst reviewing the progress of the age extension trial (AgeX). It then became apparent that a similar impact has resulted from long term problems with the routine programme as well. In addition, some local services have not invited everyone for a final screen in the 3 years before their 71st birthday.*
>
> *"PHE has carried out a thorough investigation including a detailed analysis of data going back to 2009 and has been advised by experts and clinicians. The fault has now been identified and fixed and women who did not receive their final routine invitation and are registered with a GP are being contacted and offered the opportunity to have a catch up screen. All of these women will be contacted by the end of May 2018. Women can seek advice by calling the helpline on 0800 169 2692. We anticipate that all rescreens will be completed by the end of October 2018 and extra capacity is being identified so that routine screening will not be affected."*[17]

On 4 June, the SoS published a written ministerial statement to update Parliament.[18] The key points being:

- By 18 May, Public Health England contacted 195,565 women registered with a GP in England. In addition, all the affected women known to have moved to Scotland, Wales or Northern Ireland were also written to by 1 June 2018.
- As of 1 June 2018, 26,774 women received an appointment for screening, with hundreds already screened.
- The NHS has put in place an additional 68,000 screening appointments nationally and is on track to ensure that all women affected who want a screen will be seen by the end of October, without impacting on other patients.
- The figures have been revised from the original estimates and are significantly lower - based on analysis by PHE, using data provided by NHS Digital, up to 174,000 women were affected by this issue, of which we know that up to 130,000 are still alive. As a result, the numbers who may have had their lives shortened as a result of missing their screening is now estimated to be less than 75.

Table 1: Number of letters sent to women as part of the Patient Notification Exercise

ONS code	Country/Parliamentary constituency name	Number of letters sent
E92000001	England	195,568
E14000657	Dagenham and Rainham	379
E14000751	Hornchurch and Upminster	423
E14000900	Romford	427

[17] https://www.gov.uk/government/news/women-offered-nhs-breast-screening-after-missed-invitations

[18] https://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2018-06-04/HCWS731/

Appendix 3: Havering Health Protection Forum Forward Plan 2018/19

Meetings are held quarterly, with routine reports on:

- PHE (infections, outbreaks)
- NHSE (immunisations and screening)
- CCG (immunisation, screening, infection control)
- BHRUT (infection control)
- NELFT (infection control)
- LBH (public protection, environmental health)
- Routine Reports and Updates (each meeting)

Topics to be considered in depth are scheduled as follows:

April 2018	July 2018	Oct 2018	Jan 2019
Air Quality Annual Status Report	Tuberculosis	Antimicrobial Resistance BHRUT Infection Control Annual Report	HIV / Sexually Transmitted Infections(Blood borne viruses
	Annual immunisations report (excluding Seasonal flu)	Annual adult screening report	Annual ANNB screening report

An additional meeting scheduled for September 2018 to consider

- Seasonal influenza (2017/18 performance and plans for 18/19)
- Health emergency planning
- Winter preparedness

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HEALTH & WELLBEING BOARD

Subject Heading:	**Drugs and Alcohol Harm Reduction Strategy Action Plan progress and review**
Board Lead:	**Mark Ansell Acting Director of Public Health,**
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

A three year Drug and Alcohol Harm Reduction Strategy was produced for the Health and Wellbeing Board and the Havering Community Safety Partnership in 2016, together with a detailed action plan. It was agreed that annual reports would be presented to the HWB and CSP describing progress and presenting a draft refreshed action plan for the subsequent year. This is the second of these reports and covers progress against the action plan in 2017-18 and suggests a draft plan for 2018-19.

The strategy sets out the approach for achieving the overall aim of reducing the harms caused by substance misuse. The vision articulated in the strategy is for:

- children and young people to be informed and supported in their early years so that there is less risk of them misusing substances in later life.
- young people who do develop problems to have treatment and support so that their lives are not blighted by substance misuse.

- adult residents understand individual health risks associated with alcohol and so manage their drinking within safer limits.
- residents and visitors are free from the harms caused by other people's substance abuse.
- there is a halt to the demand for, and supply of drugs, which fuels criminal behaviour.
- where people have serious problems with substance misuse, they receive specialist treatment to recover – and remain in recovery.

The Health and Wellbeing Board acknowledged that the strategy and action plan encompassed many broad areas of work, many of which were already being managed through existing work programmes. Therefore, in order to avoid duplication, it was agreed that actions would be monitored by the relevant lead service area.

This report and action plan review have been produced by the Public Health Service with contributions from the service leads: Community Safety, Children's Services and the Joint Commissioning Unit. It presents an update on progress during year two (2017-18), and actions proposed for year three (2018-19). .

The current strategy runs to March 2019 and a new strategy will be developed for the three years to 2022 for the Board to agree.

RECOMMENDATIONS

1. To note the progress made in year two, as set out in the:
   - Drug and Alcohol Harm Reduction 2018 Progress Report, which provides a brief summary
   - Refreshed Draft Action Plan 2018-19 which provides In-depth information about actions that were scheduled for 2017-18 (as well as descriptions of actions planned for 2018-19)
2. To comment on the proposed actions for 2018-19 described in the Refreshed Draft Action Plan 2018-19. Comments to be sent to the report author by Monday 30th July.
3. Note and comment on the report, and seek clarification on any aspect of the content Approve the draft action plan for 2018-19.

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REPORT DETAIL

Please see attached paper and action plan. The two documents provide the report detail:

- The Havering Drug and Alcohol Harm Reduction 2018 Progress Report, which summarises the main policy/other changes, highlights successes, and summarises some of the key actions for 2018-19
- The detailed Refreshed Draft Action Plan 2018-19:
    - describes actions planned for 2018-19. The majority of actions have been completed, or are on track and a RAG rating with explanatory comments given.
    - describes proposed actions for 2018-19 (those continuing actions from 2017-18)

IMPLICATIONS AND RISKS

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

BACKGROUND PAPERS

The following papers are attached:

- Drug and Alcohol Harm Reduction 2018 Progress Report
- Refreshed Draft Action Plan 2018-19

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Havering Drug and Alcohol Harm Reduction Strategy 2016-19 2018 progress report and 2018-19 draft action plan

1 Background

The Drug and Alcohol Harm Reduction Strategy 2016-19 was approved by the Health and Wellbeing Board (HWB) and Community Safety Partnership (CSP) in 2016. The strategy was underpinned by a detailed action plan, to be refreshed annually. It was agreed that annual reports would be presented to the HWB and CSP describing progress and presenting a draft refreshed action plan for the subsequent year. This is the second of these reports and covers progress against the action plan in 2017-18 and suggests a draft plan for 2018-19

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

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

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

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

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

- summarises main changes affecting the drug and alcohol harm reduction approach in Havering
- highlights main successes, challenges and issues during 2017-18,
- presents Key Performance Outcome and Indicators
- presents a draft refreshed action plan for 2018-19

The Health and Wellbeing Board are asked to:

- Note and comment on the report, and seek clarification on any aspect of the content
- Approve the draft action plan for 2018-19

The Community Safety Partnership will also receive this report and action plan review together with an appropriate cover sheet.

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

2.1 Government published a refreshed Drugs and Alcohol strategy in July 2017. This continues to be structured around reducing supply, restricting demand, building recovery, and global action. The strategy is not revolutionary and continues to stress recovery rather than harm reduction though does move towards it. There is a new commitment to promote evidence-based interventions and to develop metrics at a finer level than currently available to allow segmentation in order to achieve robust and comparable evaluations. Most commentators on the new strategy highlighted that there is a mismatch between the aspirations of the strategy and the resources available to implement it.

2.2 UK guidelines on the clinical management of drug misuse and dependence were also published in July 2017. Whilst not markedly different from the previous 2007 document, the guidelines now have a stronger emphasis on recovery and holistic interventions. It is encouraging to note an increased focus on recovery in the national guidelines, which covers social factors such as preparing/returning to work, and which has been a priority for the local service since it was recommissioned. There are new sections to the guidelines covering prisons; club drugs; dual diagnosis; prescribed drugs; smoking; and preventing deaths.

3 Summary of progress against 2017-18 action plan

3.1 The detail of progress is given in the attached action plan review document. The document records the actions to support the Drugs and Alcohol Harm Reduction Strategy 2016-19 and logs progress against them. The actions support the three priorities of the strategy

- preventing harm to individuals,
- preventing harm to the family
- preventing harm to the community

The document is split into three sections of tables, each of which is further divided by the three priorities.

- Actions primarily the responsibility of the Health and Wellbeing Board
- Actions primarily the responsibility of the Community Safety Partnership
- Actions that have been completed in previous years.

The stakeholder group reviewing the actions decided that those that embed processes and have become “Business as Usual” should be considered completed for this assessment. However, many of the actions monitored by Community Safety will remain live in other strategies, for example those that cover VAWG and gangs. Should any issues develop the assessment will be revisited.

3.2 There were 70 actions in the 2016-17 plan and 13 were completed in the first year. A further 31 have been completed in the second year (2017-18) with good progress on many of those still remaining. The majority of these completed actions have become “business as usual”.

3.3 Actions to inform and support children individually or within their families have largely been completed and become business as usual. The actions that are still to be completed for this area relate to induction and ongoing training for staff of services, and to building relationships between sectors.

3.4 Many of the actions that relate to pathways for specific groups need further work to be progressed in 2018-19, and most of these are already part completed. We have not initiated a

drugs deaths review panel. There was an average of 4 deaths per year reported in 2017 and the number is steady. The rate is less than half that of England which is increasing steadily. The pathway for released prisoners is proving to be very problematic, even more so than in London more generally.

3.5 Two thirds of the actions that are under Community Safety remit have been successfully completed. These are largely that actions around VAWG, gangs, and communication and the majority have become business as usual. The CSP will continue to monitor their continued activity. The actions still to complete are more specifically aimed at drugs and alcohol, for example testing in the criminal justice system.

4 Activity for 2018-19

4.1 The group reviewing progress added no new actions to the action plan.

5.1 The actions remaining uncompleted from 2017-18 have been moved forward to 2018-19 plan

6.1 There will be a new strategy for drugs and alcohol due to be presented to the HWB in April 2019. The work to draft this will begin in 2018 and will include a review of all the outstanding actions.

5 Key Performance Outcomes and Indicators

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

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

Indicator or Outcome	Havering	Comparators	Commentary
Health			
Years of life lost due to alcohol related conditions (male)	896 per 100,000	London 721 England 901	Data for 2016: Havering is worse than London and similar to England. The trend over time has remained fairly constant in Havering but increased in 2016 (Provided by Public Health)
Years of life lost due to alcohol related conditions (female)	388 per 100,000	London 264 England 350	Data for 2016: Havering is worse than London and England. Havering has been similar to London since 2008, but there was an increase in 2016 (Provided by Public Health)

Admission episodes for alcohol-related CVD conditions (male)	2,004 per 100,000	London 1,882 England 1,633	Data for 2016/17: Havering is similar to London, and significantly worse than England. This relationship has persisted since 2008. There is a general rise in admissions. (Provided by Public Health)
Alcohol related road traffic accidents (in which at least one driver failed a breath test)	17.7 per 1000	London 9.8 England 26.0	Data for 2013-2015 **NB NOT UPDATED**: Havering is worse than London, but better than England (2015) Locally, this has remained at roughly the same rate since 2010. (Provided by Public Health)
Treatment Services			
Percentage waiting more than three weeks for drug treatment	0.0%	England 2.2%	Data for 2017-18 (DOMES report): In Havering nobody waited longer than three weeks for treatment. (Provided by Public Health)
Percentage waiting more than three weeks for alcohol treatment	0.0%	England 1.4%	Data for 2017-18 (DOMES report): In Havering nobody waited longer than three weeks for treatment (Provided by Public Health)
Successful completion of treatment of opiate use	7.9%	England 6.6%	Data for 2017-18 (NDTMS): Havering is better than England (Provided by Public Health)
Successful completion of treatment for non-opiate use	43.9%	England 36.6%	Data for 2017-18 (NDTMS): Havering is better than England (Provided by Public Health)
Successful completion of treatment for alcohol	45.3%	England 38.8%	Data for 2017-18 (NDTMS): Havering is better than England (Provided by Public Health)
Community Safety			
Testing on Arrest – achieve 95%	Target not achieved	Target 15 per month	Data for 2017. This is a regional issue but is improving. Provided by Community Safety
Alcohol Treatment Requirements (annual)	Starts: 20 Completed: 17	Target 28 Target 16	Data for 2017. Fewer than planned started treatment, however the target for successful completions was met Provided by Community Safety
Drugs Rehabilitation Requirements (annual)	Starts: 25 Completed:19	Target 35 Target 17	Data for 2017. Fewer than planned and last year started treatment, however the target for successful completion was met. Provided by Community Safety

Number of individuals testing positive for drugs who fail to engage with treatment service and where there is subsequently a failure in follow up	6		Provided by Community Safety from reports received from Metropolitan Police Service
Children and families			
% of current foster carers having attended information sessions on substance misuse during the three years to end Mar 2017	Group session delivered to carers and looked after children in 2017-18		Provided by Children's Services
% of Early Help home assessment visits attended by WDP Havering where substance misuse is, or is identified as likely to be, an issue	*[1]		Data for 2017-18 (Provided by Commissioner)
% of recovery plans produced by WDP for parents that are shared with Early Help	*[2]		Data for 2017-18 (Provided by Commissioner)
Substance misuse by children who had been looked after continuously for at least 12 months	4% (6/151)	This cannot currently be reported by the present information system which is being upgraded in 2018	Data for 2015-16 (Provided by Children's Services)
Parental Substance Abuse (number and percentage)	CIN 2% (n=6) CP 3.9% (n=12) LAC *[3]	This cannot currently be reported by the present information system which is being upgraded in 2018	Data for 2016-17 for 11 months to end Feb 17 (Provided by Children's Services)

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

Parental Alcohol Abuse (number and percentage)	CIN 2% (n=6) CP 2.3% (n-7) LAC 0% (n=0)	This cannot currently be reported by the present information system which is being upgraded in 2018	Data for 2016-17 for 11 months to end Feb 17 (Provided by Children's Services)

1 Description

This document records the actions to support the Drugs and Alcohol Harm Reduction Strategy 2016-19 and logs progress against them. The actions support the three priorities of the strategy,

- preventing harm to individuals,
- preventing harm to the family
- preventing harm to the community

The document is split into three sections of tables, each of which is further divided by the three priorities.

- Actions that primarily fall under the Health and Wellbeing Board
- Actions that primarily fall under the Community Safety Partnership
- Actions that have been completed in previous years.

The stakeholder group reviewing the actions decided that those that embed processes and have become "Business as Usual" should be considered completed for this assessment. However, many of the actions monitored by Community Safety will remain live in other strategies, for example those that cover VAWG and gangs. Should any issues develop the assessment will be revisited.

2 Contents

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

3 Actions live in 2017-18 that primarily fall under Public Health, Children's and Adult services

3.1 Preventing harm to the individual

Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.1b	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Communications strategy to inform partners of new specialist young people's service to be delivered during 17/. Thereafter ongoing promotion to key agencies.	Schools and other services refer / engage with the specialist young people's misuse service. Satisfaction by Youth Offending Team that service meeting the needs of young offenders.	Engagement by schools.	Apr 17 and on-going	LBH Commissioner		LBH Public Health Service	The new young people's service held a launch event in the Town Hall that was attended by a range of children's services and other relevant stakeholders including the Police. In addition to the launch, the service communicated its service offer and referral pathway via email and leaflets to all the agencies that it works closely with including children's social care, early help service, youth offending service, schools and colleges Now Business As Usual			
1	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Substance misuse awareness sessions to be delivered to Looked After Children and their carers (inc foster carers and semi-independent placement providers) – including association with CSE	Foster carers more knowledgeable about substance misuse by young people	Young People's Substance Misuse Service commissioned	On-going	LBH Commissioner		LBH Public Health Service	The young people's service has delivered drugs and alcohol awareness sessions to foster carers and looked after children. With regards to child sexual exploitation (CSE), the service is a member of the CSE & Missing Young People's operations group that meets regularly and works collaboratively to manage young people identified at risk of CSE. Now Business As Usual			

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

Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.3	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Identify young people (aged under) who are at a higher risk of harm caused through risky behaviours (inc drug and alcohol misuse) – including appropriate response such as referral to appropriate young people's substance misuse service.	Young people who are at higher risk to be referred by NELFT School Nursing Service Early Help Service Children's Social Care Schools	Young People's Substance Misuse Service commissioned LBH Commissioner to monitor contract on referral sources	On-going	NELFT School Nursing Service Early Help Service Children's Social Care Schools		LBH Children's Services	This can be closed. Identifying young people at risk of substance misuse related harm and referring them to services is business as usual for these services, and part of what they are contracted to deliver. Now Business As Usual			

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

Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.4	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Healthy Schools programme to provide information drugs and alcohol to the whole school community including national campaigns and information about the effect of substances on the unborn child.	Information provided to schools. Schools report that the information is useful.	Healthy Schools Co-ordinator recruited Engagement by schools	On-going	LBH (Healthy Schools Officer))	Dependent on decisions re funding /Traded Services status of Healthy Schools programme	LBH Public Health Service	67 Havering schools are registered/ currently participating in the HSL programme at some level. 34 schools have achieved the HSL Bronze Award. One of the minimum standards for this award is to have an up-to-date Drugs and Alcohol Policy (or equivalent section in the school's PSHE Policy) Schools that have achieved Bronze deliver a comprehensive PSHE curriculum, which includes Relationships and Sex Education / Drugs and Alcohol Education as well as providing teaching and learning opportunities for pupils to assess and manage risk in a range of different contexts at a level that is appropriate to their age and maturity. In addition, 16 Havering Schools have achieved the Silver Award and 8 have achieved Gold. Now Business as Usual			

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

Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.5	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Drug and alcohol service provider to support schools develop their drugs policy and deliver substance misuse awareness training to headteachers and wider school workforce **ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Information materials to be produced for school governors. Progress on training and support given to schools by the treatment service to be monitored by commissioner .	Schools develop drugs policies as part of the Healthy Schools Programme. Awareness training delivered to headteachers.	Young People's Substance Misuse Service commissioned Healthy Schools Co-ordinator recruited Engagement by schools Support of public health specialists .	On- going	LBH Commissioner LBH Healthy Schools Co-ordinator LBH Commissioner	Schools	LBH Public Health Service	The Health and Wellbeing in Schools Service organises themed termly network meetings for HSL Leads within local schools. These meetings are an opportunity to invite in specialist guest speakers and circulate new guidance and information / resources to support the delivery of the Healthy Schools agenda, and to share good practice. Past HWiS Network meetings have included the dissemination of a template D&A policy / guidance on responding to drug-related incidents in schools / signposting to specialist support services that have been commissioned by PH (Wize-Up) This information has also been uploaded to the PSHE Resources page of the HES Portal for schools Now Business As Uusal			

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

Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.6	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Drug and alcohol service provider to advise schools and parents how to report concerns about availability of drugs, and under age sales of alcohol	Schools and parents aware of how to report concerns.	Young People's Substance Misuse Service commissioned Healthy Schools Co-ordinator recruited Engagement by schools	Annually – at optimum time for schools	LBH Commissioner LBH Healthy Schools Co-ordinator	Schools	LBH Public Health Service	Information about specialist services commissioned to support schools (Wize-Up) has been added to the PSHE Resources page of the HES Portal. Information from Trading Standards Team about reporting underage sales / counterfeit goods distributed at HWiS Network meeting. Now Business As Usual			

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

Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.7	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Information and factsheets about not drinking in pregnancy and during breastfeeding to be displayed in Children's Centres **ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Reliable digital resources to be identified by LBH public health, and promoted to parents by Children Centres	Information and factsheets to be available in Children's Centres Frontline workers actively promoting messages.	LBH Officer Capacity (Children Centre frontline workers) LBH Frontline staff trained in IBA	Ongoing To be agreed where resources /capacity allow	LBH Early Help, BHRUT maternity Services, NELFT health visiting and school nursing services	Children's Centres	LBH Children's Services	Lack of availability of national resources / promotional activity – this action not delivered during 16-17 Continued lack of national resources, but information on pregnancy and breastfeeding is given out in children's centres Information also available on PH website on smoking services for pregnant women Now Business As Usual			
1.8	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Develop consistent messages and signpost parents to information that will support parents in their discussions with their children about drugs and alcohol	Key messaging for parents agreed by LBH Public Health Service and partners, and hosted by LBH website	LBH Officer Capacity (Public Health Service, Communications, Commissioner) Engagement by partner agencies	March 17 Review Mar	LBH Public Health		LBH Public Health Service	Information to support parents in their discussion with their children about drugs and alcohol and links to national and local support services have been uploaded to the PSHE Resources page of the HES Portal. The resources pages are regularly reviewed and updated. Now Business As Usual			

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

Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.10	ONGOING FOR 18-19 Skills audit to be undertaken among health visitors and school nurse workforce on levels of skills for engaging with families on the topic of substance misuse, including safeguarding concerns relating to drugs and alcohol. Findings to be used to inform workforce development, including numbers to be trained on IBA.	Skills audit undertaken. Workforce development plan informed by results. Workforce trained in IBA.	Way forward to be agreed between service and commissioners	To be agreed: where resources allow	LBH Commissioner	LSCB Co-ordinator WDP Havering	LBH Public Health Service	This has not been completed due to insufficient resources to take forward in 17-18. To be incorporated into 18- 19 action plan. Health Visiting and School Nursing services to be linked in to drugs and alcohol services for training, and to build referral pathways.			
1.11	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Continue to advise pregnant women and new parents about risks of co-sleeping with an infant	Routine antenatal advice given Routine postnatal advice to parents by midwives, health visitors, Children's Centres.		On-going	BHR Maternity Services NELFT (Health visitors)	LBH Children's Centres	LBH Children's Services	This can be closed. Advising parents about the risks of co-sleeping is business as usual for these services, and part of the suite of advice that is offered to parents			

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

Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.14	ONGOING FOR 18-19 Information about drugs and alcohol, including where to report concerns, to be cascaded to voluntary organisations that provide activities to children and young people	Agreed information products for voluntary organisations	LBH Officer Capacity (Public Health Service, Trading Standards, Commissioner, Communications, Community Development)	To be agreed - where resources allow	LBH Public Health Change to WDP for 2018-19		LBH Public Health Service	Insufficient resources to take forward 16-17. Carry forward to 17-18 Insufficient resources to take forward in 2017-18 Children's Safeguarding already covers the reporting of concerns and that includes drugs and alcohol risk in children and families and this works well. Additional work required to distribute drugs and alcohol specific materials.			
1.15	ONGOING FOR 18-19 Sexual health services to (a) offer brief advice about alcohol to young people and adults where alcohol plays a part in risky sexual behaviour (b) deliver IBA and psychosexual counselling to MSM re Chemsex	Sexual health service performance against KPI	Sexual health service commissioned, and KPI agreed for IBA	Ongoing monitoring	LBH Commissioner	LBH Public Health Service to advise	LBH Public Health Service	The action to establish a KPI that measures IBA and psychosexual counselling to MSM re; Chemsex is on-going. I've checked the new specification and cannot identify this KPI. Further work will need to be done with the Provider to agree a KPI in the new contract which commences in October 2018.			

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

Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.16	ONGOING FOR 18-19 Drug and alcohol treatment service to demonstrate to commissioner how advice and services are meeting the needs of LGBT, veterans, ethnic minorities, ex-offenders, those leaving care (including via mutual aid organisations). ONGOING FOR 18-19 Drug and alcohol treatment service to strengthen links with agencies that support young people leaving care.	Evidence of evidence-based programmes of work in place/planned by substance misuse treatment specialists that meet the needs of harder to reach groups	Engagement by mutual aid organisations, and by organisations	Mar 17 Mar 18	LBH Commissioner		LBH Public Health Service	Service - engaged with Veterans Charity and developed processes: ex-service personnel signposted to support. - nominated LGBT lead & London MSM networking group - pursuing the strengthening links with agencies that support young people leaving care.			
1.17	ONGOING FOR 18-19 WDP and NELFT Mental Health Services to develop an integrated approach to presentations at the acute hospital that involve mental health and substance misuse NEW FOR 17-18 Review effectiveness of arrangement	Written protocols in place	Agreement of commissioners	Jul 16	CCG Mental Health Commissioner LBH Commissioner	BHRUT	LBH Public Health Service	Delayed. Protocol now drafted between WDP AND NELFT mental health services– to be presented to Mental Health Partnership (summer 17) Effectiveness of arrangements to be monitored 17- 18 and reviewed The specification for psychiatric liaison service includes, substance misusers within the service criteria. Drug and alcohol services are also included as one of the possible care pathways to be considered for patients with a mental health need who also require drug or alcohol treatment.			

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Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.19	ONGOING FOR 18-19 Ensure the care pathway for women during the perinatal period meets the needs of women with substance misuse problems, including onward referral. ONGOING FOR 18-19 Discussions to take place with CCG Maternity Commissioner, Early Help Service and substance misuse treatment service to agree pathway.	Care pathway shared with maternity commissioner, mental health commissioner, substance misuse commissioner, Early Help service	Agreement of commissioners	March 20	CCG Maternity Commissioner WDP Havering/ LBH Commissioner	LBH Early Help Service Perinatal Steering Group	LBH Public Health Service	Pathway design required. Initial discussions identified issues re workforce training, referral pathway and joint working arrangements including specialist advice for individual cases. Meetings will be set up between all commissioners and WDP			
1.20	ONGOING FOR 18-19 CCG and adult social care to plan for the needs of older adults who are long-term users of opiates, including end of life care.	Plans in place	CCG and Adult Social Care capacity	Dec 16	CCG Commissioner Adults Social Care Commissioner	NELFT Community Services	Adult Social Care (ASC) Strategy & Commissioning Team	Training has been delivered to frontline adult social care staff teams. On-going work required to deliver training to the staff teams of commissioned adult social care services.			

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

Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.21	ONGOING FOR 18-19 The drug and alcohol treatment service will be further developed to meet the needs of those with problematic use of prescription and over-the-counter medication, including: (a) advising GPs to treat (b) directly treating (where appropriate)	Reports received from WDPH Havering detailing D&A Consultant advice provided to GPs	Capacity of WDP Havering Engagement with GPs Ensure adherence to referral/care pathways Identified budgetary allocation for any GP prescribing	On-going	LBH Commissioner	CCG GPs Pharmacists	LBH Public Health Service	There has been communication with GPs, this is an ongoing action as part of WDP's Promotion and Communication Strategy: Partly completed This needs to continue			
1.21b	ONGOING FOR 18-19 Drug and alcohol treatment service to provide information to GPs	Information session delivered to GPs at PTI event.	Capacity of WDP Havering Agreement from PTI organiser	Apr 17	LBH Commissioner	CCG GPs	LBH Public Health Service	Info on referrals distributed by WDP and shared care protocol for Alcohol going through Area Prescribing Committee to be distributed by appropriate means. PTI to be organised in 18-19			

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Objective 1: Preventing harm to the individual											
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1.22	ONGOING FOR 18-19 Produce guidance for prescribers on "Review of medicines with the potential for misuse"	Guidance produced for prescribers approved at Area Prescribing sub-Committee and on CCG website	Prescriber education and training via quarterly prescribing forums	16-17: June 16 17-: Mar	Add WDP as lead, in coordination with BHR CCG Medicines Management	Local Medical Committee GP WDP Havering BHR CCG Medicines Management	LBH Public Health Service	BHR CCG Medicines Management met with stakeholders Jan 17. Subsequently, prescriber guidance will be produced during 17-.18 New clinical guidance (orange book) has been produced nationally and local guidance will be updated accordingly Alcohol shared care protocol completed and will be submitted to Area Prescribing Committee			
1.23	ONGOING FOR 18-19 Devise and deliver a programme of education for prescribers on the topics of prescription only and over the counter medicines misuse and dependence.	Training programme delivered	Prescribers trained	Dec 16	BHR CCG Medicines Management	Local Medical Committee GPs BHR CCG Medicines Management	LBH Public Health Service	As per 1.22, this is in development. Action will be completed during 17-18 Because of capacity issues this action needs to be carried forward to 18-19			
1.24	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Reduce the prescribing of benzodiazepines and Z drugs, as part of the 2016/ medicines management work plan	Reduction in prescription items from baseline	Practice support, quarterly prescribing performance scorecards	Dec 17	BHR CCG Medicines Management	Local Medical Committee GPs	LBH Public Health Service	This is in the CCG workplan every year and is Business As Usual			

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Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.25	ONGOING FOR 18-19 Council Public Health Service to ensure that GPs are provided with information and an updated AUDIT tool to screen for level of alcohol-related risks to health, once new national tools are published	Tools actively in use by GPs e.g. as part of Health Check programme	Materials to be provided by PHE/national body; local distribution requested via CCG	When national materials available	LBH Commissioner Havering CCG	GPs	LBH Public Health Service	There have been new national tools and guidelines introduced in 2018. PTI session with GP's to be arranged to signpost to PHE Alcohol Learning. PHSE are still to produce a revised audit tool			
1.26b	ONGOING FOR 18-19 Relevant partners to report to D&A partnership re the effectiveness of the local drug information system.	Report received by D&A Partnership	Partnership meeting	Dec 17	LBH Public Health	WDP, LBH Commissioner	LBH Public Health Service	WDP now responsible for information distribution system and PHE monitor effectiveness			
1.27	ONGOING FOR 18-19 Monitor demand and stimulate innovative solutions to meet the needs of increasingly ethnically-diverse population, some of whom will inevitably develop substance misuse problems.	Report, describing solutions	Contract monitoring	Apr 16 and on-going 17-: Apr 17 and on-going	LBH Commissioner WDP Havering	Faith groups Community groups	LBH Public Health Service	See 1.16 progress column Communication Strategy outlines actions link into hard to reach groups including faith and community groups.			
1.28	ONGOING FOR 18-19 Provide training to raise awareness of issues of drugs and alcohol, including prevention, for Adult Social Care staff and commissioned provider staff, capitalising on existing and planned training sessions and communication forums (including Carers Forum).	Staff groups trained	Adult Social Care to organise – capacity of the drug and alcohol treatment service	March 17	LBH Commissioner LBH Adult Social Strategy & Commissioning Team	WDP Havering Adult Social Care commissioned services	Adult Social Care (ASC) Strategy & Commissioning Team	Training has been delivered to frontline adult social care staff teams. On-going work required to deliver training to the staff teams of commissioned adult social care services.			

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Objective 1: Preventing harm to the individual											
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1.29	ONGOING FOR 18-19 In partnership with substance misuse treatment services and in discussion with Commissioner, Housing to identify and agree key actions for -19	Actions agreed	Tba	Tba	Housing Public Health Public Health Commissioner		LBH Public health	1.29 part completed. Naloxone training was delivered to three hostels in 2017.			
1.30	**ACTION COMPLETED REMOVE FOR 2018-19** Three borough multi-agency suicide prevention work taking place during 2017 onwards to take into account people affecting by drug misuse problems	Suicide prevention approach to be developed in consultation with treatment services	Availability of treatment services	Mar 18	Public Health		LBH Public Health	Suicide prevention strategy developed with all relevant stakeholders and now adopted			
1.31	NEW FOR 18-19 Develop proposals for Drug Related Deaths Panel to be established	Proposal completed	Capacity of relevant agencies	Mar 18	Public health		LBH Public Health	12 deaths in one year in those taking drugs but most deaths not all due directly to drugs			
1.32	**ACTION COMPLETED REMOVE FOR 2018-19** Develop pharmacy needle exchange provision	Needle exchange provision established	Pharmacists engagement	Mar 18	Public Health Commissioner	NHS England	LBH Public Health	WDP has now identified and contracted with additional pharmacies to provide a suitable geographic spread			

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

3.2 Preventing harm to the family

Objective 2: Preventing harm to the family											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
2.1	ONGOING FOR 18-19 Substance Misuse Treatment Service and Mental Health Service will take part in "Team around the Family" meetings where substance misuse/mental health are identified as a factor,	Records of meetings showing attendance by Substance Misuse Treatment Service and Mental Health Service in "Team around the Family" meetings	Processes established: invitation, recording of attendance, review of arrangements	Commence Apr 16	LBH Early Help Service	WDP Havering NELFT Mental Health	LBH Children's Services	Delayed. To be carried forward to 2018-19			
2.2	ONGOING FOR 18-19 Substance Misuse Treatment Service and Mental Health Service to agree a joint protocol where there is dual diagnosis (substance misuse and mental health)	Protocol in place and implemented - Substance Misuse Treatment Service Commissioner and Mental Health Service Commissioner to be informed	Protocol in place	June 16 and ongoing Review Sept 17	LBH Commissioner CCG Commissioner	NELFT WDP Havering	LBH Public Health Service	The specification for psychiatric liaison service includes, substance misusers within the service criteria. Drug and alcohol services are also included as one of the possible care pathways to be considered for patients with a mental health need who also require drug or alcohol treatment. (See 1.17)			
2.8	ONGOING FOR 18-19 Early Help, WDP Havering and NELFT mental health services to collaborate on strengthening staff induction programmes so that staff have a good understanding of roles of partner agencies, and know who are the key individuals in each of the agencies	Induction processes reviewed and strengthened. Frontline staff and managers better informed.		Jul 16 Revised: Sept 17	LBH Early Help Service, NELFT Mental Health WDP Havering		LBH Children's Services	Joint protocol meeting completed but results not embedded in induction training. This needs to be carried forward			

Objective 2: Preventing harm to the family											
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2.9	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Early Help Service, WDP Havering and NELFT mental health services to cascade regular newsletters to partner agencies about their work (via LSCB). All three services to ensure that the information is communicated to frontline staff through team meetings.	Frontline staff and managers better informed.	LSCB Co-ordinator to facilitate	Jul 16 Revised: Sept 17	LBH Early Help Service, NELFT Mental Health WDP Havering		LBH Children's Services	News Letters are regularly received by EH from Havering Recovery Community Newsletter – these are shared at the team meetings. Moving forward it has been requested that the Newsletter is shared with the wider service to ensure all are in receipt of the information being shared Children's safeguarding newsletters are circulated to board members for circulation to staff members within their own organisations. Other circulations from Children Services are circulated such as bitesize re update on what's going on within the service. WDP and NELFT are represented at safeguarding board meetings. This item is deemed as business as usual			
2.12	ONGOING FOR 18-19 Early Help to ensure that WDP Havering is invited on joint home visits where substance misuse is, or likely to be, an issue	WDP invited on joint home visits as appropriate	Service capacity Training to staff to implement	Apr 16 and ongoing	LBH Early Help	WDP Havering	LBH Children's Services	Meetings arranged between WDP and EH Service to agree protocol (to include home visits). Meeting held on 29.06.16 JWP being drafted by EH and WDP services in July & Aug. Next meeting arranged for 25.08 to review progress and discuss implementation plans			

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Objective 2: Preventing harm to the family											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
2.15	ONGOING FOR 17-18 Children's Social Care to invite WDP Havering to assessments, conferences and meetings when parents are receiving substance misuse treatment	Timely invitations issued	LBH Social Care to issue invitation & record attendance by WDP Havering	Apr 16 and ongoing	LBH Social Care LBH Commissioner	WDP Havering	LBH Children's Services	Meeting held on 15.06.16 to develop joint working protocol – CSC and WDP agreed process for finalising protocol by end of July. WDP Service Manager to attend CSC Manager's meeting and joint protocol training event to be held in September between CSC and WDP teams. Further work required but capacity an issue. WDP raise safeguarding concerns when there are children in the house of their clients, when appropriate.			
2.16	**NOT POSSIBLE TO COMLETE REMOVE FOR 2018-19** Early Help and WDP to work to resolve issues where lack of childcare is a barrier for parent's treatment, including residential detox treatment	Solution achieved	Potential financial implications to resource childcare	May 16 Revised Dec 17	LBH Early Help LBH Commissioner WDP Havering		LBH Children's Services	To be carried over to 2017-18 There are no organisations with the resources to provide childcare, including fostering during residential rehabilitation. Community interventions take place in mutually agreed .			
2.17	ONGOING FOR 18-19 WDP Havering to deliver training to Early Help and Adult Social Care teams on working effectively with families affected by substance misuse	Programme of training agreed (including at induction). Training programme delivered.	Training programme	Mar 17	LBH Commissioner LBH Early Help Adult Social Care	WDP Havering	LBH Public Health Service	Part completed in 2016-17- See 2.12 & 1.28 Continue to work on this in 2018-19			

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Objective 2: Preventing harm to the family											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
2.18	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** LSCB to deliver multi-agency training on safeguarding that specifically takes into account issues of substance misuse	Programme of training agreed and implemented	Training programme	Mar 17	LSCB Co-ordinator	All	LBH Public Health Service	LSCB delivers a training course which offers a practical approach to dealing with families affected by substance misuse. The course Think Family, Work Family provides participants with the research, knowledge and practical framework to work with the whole family holistically when challenges such as substance misuse are present. This course will also continue into the new financial year. Now Business As Usual			
2.19	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Increase access to mental health services: IAPT (for adults) or CBT (for children via CAMHS), and monitor referrals and access	Increased uptake of IAPT and increased provision of CAMHS	Raise awareness of all potential referrers	Mar 17	CCG Commissioner	All	LBH Public Health Service	There is programme of work to expand the reach of IAPT across with specific targeting of underrepresented groups. This will takes into account the needs of those in need of support in relation to substance misuse			

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

Objective 2: Preventing harm to the family											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
2.20	**ACTION COMPLETED REMOVE FOR 2018-19** All services to identify carers (inc young carers) and ensure they are signposted to the right services		Young Carers Service commissioned that meets the needs of young carers affected by substance misuse Communications about carers services/support	Ongoing	LBH Commissioner	All	LBH Public Health Service	Adult and YP service have agreed a referral pathway for the young people's service to refer parents/carers into the adult service's regular carers group for additional peer support. Adult and YP service met with the young people's carers service and training on identifying young carers and referring into the service was held for the adult and YP service workforces.			

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

3.3 Preventing harm to the community

Objective 3: Preventing harm to the community											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
3.1	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Primary care registration scheme to be agreed in Havering for prisoners released with no permanent address	Registration scheme established and agreed by Local Medical Committee and CCG	London-wide agreement with Probation Services	Oct 16	CCG	GPs LMC Local Probation Service WDP Havering	LBH Public Health Service	Registration scheme set up and agreed by LMC and CCG. No known issues with registration			
3.10	**NOT POSSIBLE TO COMLETE REMOVE FOR 2018-19** Training to be delivered to LBH frontline operatives to improve recognition of drug litter	Training delivered	Capacity of services	Mar 17 Revised Mar	LBH Streetcare LBH Commissioner	WDP Havering	LBH Public Health Service	Lack of capacity to arrange/deliver. Action carried forward to 17-18 Continued lack of capacity in 2017-18 and no feasible capacity identified for 2018-19. Remove action			
3.11	ONGOING FOR 18-19 WDP to deliver training about drugs and alcohol to Early Help services	Training delivered	Service capacity	Mar 17 Revised Mar	LBH Commissioner Early Help	WDP Havering	LBH Public Health Service	Not completed – carry over to 2018			

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

Objective 3: Preventing harm to the community											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
3.15	**ACTION COMPLETED REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** Healthy Schools Network to showcase/share the successes of schools' own commissioned information sessions for increasing parental knowledge about engaging with their children on topics such as drugs and alcohol	Showcased event takes place	Recruitment of Healthy Schools Co-ordinator	16-17: Dec 16 17-: Mar	LBH Healthy Schools Officer	Healthy Schools Network (schools)	LBH Public Health Service	Health and Wellbeing in Schools Service organises themed termly network meetings for HSL Leads within local schools. These meetings are an opportunity to invite in specialist guest speakers and circulate new guidance and information / resources to support the delivery of the Healthy Schools agenda in local schools, as well as to share good practice. Past HWiS Network meetings have included the dissemination of a draft template D&A policy / guidance on responding to drug-related incidents in schools / signposting the services of specialist support services that have been commissioned by PH (Wize-Up) Now Business As Usual			
3.15b	**ACTION COMPLETED REMOVE FOR 2018-19** Make further information re drugs and alcohol issues available on the schools portal.	Information uploaded to schools portal		Sept 17 and ongoing	LBH Healthy Schools Officer	Healthy Schools Network (schools)	LBH Public Health Service	The draft D&A Policy/ latest Govt. Guidance / case studies outlining good practice and information leaflets for school staff / parents / carers has been added to the PSHE Resources page of the HES Portal for schools			

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

4 Actions live in 2017-18 that primarily fall under Community Safety

4.1 Preventing harm to the individual

Objective 1: Preventing harm to the individual											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
1.12	**ACTION COMPLETED FOR D&A STRATEGY REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** **BUT REMAINS FOR CSP** Deliver training to Pubs/clubs door staff on how to recognise fake ID	Businesses better trained to recognise fake ID	Capacity of Police Engagement by businesses	Ong-oing	Metropolitan Police	LBH Licensing Officers	LBH Community Safety	Action superseded by the introduction of ScanNet and there is now routine and Business As Usual			
1.13	**ACTION COMPLETED FOR D&A STRATEGY REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** **BUT REMAINS FOR CSP** Deliver training to retailers and licensed trade on complying with legislation, inc sales of age-restricted products, and nitrous oxide for non-food purposes. Training to be uploaded to Council website.	Businesses better trained on legislation	Capacity of Licensing Engagement by businesses	On-going	LBH Licensing		LBH Community Safety	Online training now available on (CTSI website). Trading Standards signpost businesses to training via Licensing newsletter, talks and written advice. Now Business As Usual			

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

4.2 Preventing harm to the family

Objective 2: Preventing harm to the family											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
2.4	ONGOING FOR 18-19 VAWG strategic partnership to Increase awareness of domestic abuse among agencies and residents through communications.	Communication delivered		Apr !6 and on-going	VAWG strategic partnership VAWG Officer		LBH Community Safety	As a part of the new VAWG strategy [1] – Safer Schools officers will be delivering a programme of work to raise VAWG awareness. The department of Education have made changes and expect every school to be educating children from Key Stage 1 about healthy relationship, through the revision of the SRE policy.			

[1] Mayors office of Police and Crime. (2018). *The London tackling violence against women and girls strategy 2018-19.* Available: https://www.london.gov.uk/sites/default/files/vawg_strategy_2018-21.pdf. Last accessed 20/06/18.

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

Objective 2: Preventing harm to the family											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
2.5	**ACTION COMPLETED FOR D&A STRATEGY REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** **BUT REMAINS FOR CSP** Integrate VAWG into all relevant service areas and ensure effective inter-agency co-ordination By Training of Domestic Abuse/VAWG Champions based in local authority departments, statutory partnership agencies and local private/voluntary sector services.	DA Champions trained	Costs of trainer Costs of maintaining Champions data base	Apr 16 and on-going	VAWG strategic partnership VAWG Officer	LBH services Partner agencies Private and voluntary sector services	LBH Community Safety	2 x Champions and RIC training delivered yearly. 186 DA champions have been trained to date from across the public, voluntary and community sectors to raise awareness around the tell-tale signs of DA and steer victims into support services safely. Moving forward Women's Aid will continue to deliver training which will be organised through the Havering LSCB. Reducing risk charity [2] publish monthly newsletter through the DA Champions database. Providing the DA champions with up to date news, articles and best practice developments. Now Business as usual			

[2] Reducing the risk.org.uk. *Reducing the risk of Domestic Abuse.* Available: http://www.reducingtherisk.org.uk/cms/. Last accessed 20/06/2018.

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

Objective 2: Preventing harm to the family											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
2.6	**ACTION COMPLETED FOR D&A STRATEGY REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** **BUT REMAINS FOR CSP** Continue to improve the efficiency and effectiveness of the MARAC.	Monthly MARACs held An increase in appropriate MARAC referrals MARAC Toolkit developed	MARAC Toolkit in place	Apr 16 and ongoing	VAWG strategic partnership VAWG Officer		LBH Community Safety	MARAC toolkit has been developed and MARACs held every three weeks. VAWG Officer attends agency risk management meetings to raise awareness of MARAC, ensuring that referrals are robust and appropriate. MARAC steering group held quarterly to ensure that it is run efficiently and operational issues are also discussed and agreed between partners. Now Business as usual Essentially completed for D&A strategy			

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

4.3 Preventing harm to the community

Objective 3: Preventing harm to the community											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
3.2	ONGOING FOR 18-19 Achieve and maintain number of Inspector's Authority testing at 15 per month	Achievement of target		Apr 16 and ongoing	Metropolitan Police	WDP Havering	LBH Community Safety	Target of 15 Inspector's authority tests per month was not achieved. This is a regional issue and anecdotal information relates this to MET police targeting resources to other high risk priorities. However, MET statistics for 2017/18 continues to be on a positive trajectory. As end of year cumulative data[i] shows 68% positive tests (inc. of trigger[ii] offences + Inspectors authority) the average percentage testing positive across MPS was 49-52%. Havering completed approximately 98 drug tests over financial year and 67 of those tested positive. These were subsequently referred to WDP for harm minimisation advice & treatment			

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

Objective 3: Preventing harm to the community											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
3.3	ONGOING FOR 18-19 Achieve and maintain % of Test on Arrest where there is a trigger offence at 98% per month NEW FOR 17-18 Embed new systems and processes (WDP and Met Police) to maintain high %.	Achievement of target		Apr 16 and ongoing	Metropolitan Police	WDP Havering	LBH Community Safety	Efforts underway to increase numbers of drug and alcohol problematic users within the criminal justice system. Havering, Redbridge and Barking & Dagenham (B&D) drug and alcohol commissioners/public health have recognised an opportunity to strengthen the relationship across the three boroughs and mirror the footprint of the Borough Command Unit (BCU). This is a good time for Councils to align service delivery as Redbridge and B&D have commissioned new drug and alcohol providers and Havering are extended its current contract for another two years. Talks with police colleagues to commence to develop work plans. Areas for collaboration; providing drug and alcohol arrest referral and court worker coverage over the East Area BCU to steer people into treatment and out of criminal justice system.			

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

Objective 3: Preventing harm to the community											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
3.4	ONGOING FOR 18-19 Identify lower risk acquisitive offenders with substance misuse treatment needs within criminal justice system and increase numbers of recommendations for DRR/ATR community sentencing to the courts. Increase numbers of DRR/ATR as a result of pre-sentence reporting by NPS. Achieve improvement in numbers successfully treated through DRR/ATR community sentencing	Increase on 2015/16 baseline Monitor numbers successfully treated	Effective partnership arrangements at courts: to reduce timelines between recommendations made for DRR/ATR community Orders NPS to identify more substance misusers at assessment stage	Apr 16 and ongoing	National Probation Service Community Rehabilitation Company WDP Havering Police LBH Community Safety National Probation Service	WDP Havering	LBH Community Safety	DRR starts target of 34 **not met (actual starts 25)** Completions target of 17 **achieved (actual completions 19)** ATR Target of 28 **not met: (Actual starts achieved 20;)** Completions target of 16 – **Achieved (Actual completions 17)** There have been national/regional issues in relation to the numbers of DRR/ATR starts. Locally it has been identified as an issue at Court assessment stage where the identification of alcohol/drug needs to communicate from court by NPS staff re: making recommendations to the Magistrates. To address this issue a DRR/ATR partnership meeting has been set up with NPS, CRC, the Council and WDP to review and implement an action plan to capture drug and alcohol offenders at the sentencing stage of the criminal justice (CJ) Journey and develop a more efficient communication strategy. At court assessment stage this is being addressed with a local (tri-borough) NPS lead appointed and a meeting has been set up outside the reducing re-offending panel to draft a localised action plan to overcome these issues.			

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

Objective 3: Preventing harm to the community											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
3.5	**ACTION COMPLETED FOR D&A STRATEGY REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** **BUT REMAINS FOR CSP** Continued use of town link radio, ensure all required persons are joined up / kept up to date. Provision of Deeper Lounge safe haven. Provision of Street Triage within Fiction night club.	Continued implementation of initiatives	Resourcing of initiatives Dependent on continued MOPAC funding	Apr 16 and ongoing	LBH Community Safety and Development	Havering Community Safety Partnership	LBH Community Safety	Town Link radios in Romford continues to work well. Still progressing the role out of Town link radios in Hornchurch. 2018 saw Town link radio's rolled out in Hornchurch and Upminster. Qtr 2, will see a trial begin in Harold Hill Deeper Lounge has changed it is now known as Ed' Place (St Edwards Church in Market Place has taken over this provision)..It continues to deliver services in the Town centre on Friday nights currently developing capacity to go out on Saturday nights. Community safety are working with Ed's place, street triage and the street pastors in association of the Home Office and Portman group to develop a safe haven/hub in the Town centre looking at a joint approach to addressing alcohol related violence. Street triage retendered Crusade currently delivering services to reduce ambulance call outs and treat minor injuries. night with 139 individuals supported to date this financial year.			

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

Objective 3: Preventing harm to the community											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
3.6	**ACTION COMPLETED FOR D&A STRATEGY REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** **BUT REMAINS FOR CSP** Develop and deliver a programme of work to address gang related offending and associated drug dealing, CSE and exploitation	Programme of work developed and delivered		Apr 16 and on-going	LBH Community Safety and Development	Havering Community Safety Partnership	LBH Community Safety	The gangs agenda operates at three different levels; according to risk, age and intelligence available. The most serious cases are discussed at the Tri-borough gangs meeting and cases are monitored by the EA BCU Gangs Unit. Medium level - those at risk of gang involvement are discussed at the monthly LBH Serious Group Violence Panel to work with identified nominals. Monthly LBH MACE meets to manage high risk cases associated with CSE. lowest risk and causing anti-social behaviour are dealt with via the Chance Scheme. All three panels use a multi-agency approach to their working. Where substance misuse has been identified as a factor the relevant service WDP/ Wize up are brought in to work with them. Gangs Awareness training is delivered on a quarterly basis to all front-line workers. Specific focus is put on County Lines, Exploitation of young people missing children and how it all ties in with gangs. Since 2014 over 330 workers have been trained.			
3.11	**ACTION COMPLETED FOR D&A STRATEGY REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** **BUT REMAINS FOR CSP** Prepare and consult on a Public Protection Order in Romford Town Centre	Reduction in street drinking in Romford Town Centre	Officer capacity	Apr 16	Community Safety and Development	MPS to enforce	LBH Community Safety	Romford Town Centre is now subject to a Public Spaces Protection Order, prohibiting drinking in the Town Centre .			

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

Objective 3: Preventing harm to the community											
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17-18- RAG**	**18-19 RAG**
3.12	ONGOING FOR 18-19 Test cannabis-flavoured e-cigarettes to establish whether contents include cannabis	Test purchases made and contents analysed	LBH Licensing capacity	Dec 16	LBH Licensing	LBH Licensing – potential enforcement/ legal action	LBH Community Safety	Ongoing discussions between Trading standards and Community Safety regards how this can be progressed. Action to continue to 2018-19.			
3.13	**ACTION COMPLETED FOR D&A STRATEGY REMOVE FOR 2018-19 AS BECOME BUSINESS AS USUAL** **BUT REMAINS FOR CSP** Deliver Junior Citizen Programme to 1,500 year six children, including content on drugs/alcohol, and a specific gangs element	YP in Havering more aware of risks of substance misuse	Dependent on continued MOPAC funding Dependent on sign up form multi-agency partnership to support	Jul 16	LBH Community Safety and Development		LBH Community Safety	Junior citizen 2018 has 2000 year 6 students from 30 schools across the borough and are attending and scenario's taking place this year which include Royal National Lifeboat Institute (RNLI), Fire brigade, Safer Transport Team, WIze-up, road safety, streetscene, Police, and community Safety. To assist young people with transitions to secondary school with a focus on personal Safety & harm reduction.			
3.16	ONGOING 18-19 Continue to work with other enforcement agencies to target premises where intelligence indicated that non duty paid alcohol may be sold.	Joint working between enforcement agencies	Information / intelligence	Ongoing – as resources allow	Customs & Excise LBH Trading Standards	Metropolitan Police Service	LBH Community Safety	No joint working between LA and Customs since Sept 2015. However with effect from 6 April 17, Immigration becomes a Responsible Authority under licensing legislation. This will strengthen joint working going forward.			

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

5 Actions previously completed or become business as usual in 2016-17

5.1 Preventing harm to the individual

Objective 1: Preventing harm to the individual										
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Times cale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAG**	**17- RAG**
1.1	ACTION COMPLETE – REMOVE FOR 17-18 Specialist young people's substance misuse service recommissioned in 2016, in consultation with key partners; youth offending team, community safety, education services, public health service	Service commissioned: KPIs, service specification informed by key partners	Engagement by key partners; youth offending team, community safety, education services, public health service, equality impact advisor	Sept 16	LBH Commissioner		LBH Public Health Service	Action completed. Service commissioned. Contract to commence April 17. A communication strategy will be delivered (1.1b).		
1.2	COMPLETED 16-17 Havering contraception service to advise women to abstain from alcohol when planning a pregnancy NEW FOR 17-18 Commissioners to monitor sexual health service contract re women receiving advice re abstaining from alcohol when planning a paregnancy	Contraception service to display information about alcohol in pregnancy Service to deliver IBA to women considering pregnancy	Sexual health service commissioned.	Apr 16 and ongoing To be agreed- where resources allow	LBH Commissioner	BHRUT Joint Commissioners	LBH Public Health Service	Included in the interim contract and will remain in place until 30 Sept.		
1.19	ACTION COMPLETE – REMOVE FOR 17-18 Understand how to provide	Proposals received by Commissioner	Proposals based on evidence base and	Dec 16	LBH Commissioner	Mutual Aid organisations LBH Community	LBH Public Health Service	Proposals submitted to commissioner by treatment service, and following arrangements now in place: WDP delivering SMART programme		

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

Objective 1: Preventing harm to the individual										
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Times cale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAG**	**17- RAG**
	better support to mutual aid groups and improve access and take up of mutual aid services. WDP Havering to scope needs of mutual aid groups and propose plan of action to commissioner		consultation with mutual aid groups			Development		(currently x3 groups running at service). Promoting and registering service users with Breaking Free, which is an online service that provides information about local support groups		
1.26	ACTION COMPLETED – REMOVE FOR 17-18 Set up a local drug information system in Havering for issuing public health alerts on new and/or novel, potent, adulterated or contaminated drugs.	System set up, relevant partners engaged	Task and finish group to establish system Evaluation of effectiveness end of year 1	Apr 16 – Jun 16	LBH Public Health	LBH Commissioner MPS, WDP Havering, Community Safety CCG, GPs, Pharmacists, BHRUT,	LBH Public Health Service	LDIS in place and working effectively (since October 2016). See 1.26b		

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

5.2 Preventing harm to the family

Objective 2: Preventing harm to the family										
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17- RAG**
2.3	ACTION COMPLETE – REMOVE FOR 17-18 Provide access to alcohol and drug intervention treatment programmes for victims and perpetrators of domestic abuse	Protocol in place and implemented	Protocol/referral processes established between LBH Commissioner, VAWG lead and substance misuse treatment service	Apr 16 and ongoing	VAWG strategic partnership VAWG Officer LBH Commissioner		LBH Community Safety	Part completed: protocol and referral pathway in place. Implementation part delivered (see below) and to be continued in 2017-18. See 2.4 & 2.5 Implementation completed - Those identified as victims or perpetrators of domestic abuse are placed on safeguarding risk register and reviewed at clinical and safeguarding meetings. - Treatment Service has an identified DV lead and established links with VAWG Co-ordinator and attends MARAC		
2.[illegible]	ACTION NO LONGER REQUIRED – REMOVE FOR 2017 A Task and Finish Group to be set up to identify issues, barriers and solutions for information sharing, and develop an action plan of implementation	Action plan developed and implemented		Jul 16	LBH Early Help Service		LBH Children's Services	This was superseded by actions taken to achieve 2.8 below A joint working protocol is being developed (as at Mar 17) which will be finalised 17-.		
2.10	ACTION COMPLETE – REMOVE FOR 17-18 MASH to take into account how WDP Havering is linked into the MASH processes. Once agreed, a contract variation to be agreed that describes the processes.	Contract variation issued	Service capacity	Jul 16	LBH Early Help LBH Commissioner		LBH Public Health Service	Contract monitoring noted that WDP Safeguarding Handbook approved by LSCB January 17		
2.11	ACTION COMPLETE – REMOVE FOR 17-18	WDP advice to LSCB.	Service capacity	Apr 16	LSCB Co-ordinator		LBH Public Health	COMPLETED DM contacted LSCB Business Manager with details of WDP		

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

Objective 2: Preventing harm to the family										
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAg**	**17- RAG**
	WDP to advise LSCB how they can contribute to the data set that is being collected. WDP to be invited to attend LSCB Operational Board.	WDP invited to operational board.			WDP Havering Service Manager		Service	Service Manager on 7.06.16. WDP attending LSCB Operational Board. Relevant data for the LSCB Outcomes Framework submitted for 2015/16 (includes field for the number of parents in treatment)		
2.13	ACTION COMPLETE – REMOVE FOR 17-18 WDP Havering joint working arrangements with the Early Help Service to include protocol of actions where a parent does not attend an appointment with WDP	Process in place and implemented	Service capacity to set up protocol Training to staff to implement	Apr 16 and on-going	LBH Commissioner	LBH Early Help	LBH Public Health Service	Delayed: Protocol and processes in place Nov 2016.		
2.14	ACTION COMPLETE – REMOVE FOR 17-18 Where WDP develops a recovery plan with a parent, this to be shared with Early Help.	Process in place and implemented	Service capacity to set up protocol Training to staff to implement	Jul 16 and ongoing	LBH Commissioner	LBH Early Help	LBH Public Health Service	Process in place.		

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

5.3 Preventing harm to the community

Objective 3: Preventing harm to the community										
Project/ Action *What we will do to achieve it*		**Outcome** *How we will know we've achieved it*	**Resources** *What we need to be able to achieve it*	**Time scale**	**Lead Organisation (Officer/staff)**	**Impact on other services and organisations**	**Monitored by**	**Comments on 17-18 activity**	**16-17 RAG**	**17-18 RAG**
3.7	ACTION COMPLETE – REMOVE FOR 17-18 Deliver training for Licensing Responsible Authorities on making effective representations in response to licensing applications.	Training delivered	Officer capacity Attendance by Responsible Authorities	Apr 16	LBH Licensing	All Responsible Authorities	LBH Community Safety	Training Session delivered.		
3.8	ACTION COMPLETE – REMOVE FOR 17-18 Delivery training for Licensing Committee members	Training delivered	Officer capacity	Apr 16	LBH Licensing	All Responsible Authorities	LBH Community Safety	Training delivered to Licensing Committee members (including for new Chair)		
3.9	ACTION COMPLETE – REMOVE FOR 17-18 Explore investment in mobile technology to enable frontline staff to capture data and intelligence, including as relates to drugs and alcohol	Exploration completed	Officer capacity	Tba	LBH Streetcare		LBH Public Health Service	Exploration completed.		

[i] Source: Metropolitan Police Service (MPS) Drug Interventions Programme (DIP) Monthly Report MPS April (2018) Met Police monitoring tool = Quality of testing (Overall % testing positive) Borough with the highest %s testing positive indicates the right people are being selected and the test is being conducted quickly and correctly

[ii] The police are allowed to test you for specified Class A drugs in the following circumstances:You have been arrested or charged with a '*trigger offence;*' **or,** when a police inspector, or higher rank, has reasonable grounds for suspecting that the offence was linked to the use of a specified Class A drug, and authorises the taking of a sample.

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

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Community urgent care consultation – “Right care, right place, first time”
Board Lead:	Steve Rubery, Director of Delivery and Performance, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGS)
Report Author and contact details:	Melissa Hoskins, Communications and Engagement Manager, BHR CCGs

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

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs), launched a 12-week public consultation on community urgent care services on Tuesday 29 May.

Community urgent care services provide same day care and advice for people with urgent, but not life threatening, physical and mental health issues. These include the GP out of hours service (GPOOH), the seven GP access hubs across the three boroughs and four local walk-in services.

The consultation asks the public for their views on proposals to change, and improve the way community urgent care services are accessed locally in Barking and Dagenham, Havering and Redbridge. The consultation is not proposing any changes to emergency care services or changes to the A&E services at any of our local hospitals.

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The consultation document and online questionnaire can be found online on the Havering CCG website, together with an EasyRead version of the questionnaire and other supporting documents. Responses must be received by 5pm on Tuesday 21 August 2018.

RECOMMENDATIONS

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

REPORT DETAIL

Background

BHR CCGs have undertaken a detailed review of community urgent care services as part of our work to transform urgent and emergency care in our area.

These are services that people can use when they have an urgent, not emergency or life-threatening, health care concern, and include walk-in services, GP access hubs, GP out-of-hours service, pharmacies and NHS 111. We are not looking at changes to how GPs run their practices or to our local A&E departments.

The case for change was discussed by the CCGs' Governing Bodies last summer, and we have since been working on a business case including options for a new model of care.

This work has been very detailed, as the CCGs want to make sure that we take account of the extensive patient feedback from our research and engagement, national policy directions, and best practice.

The CCGs also need to plan for the expected population growth and meet new national standards. This includes introducing Urgent Treatment Centres which means upgrading facilities at some locations with better testing services than at a patient's own GP. We have to make sure, as always, that we spend NHS money wisely.

The CCGs have published a document – "Right care, right place, first time" - that sets out the two options for proposed changes, and a questionnaire for people to have their say. The questionnaire is also available in an easy read version. All responses must be received by 5pm on 21 August 2018.

Engagement and research

Working closely with Healthwatch Havering, BHR CCGs have talked extensively to local people, clinicians and stakeholders about their understanding and experience of local urgent care services.

Local people tell us they find community urgent care services confusing. They aren't sure where to go for when they need urgent advice or care, and this often means they just go to A&E and wait when they could be seen elsewhere.

Our proposals

The CCGs want to make it easier to get advice quickly or get urgent care close to home when you need to be seen, so people don't have to wait around for hours.

Our proposals are:

- Make it easier to access services – make NHS 111 the number to call for urgent health care advice or services
- Book urgent GP appointments – 12 locations and a standardised service so patients know what to expect
- Upgrade facilities at some locations with better diagnostic tests than at your own GP or community location (only places you can walk in and wait). We're asking for views on two options.
- Simplify where you go for minor illness and injury – Urgent Treatment Centres or call NHS 111 for advice or to book urgent appointments

Option 1

- Four Urgent Treatment Centres – four locations you can walk into or be booked a timed appointment by NHS 111
    - King George Hospital
    - Queen's Hospital
    - Harold Wood Polyclinic
    - Barking Community Hospital
- Eight community locations for bookable urgent appointments (including South Hornchurch Health Centre and Loxford Polyclinic

Option 2

- Two Urgent Treatment Centres - locations you can walk into or be booked a timed appointment by NHS 111
    - King George Hospital
    - Queen's Hospital
- Ten community locations for bookable urgent appointments (including Barking Community Hospital, Harold Wood Polyclinic, Loxford Polyclinic and South Hornchurch Health Centre)

The CCGs think both options will help to make it easier for people to choose the right service when they have an urgent health need. There will be less waiting time, as patients will be seen within a maximum of 30 minutes of their appointment time, and there will be a standardised service so patients know what to expect.

How are the CCGs engaging local people?

We are asking individuals and organisations to share their views through an online questionnaire. The CCGs have used this approach for other consultations and it helps to reduce costs and to spend NHS money wisely.

The CCGs are also working with GPs, patient groups, local Healthwatch organisations and community and voluntary organisations to make sure we reach as many local people as possible.

We have arranged to attend a number of local community and voluntary sector groups to talk through the proposals and encourage people to share their views. In addition, we have organised drop-in sessions in each of the three boroughs, where people can come and talk to us about the proposals

Drop-in sessions organised in Havering are:

- Romford Market, Market Place, Romford, RM1 3ER - **20 June**, 10am-1pm
- Hornchurch Sainsbury's, 101-105 High Street, Hornchurch, RM11 1TX - **27 June**, 11am-2pm
- Harold Wood Polyclinic, St Clements Avenue, Gubbins Lane, Harold Wood, RM3 0FE - **6 July**, 10am-12pm
- Ingrebourne Valley Visitor Centre, Hornchurch Country Park, Squadrons Approach, Hornchurch, RM12 6DF – **21 July**, 12pm-3pm

IMPLICATIONS AND RISKS

All feedback received by 5pm on 21 August will be considered and used in a report for the three CCG's decision making Governing Bodies to consider at a meeting in October, alongside any other evidence and information available. This includes the Equality Impact Assessment (EIA).

BACKGROUND PAPERS

Further information, including the consultation document, EasyRead questionnaire and pre-consultation business case is on the CCG website at www.haveringccg.nhs.uk/urgentcare

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HEALTH AND WELLBEING BOARD

Subject Heading:	Local Area Inspection of Support for Children with Special Educational Needs and Disabilities (SEND)
SLT Lead:	Tim Aldridge - Director Children's Services
Report Author and contact details:	Jodie Gutteridge – Service Improvement Officer | 01708 432076 Caroline Penfold – Head of Children and Adults Disability Service | 01708 431743
Policy context:	
Financial summary:	

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

Communities making Havering	[X]
Places making Havering	[X]
Opportunities making Havering	[X]
Connections making Havering	[X]

SUMMARY

This report highlights the outcome of the Local Area Inspection of support for children with special educational needs and disabilities (SEND). The inspection took place between 26th February and 2nd March 2018. Throughout the week a team of six inspectors from Ofsted and the Care Quality Commission (CQC) met with staff teams, children and parents, and also visited schools and health settings. Their task was to gather evidence about the effectiveness of local area partnership in improving the lives of children and young people who have special educational needs and/or disabilities. They came to assess how well we, in Havering identify, meet the needs, and improve outcomes for children with SEND.

The inspection identified that we have increased our pace on the reforms to put children and young people at the centre of planning for their future. Inspectors recognised that our own evaluation of our strengths and areas for development was broadly accurate.

The inspection served as a very useful exercise which reinforced our approach to co-produce more, to engage and involve all partners when planning support, including parents and young people. Our changes to systems and processes have started to have an impact on outcomes for children but there is more work to do.

RECOMMENDATIONS

That the Health and Wellbeing Board notes the comments of the report.

REPORT DETAIL

1. Ofsted and the Care Quality Commission (CQC) have a programme to inspect every area's Special Educational Needs and Disabilities (SEND) services over a five-year period. In late February, early March inspectors visited the borough to undertake their inspection.

2. **The inspection process** - The inspection checks how well we have implemented government reforms, outlined in the Children and Families Act 2014, which put children and young people at the centre of our work. Unlike other Inspections there is no grading given as an outcome of the Local Area SEND Inspection. It is a narrative judgement identifying the local areas strengths and areas for development. Where the inspectors have serious concerns about progress being made, they request a written statement of action. Currently there have been 59 inspections, 25 resulting in written statements of action. No serious concerns were identified in Havering.

3. A team of six inspectors met with staff, children and parents, and also visited schools and health settings. The purpose of the inspection was to assess how well we identify needs, meet the needs and improve outcomes for children with SEND *across the local authority, schools and health services* i.e. not just Children's Services.

4. The Inspectors looked at three key areas:
    a. The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities.
    b. The effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and /or disabilities.
    c. The effectiveness of the local area in improving outcomes for children and young people who have special educational needs and/or disabilities.

5. **What the Inspectors found:**

6. We have an accurate view of ourselves (and where we need to improve) and Ofsted/CQC recognised our journey and reinforced that we are on the right track. Our service to children with the most complex needs has improved and we work well across agencies to meet their needs.

7. The young people spoken to during the inspection were mostly positive about the support they get, especially from their schools or colleges. For example children and young people who need CAMHS are able to access assessment and treatment in a timely way.

8. Teaching staff in schools report that they and their pupils get helpful advice, guidance and care. We have seen a reduction in the number of exclusions of five-year-olds and the small proportion of young people not in education, employment or training (NEET).

9. Parents are positive about those schools where provision for pupils who have SEN and/or disabilities is effective. Parent groups recognise that there are some good services in the local area.

10. Our work with young people to co-produce developments is strong, but not as strong with parents.

11. We are not aspirational enough about the future outcomes of children and young people with SEND. We were slow to implement the SEND reforms when they were first introduced.

12. New systems and more rigorous self-evaluation are resulting in strong improvement.

13. A significant number of parents are concerned about the support their children receive. They say that there are delays in receiving reports, including Education Health and Care (EHC) plans. The contribution that social care professionals make to EHC plans is often limited. Some children have to wait too long to access services, for example occupational therapy and access to speech and language therapy is inconsistent across the borough.

14. The process for producing EHC plans has improved. Outcomes are more incisive and the plans identify more clearly what support is to be put in place.

15. Not all infants receive the integrated two-and-a-half-year check or the ante-natal visit and the six-week baby health checks, a part of the Healthy Child Programme, are only available to those families where vulnerability has been identified.

16. The overall effectiveness of nearly one third of secondary schools requires improvement or is inadequate. This means that too many children and young people who have SEN and/or disabilities go to schools where the quality of education is not good.

17. We have a secure understanding in schools where teaching is weak, resulting in fragile

provision for children and young people who have SEND. Our school improvement visits to schools are beginning to improve this provision.

18. **How we are responding** - Ofsted and CQC reinforced the need to continually improve our SEND services and we already had a plan of action in place which inspectors ratified. The inspection team also reminded us of where else we need to improve, faster. Following the work to convert all “SEN statements” into EHC plans and we now turn to improving reviews of children who have had a plan for a while.

19. We have also investing in technology, and are one of the few areas in England implementing the EHC Hub. This is an online digital platform where parents, young people and professionals can input information to co-produce EHC plans more quickly and effectively.

20. We acknowledge that our engagement with parents has been too narrow, and we are looking for innovative ways to reach more children, young people and parents / carers of SEND children.

21. **Next Steps** - the SEND Executive Board, who provide strategic oversight and decision-making ability, to ensure that Havering is meeting the needs of service users and their families, consistent with the Children and Families Act 2014, is in the process of refreshing our improvement plan of the key areas for development.

22. Once the improvement plan has been finalised it will be submitted to the Health and Well-Being Board for their information and agreement as the governance of the SEND Executive Board. They will then be responsible for holding the board to account in achieving the outcomes identified.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct implications arising from the report, however, as each agency and school will be responsible for completing their own actions in the improvement plan, some financial implications may become apparent for Havering upon completion of the actions.

Legal implications and risks:

There are no direct implications arising from the report.

Human Resources implications and risks:

There are no direct implications arising from the report.

Equalities implications and risks:

There are no direct implications arising from the report.

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HEALTH & WELLBEING BOARD

Subject Heading:	**Clinical Governance of Public Health Commissioned Services**
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 **Ben Campbell,** Commissioning Programme Manager, Prevention & Personalisation ben.campbell@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

This report on the clinical governance of public health services covers the period since the last report was presented to the Health and Wellbeing Board in July 2016. Overall, there are robust governance arrangements in place across the services to identify and respond to quality issues.

The clinical services public health commissions have a range of best practice, guidelines, and national standards to support their procurement and operation. The providers of clinical services are also subject inspection by the Care Quality Commission Some services have very established governance structures and national monitoring of performance.

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Our standard public health services contract has clauses relating to maintaining, improving, and reporting quality issues. This is a standing item in contract monitoring meetings.

There are two areas identified in this report.
1. The Health Visiting service has capacity and investment issues that adversely affect their ability to offer the prescribed checks to all 0-4 year olds and have to prioritise their work.

2. In a framework arrangement for a low volume service it is difficult to monitor quality of multiple potential providers.

RECOMMENDATIONS

That the members of the Health and Wellbeing Board note the report.

REPORT DETAIL

Please see attached paper.

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

Clinical Governance of Public Health Commissioned Services

Health and Wellbeing Board, July 2018

Andrew Rixom, Consultant in Public Health Medicine
Ben Campbell, Commissioning Programme Manager, Prevention & Personalisation

1 Contents

2 Summary

This report on the clinical governance of public health services covers the period since the last report was presented to the Health and Wellbeing Board in July 2016. Transparency is an essential element of good governance and the boards of other clinical commissioners, e.g. the CCG, will receive regular public updates of the quality of their commissioned clinical services.

Public Health Services and the Joint Commissioning Unit jointly procure and then monitor the services we commission. The clinical services have a range of best practice, guidelines, and national standards to support their procurement and operation. The providers of clinical services are also all subject to independent inspection by the Care Quality Commission (CQC). Many of these services also have some level of national monitoring of performance and very established governance structures to detect and respond to quality issues. The smaller non-clinical services also have standards available to reference.

Our standard public health services contract has several clauses relating to maintaining and improving quality as well as reporting quality issues in contract monitoring meetings. Monitoring is proportionate to the size of the contract and nature of the risk.

There are two areas identified in the report. The Health Visiting service indicates that it has capacity issues that adversely affect their ability to offer the prescribed checks to all 0-4 year olds and have to

prioritise their work. This may become a greater issue in the future as, unlike London and England, the population of 0-4 year olds is projected to increase in Havering. This will be addressed in the forthcoming re-procurement.

The other area identified was that in a framework arrangement for a low volume service it is difficult to monitor quality of multiple potential providers. The CQC reports of our framework providers of residential drugs and alcohol services were not subject to review. Responsibility and the budget for placements has now been handed to the provider who recommends them, and this should address this issue.

Overall, there are robust governance arrangements in place across the services to identify and respond to quality issues.

3 Introduction

Public Health commissions a range of services for the residents of LB Havering. These services need to meet acceptable quality standards and have mechanisms in place to identify and respond to situations where this might not be achieved. The services are provided through four commissioning arrangements with slightly different approaches to ensuring appropriate clinical governance in each. These are commissioned:

- Direct from provider organisations
    - Health Visiting
    - School Nursing
    - Integrated Sexual Health Service
    - HIV Prevention
    - Stop smoking services for pregnant women
    - Drugs and Alcohol services for adults
    - Young people's substance misuse service
    - Health champions
- Direct from GP practices
    - Primary Care Sexual Health Service
    - Health Checks
- Via London or national lead commissioners who monitor the contracts
    - HIV prevention
    - HIV testing
    - Stop Smoking Support
- Using a framework arrangement
    - Residential detoxification and rehabilitation

The largest services are procured against national standards with some performance measures reported nationally. Our standard public health contract provides a range of processes to support and improve quality. These cover service specification; staff qualification, registration and training; quality monitoring; quality improvement; and governance arrangements.

Providers of clinical services are subject to independent assessment of their quality by the Care Quality Commission (CQC) by regular inspection. Public sector providers receive a CQC rating and all independent sector providers will in future inspections.

4 Commissioned from provider organisations

These services have been procured through an established provider organisation. There are regular contract monitoring meetings hosted by the Joint Commissioning Unit (JCU) with clinical governance as a standing agenda item. The NHS organisations (NELFT and BHRUT) have robust governance arrangements and have been long subject to a national inspection regime, most recently by the CQC. They report serious incidents via NHS channels and these are monitored nationally. In the contract we specify we should be copied in to the notification. It is an NHS responsibility to monitor quality and address serious incidents in these organisations. This includes the qualifications, registration, and training of staff.

Non-NHS organisations tend to have a more recent history of formal clinical governance arrangements. The level and depth of reporting is not as comprehensive as NHS organisations, though their size means that it would be inappropriate to match the arrangements in very large NHS organisations.

The CQC started its inspections regime with NHS organisations. It is now in the process of extending this to all providers who deliver clinical services. This applies to all the services in this group apart from Health Champions and HIV prevention. NELFT is rated as good overall as an organisation, while BHRUT is rated as requiring improvement.

The Health Visiting, the national child measurement programme delivered by School Nursing, and drug services for adults and children are actively benchmarked nationally for performance at both service and system level in formal reports.

4.1 Health Visiting (NELFT) and School Nursing (NELFT)

Service Summary

- £2.595m spend

- A Health Visiting service carrying out antenatal and post-birth visits to mothers
- Developmental assessments and health and wellbeing checks for 0-4 year olds.
- Review 0-5 year old looked after children.

- A School Nursing service for young people aged 5 – 19;
- Health and wellbeing training sessions for pupils, staff and parents
- Health and wellbeing drop in sessions for pupils.
- Deliver the National Child Measurement Programme (NCMP)
- Universal health assessments, including vision and hearing screenings.

Clinical governance

Performing above most KPIs some of which are monitored nationally.

The Health Visiting provider (NELFT) regularly indicate that there are capacity issues that impact achieving mandatory developmental checks for the Health Visiting services. This service historically has received amongst the lowest levels of funding nationally and on transfer to the Local Authority has continued to receive the same level of funding as previously provided by the NHS.

Twenty-four Incidents were reported to commissioners. Nine of these relate to deaths of children that were unexpected at the time. The cause of these is accidental or previously unknown medical conditions. They are treated as incidents because the service checks health and wellbeing and gives

advice on bringing up babies, including avoiding accidents. None of these deaths were in any way the responsibility of NELFT, but all are examined to see if any lessons can be learned.

Three were babies and children brought to health visitor clinics ill or distressed. Three involved minor accidents to children in clinics and two for staff. Four concerned the environment or equipment used and the remainder were safeguarding issues. In all action was taken, or there was a decision that no action was required.

Risks identified were insufficient capacity to meet demand and the necessity to prioritise both clinical and non-clinical work with some additional staff funded temporarily. Additionally, for a brief period there were some issues with health visitors being notified of A&E attendances. There was also concern about the capacity of specialised children's services to receive and act on referrals made by Health Visitors.

Annual safeguarding reports were completed detailing the cases identified and referred, as well as multi-disciplinary team meetings to address safeguarding issues in children.

There were three formal complaints, two about the Health Visiting and one about the School Nursing service. There were the same number of compliments received. Two people informally raised concerns about cancelled clinics they had not received notification of and one felt that staff were not adequately trained about diabetes. NELFT regularly undertakes structured 5x5 surveys and these have been universally positive about both services. There have been no service evaluations or audits undertaken at the request of CQC, for NICE compliance or as part of peer reviews. Staff turnover in both services is low.

The CQC inspected NELFT in November 2017 and rate the organisation overall as "Good". Health Visiting and School Nursing Services were covered by the inspections and all comments about these services were descriptive with none being critical

The school nursing contract is performing well enough for a two-year extension to be recommended. to be recommended and extended to cover mental health. The issues about specialist services are being raised with CCG commissioners.

4.2 Integrated sexual health services (BHRUT)

Service Summary

- £1.233m spend
- Open access sexual health services, including prevention, detection, treatment, and contraception.

Clinical governance

Performing above KPIs with some national monitoring.

The service had no serious incidents in their single clinic setting which allows a comprehensive recording and assessment of all incidents. 158 other incidents were notified in a large number of categories with the main ones (60% of the total) being record keeping, handling of tests and results, IT infrastructure and communication. One of these caused some harm in the short term only, and 10 were near misses. Two-thirds caused no harm and the balance, 33 caused some minimal harm.

The service did not identify any systematic risks. There were no safeguarding issues identified. The integrated sexual health service has undertaken a wide range of clinical training and participated in

local and national audits. They have had no formal or informal complaints and received no compliments.

The CQC have inspected BHRUT in January 2018 and rated the organisation overall as needing improvement. The sexual health services were noted to have been of high quality with some outstanding elements, but the service as a whole was not properly integrated with the rest of the trust, particularly in terms of leadership. This will limit but not detract from the performance of the service.

The contract is performing appropriately and the provider of this service has been inspected several times by CQC. No concerns about this service have been identified.

4.3 Specialist Drugs and Alcohol Service (WDP)

Service Summary

- £1.376m spend
- For adults aged 18+
- Prescribed and non-prescribed drug addiction and alcohol problems
- Information, advice, support, assessment and drop-in
- Harm reductions; needle exchange and substitute prescribing
- Treatment; community services and access to residential placements
- Education, training and employment support

Clinical Governance

Performing above the overarching KPIs, with some improvement sought in specific areas. There is comprehensive national monitoring and benchmarking.

No serious or other incidents have been reported by JCU. The CQC inspected the service in 2016 (they did not rate independent providers of our services) and identified some areas of outstanding practice and also areas where improvement was necessary. These have been addressed by WDP and independent providers of drugs and alcohol services will be rated in inspections from April 2018.

The service is performing well enough for the contract to be extended for two years. Contract monitoring is on a monthly cycle but that will be reduced to two monthly with an aim to move to quarterly.

4.4 HIV Prevention (Positive East)

Service Summary

- £26k spend
- Targets groups locally that are not the focus of the national campaign
- To improve the health, wellbeing of individuals and communities affected by HIV in Havering.
- To reduce late and very late diagnosis of HIV.

Clinical Governance

The local HIV prevention service is performing above KPIs and the contract will be extended

4.5 Children and Young People drugs and alcohol service (WizeUp)

Service summary

- £119k spend
- For young people aged 10-17
- Specialist YP service providing individual support for harm reduction and abstinence
- Support to YP affected by parental substance misuse

Clinical governance

This service reported that they had no serious incidents, other incidents or near misses. They identified that there were no risks to staff or clients. There were two safeguarding issues that they raised, and as a result they promoted their service to other agencies, informing them of how they could support action on safeguarding.

The service has seen a reduction in referrals, particularly from Academies. The service have put in place workshops to promote their services. Staff have completed all mandatory training and some workers additional training related to gangs.

There have been no formal or informal complaints, and the service has received no compliments.

Commissioners feel that the performance of the service is satisfactory.

4.6 Stop smoking service for pregnant women (CGL)

Service Summary

- £19K spend
- A specialist smoking cessation service for pregnant women, and those living in the same household as a pregnant woman.

Clinical Governance

The service is delivered by CGL who provide the specialist drugs and alcohol service in neighbouring Barking and Dagenham. This organisation did provide, and after a recent procurement process, continues to provide drugs and alcohol services for that borough.

The service is to be enhanced by the maternity service addition of a dedicated midwife who will provide a specialist intervention to women who present for a final scan and are continuing to smoke. There are no performance issues with the contract. No significant incidents have been notified in contract monitoring meetings.

4.7 Health Champions (Tapestry)

Service description

- £60K spend
- The service recruits volunteers and workplace health champions, providing accredited training
- Supports health improvement initiatives to improve healthy lifestyles and cancer awareness

Health Champions are health advocates in the community and the work place. Their training increases their own and the community's resilience. They are also a channel to enhance local and national public health campaigns and augment our communications strategy.

Clinical governance

Health champions receive training to the standards of the Royal Society of Public Health. The service has provided nil returns for serious and other incidents, near misses, and complaints. They have had 16 compliments.

The service meets its targets and KPIs have been met and subsequently enhanced. No significant incidents have been notified in contract monitoring meetings.

5 Commissioned from GP practices

Two approaches are undertaken to commission from GP practices. For primary care sexual health services, the contract is for named clinicians to undertake the work. For Health Checks the contract is to achieve national standards as the practice decides. These are small contracts and there is a light touch contract monitoring process.

The public health team works closely with practices and specific GPs to ensure that they are suitably trained and deliver the service according to national standards. Public Health monitors the training and throughput to maintain competencies for sexual health services. Health Checks are assured by public health facilitation of training and audit.

GP practices are subject to CQC inspection. Our sexual health service contracts are all with practices that are rated as "good". The Health Checks Programme is a universal offering, delivered locally by GP practices. Some GP practices that we are contracted with for the service are not rated as "good".

The standard contract includes a requirement to notify public health of any relevant serious incidents. The contract is signed each year and we have introduced a process by which those re-signing the contract acknowledge that they have informed us of all such incidents in the previous year. No incidents have been reported. As an additional check, the CCG has agreed to inform public health commissioners of any serious incidents relevant to the services we commission from GP practices that have been notified through the CCG, and none have been.

5.1 Primary care sexual health services

Service Summary

- £81k spend in total divided between a number of GP practices, a few pharmacies and A&E
- Long Acting Reversible Contraception (LARC: Coils and Implants)
- Emergency Hormonal Contraception (EHC) or morning after pill for 15-25 year olds
- C-Card Scheme (access to condoms)

Clinical governance

A small group of individual GP providers are recruited to deliver LARC and suitable training organised by public health staff. Workload is monitored to ensure there is sufficient activity to maintain skills. There are annual contracts and currently on renewal the provider confirms that there have been no relevant serious incidents. The providers' serious incidents are separately reported centrally under NHS governance.

All GP practices which have clinicians that provide this service have been rated by the CQC as "good". Public Health monitors the training and qualifications of those contracted and ensure that they meet minimum standards of activity to maintain skills. Commissions have no concerns about the performance against these contracts.

The pharmacies that offer EHC are also supported. The C-card scheme for condoms is available through Havering College, Young Offenders Service, children's centres and local pharmacies and assessment of governance is not appropriate for this type of service.

5.2 Health Checks

Service Summary

- £206k total spend for all GP practices.
- Provision by GP practices of Health Checks for those aged 45 to 70 to a national standard

- Identification of risk factors for disease
- Signposting to appropriate advice and or management

Clinical Governance

Individually these are small value contracts with GP practices for what is a universal offer. Some practices that deliver the service are not rated as “good” by the CQC. Public Health has re-introduced professional clinical support for practices to ensure that the checks are undertaken by suitably trained people to national standards. Overall numbers achieved are monitored nationally.

6 Commissioned through a lead commissioner

6.1 Stop smoking support service (pan London commissioned)

Service Summary

- £8kspend
- A telephone and web-based advice and counselling service to support harm smoking harm reduction and cessation for residents of 30 London Boroughs.

Clinical Governance

This is a London wide commissioned service with a lead commissioner who is responsible for monitoring clinical governance on behalf of all London boroughs (including, for example, appropriate training and clinical competence). Other borough commissioners are not directly involved in the monitoring, but are informed of any issues. None have been notified.

6.2 HIV Prevention & Testing Services (pan London commissioned)

Service summary

- £35k spend
- Assessment, counselling, advice and support for health, health needs, health care and other essential services, both to individuals and communities, around HIV
- Community Outreach Prevention services, including the promotion of local London wide national campaigns.
- Provide training to social, health care professionals and other partnering agencies to develop awareness of the differing needs of the communities affected by HIV, sexual health issues and health generally

Clinical Governance

The London HIV prevention arrangements are being extended for a further two years. Commissioners have not indicated that there have been any clinical governance issues with the services. The national HIV testing programme is performing well.

7 Commissioned via a framework arrangement

For a framework arrangement the borough specifies the terms and conditions that will apply if there is subsequently a contract with the organisations who register on the framework (after assessment of their suitability). There is no commitment as to cost or volume, and if the borough wishes to buy a service, the organisations who have registered choose whether they provide it or not. Organisations who have not registered are not considered.

For the residential detoxification and rehabilitation service there were more provider organisations registered than placements purchased, and an organisations may have only a single placment. There is no reason to monitor quality in the organisations on the framework who do not provide the service. Additionally, the service is for single placements of individual patients and without repeated placements it is difficult to monitor quality.

7.1 Residential detoxification and rehabilitation (via framework)

Service Summary

- £100k spend
- Residential services for complex cases of addiction
- Detoxification, generally 2-3 weeks at approximately £3k per client
- Rehabilitation, generally 3 months at approximately £10k per client
- Multiple providers with one chosen that will suit the client from a framework arrangement

The specialist drugs and alcohol service provider nominates individuals who they consider will benefit from residential intervention. Applications are assessed by a joint panel with the specialist provider and the borough decides which cases should have a call on the limited budget available. If the panel agrees that an individual should be referred to a residential intervention, this is provided by an independent sector provider registered on the Havering framework agreement.

We are required to provide residential (Tier 4) services. An audit suggests a low success rate in achieving abstinence or harm reduction following rehabilitation (similar to the national picture), and in future the service will focus on detoxification.

Commissioners were not informed of any serious incident related to the 18 clients placed since the last clinical governance report. For the period covered by the report there were the CQC inspected and reported on these providers but did not rate them. Areas of outstanding practice and areas where there were room for improvement were identified. While these reports were not systematically referenced by commissioners, the London PHE-led commissioners network alerts commissioners to concerns about individual providers.

With effect from May 2018, the specialist drug and alcohol provider will be managing the budget and processes for residential interventions. This will allow more integrated pathways to be developed. Currently clients are placed around the country and the new arrangements will improve transition in and out of residential services. Commissioners will ensure that WDP takes into account CQC reports when placing clients.

8 Conclusion

Overall, there are robust governance arrangements in place across the services to identify and respond to quality issues.

There are two areas identified in the report. The Health Visiting service indicates that it has capacity issues that adversely affect their ability to offer the prescribed checks to all 0-4 year olds and have to prioritise their work. This may become a greater issue in the future as, unlike London and England, the population of 0-4 year olds is projected to increase in Havering. This will be addressed in the forthcoming re-procurement.

The other area identified was that in a framework arrangement for a low volume service it is difficult to monitor quality of multiple potential providers. The CQC reports of our framework providers of residential drugs and alcohol services were not subject to review. Responsibility and the budget for placements has now been handed to the provider who recommends them, and this should address this issue.

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