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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD
AGENDA

1.00 pm	Wednesday, 16 January 2019	Committee Room 2, Town Hall

Members: 16, Quorum: 6

BOARD MEMBERS:

Elected Members:	Cllr Jason Frost (Chairman) Cllr Damian White Cllr Robert Benham Cllr Gillian Ford
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 Steve Rubery, BHR CCG
Other Organisations:	Anne-Marie Dean, Healthwatch Havering Jacqui Van Rossum, NELFT Christopher Bown, BHRUT Danny Batten, NHS England

For information about the meeting please contact:
Victoria Freeman 01708 433862
victoria.freeman@onesource.co.uk

What is the Health and Wellbeing Board?

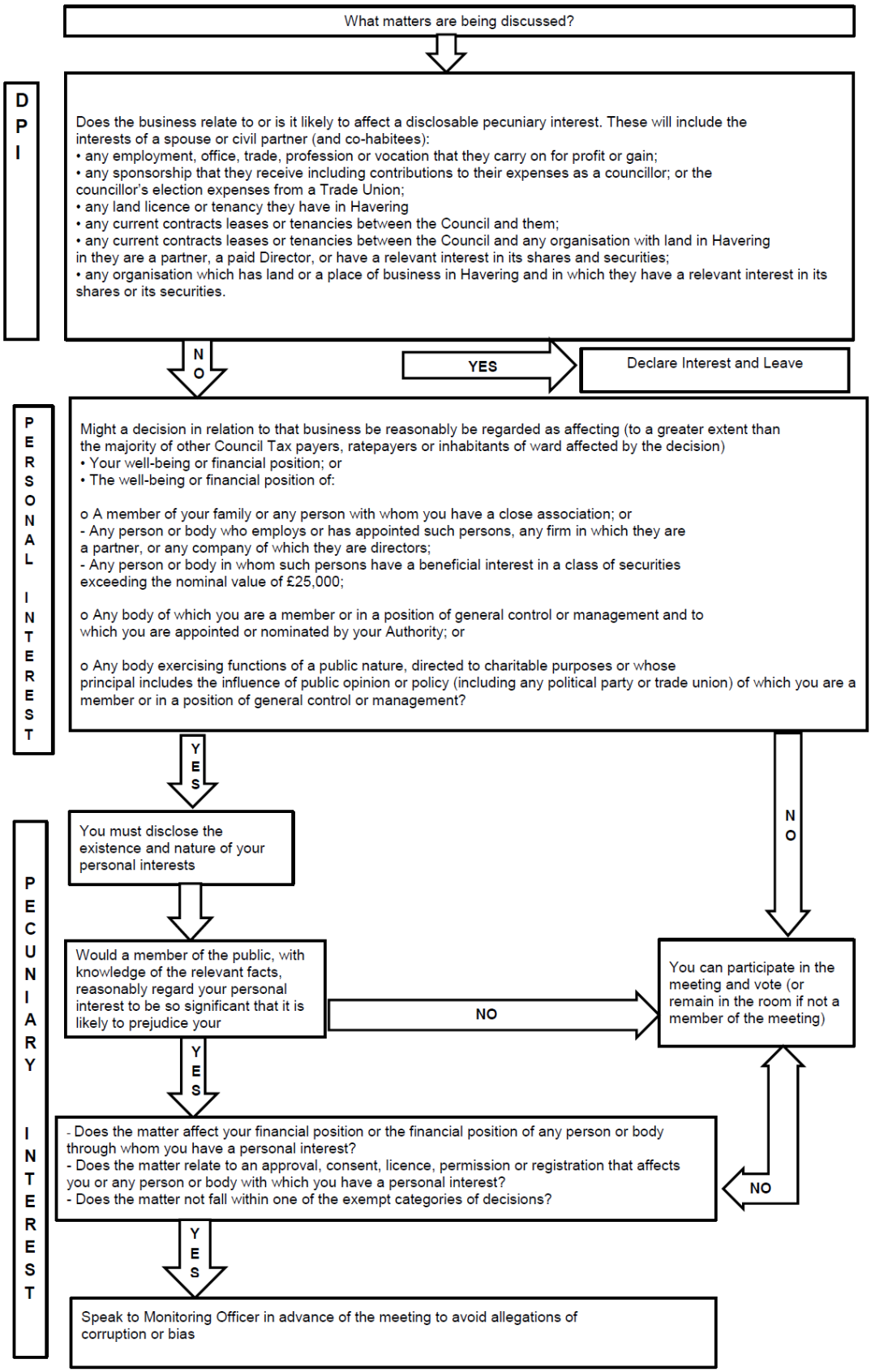
Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities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

What does the Health and Wellbeing Board do?

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

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

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

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 - 12)

   To approve as a correct record the minutes of the Committee held on 12 September 2018 and to authorise the Chairman to sign them, and to consider the Action Log and Indicator Set (attached).

5. POPULATION HEALTH (Pages 13 - 24)

   Report attached.

6. HEALTH IMPROVEMENT REPORT 2018 (Pages 25 - 54)

   Report attached.

7. LOCALITIES UPDATE (Pages 55 - 66)

   Report attached.

8. TRANSFORMATION OF SERVICES (Pages 67 – 78)

   Report attached.

9. WORK OF INTEGRATED CARE PARTNERSHIP (Pages 79 - 102)

Report attached.

10. BETTER CARE FUND 2017-19 (Pages 103 - 112)

Report attached.

11. FORWARD PLAN (Pages 113 - 116)

Plan attached.

12. FUTURE MEETING DATES

The next meeting is scheduled to be held on 13 March 2019, commencing at 1.00pm, at Havering Town Hall.

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MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 2 - Town Hall
12 September 2018 (1.00 - 3.10 pm)

Present:

Elected Members: Councillors Jason Frost (Chairman), Robert Benham and Gillian Ford.

Officers of the Council: Mark Ansell, Interim Director of Public Health; and Trevor Cook, Assistant Director for Education Services (substitute for Tim Aldridge, Director of Children's Services).

Havering Clinical Commission Group (CCG): Bunmi Olajide, Havering Clinical Commissioning Group (substitute for Dr Atul Aggarwal); Steve Rubery, Interim Director of Delivery and Performance, Barking, Havering and Redbridge Clinical Commissioning Group; Dr Gurdev Saini, Board Member, Havering Clinical Commissioning Group and Tracey Welsh, Redbridge Clinical Commissioning Group (substitute for Ceri Jacob).

Other Organisations: Christopher Brown, Barking, Havering and Redbridge University Hospitals' NHS Trust; Anne-Marie Dean, Executive Chairman, Healthwatch Havering; and Carole White, North East London NHS Foundation Trust (substitute for Jacqui Van Rossum).

Also Present: Sharon Adkins, My Health Matters; Kathryn Kavanagh, Cancer Commissioning Manager, Barking, Havering, Redbridge and West Essex; Vicki Bainsfair, YMCA; Girish Barber, Department for Work and Pensions; Joe Fielder, Chair of Barking, Havering & Redbridge University Hospitals NHS Trust; Duncan Jenner, Head of External Communications, Barking, Havering & Redbridge University Hospitals NHS Trust; Caroline Penfold, Head of Children and Adults Disabilities Service; and Lee Simpson, Department for Work and Pensions.

1 **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.

The Chairman advised that he had agreed to amend the order of the agenda, to take Item No. 8 before Item No. 4.

2 **APOLOGIES FOR ABSENCE**

Apologies were received from:

Andrew Blake Herbert, Chief Executive, London Borough of Havering
Jacqui Van Rossum, North East London Foundation Trust
Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group

Councillor Damian White, London Borough of Havering

3 DISCLOSURE OF INTERESTS

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

4 MINUTES, ACTION LOG AND INDICATOR SET

The minutes of the meeting held on the 11 July 2018 were agreed as a correct record and signed by the Chairman.

The following items were noted in respect of the action log:

17.27 – In terms of safeguarding, members had requested that the exempt document containing data on incidents on cases referred to courts be circulated to the Board. Clarification on the action was being sought.

18.1 – A report on Referral To Treatment performance would be provided on a regular basis.

18.2 - 16 of the 18 secondary schools in Havering operated a closed gate policy. Confirmation from the remaining two secondary schools was outstanding.

18.4 – A report identifying opportunities to prevent sight loss to complement the report by Healthwatch about quality of care post diagnosis had been added to the forward plan.

18.5 – NHS England had confirmed that they had a development plan for the shingles vaccination and details would be presented to the Health Protection Forum and subsequently to the Board.

18.6 (i) – Information detailing what was on offer for paediatrics across the borough had been circulated to members.

18.6 (ii) – The outcome of the community urgent care consultation – 'Right care, right place, first time', would be presented at a future meeting and had been added to the forward plan.

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.

5 HEALTHWATCH ANNUAL REPORT

The Board received The Healthwatch Havering Annual Report which provided a summary of the work of Healtwatch Havering over the last year. The Chairman of Healthwatch Havering explained that although they co-ordinated with neighbouring Healthwatch organisations, their priorities differed. The Chairman recognised the challenges faced by Barking,

Havering and Redbridge University NHS Trust and their cooperation to converse openly and share information with Healthwatch.

RESOLVED:

That the report, be noted.

6 HEALTH IMPROVEMENT REPORT

The Board received the draft Health Improvement Pan, which provided an illustration of health improvement activities undertaken by the Public Health Service in collaboration with other Council services and in partnership with a range of organisations.

The draft report was presented to the Board as it might assist in discussions regarding the approach/priorities for the new strategy.

The Board agreed that the item be carried forward to the next meeting and in the meantime, for any comments on the draft Health Improvement Plan to be fed back.

7 SEND STRATEGY

In July 2018, the Board received a report which highlighted the outcomes of the Local Area Inspection of support for children with Special Educational Needs and Disabilities (SEND) which took place between the 26 February and 2 March 2018. The Board received the local area's first comprehensive SEND strategy, which addressed the findings of the recent Ofsted / CQC inspection and stated the local authority's ambition to build local provision to meet growing SEND demand.

During discussion, the monitoring of excluded pupils with special educational needs nationally was raised. The number of excluded pupils with SEND in Havering was below the national average and was not an area of concern identified during the inspection. Members suggested that reference in the strategy be made to inclusion, the Fair Access Protocol and monitoring.

Funding was the overall driver for the high needs review, and despite receiving an additional £1m funding the previous year as a result of the newly introduced funding formula, the high needs block was already overspent.

There was a focus on support for 0-5 year olds, with the creation of the inclusion fund, to ensure further support was provided for children in early years, to enable them to be in the best position before entering primary school.

The need to support and train teachers was discussed, in particular the provision of teacher training programmes which covered all major disabilities, with particular emphasis on mental health and autism.

It was explained that the intensity of provision provided was dependent on the pressure of need in particular areas in the borough. However, it was reported that schools saw themselves in isolation and sought a fair distribution of Additional Resource Provisions (ARPs), which was reflected in the strategy's intention to increase the number of ARP's in the borough.

The importance of ensuring those schools under pressure have the resources they need was raised and Members suggested that the strategy be linked to the Learning Disability Improvement Standards for NHS Trusts.

Members requested that an update on the SEND action plan and the Therapy Review – Options Appraisal, showing a timescale to the end of October 2018, be provided at the next meeting

RESOLVED:

That the joint area SEND strategy, encompassing an action plan which addressed SEND improvements and key areas raised by Ofsted / CQC during inspection, be agreed.

8 **CANCER**

The Board received presentations on the topic of cancer, from the following:

- Overview - Mark Ansell, Director of Public Health
- Health Champion Programme - Sharon Adkins, My Health Matters
- Cancer Services - Kathryn Kavanagh, Cancer Commissioning
- Living with Cancer – Girish Barber and Lee Simpson, Department for Work and Pensions; and Vicki Bainsfair, YMCA.

My Health Matters welcomed the changes in testing for cancer, in particular bowel screening and the positive movements towards cancer diagnosis. However, believed that improvements could be made in the making of the initial contact. The linkage of cancer with education was raised and although the current focus was on faith groups and GP's, consideration would be given to providing a link with schools, possibly through the Healthy Schools Programme and enhancing discussions through the Personal, Social and Health Education curriculum. The Local Authority would give consideration to introducing Youth Health Champions in schools, however the decision would ultimately be determined by affordability.

The YMCA Cancer Referral Scheme operated a 12 week exercise programme which focused on Quality of Life, Active Daily Living, Physical Activity and exercise, and the YMCA worked closely with Health Champions, Macmillan, Cancer Nurse specialists and GP's. Members

discussed the capacity to provide general support to those living with cancer. Individuals who approached the YMCA were asked to complete a risk needs assessment and encouraged to exercise, as evidence had emerged that exercise decreased cancer reoccurrence and this was further being encouraged during Preventative Week.

The Department for Work and Pensions viewed cancer as a long term health condition. Members were provided information on additional funding available to businesses to assist those employees who had been diagnosed with cancer. Concern was raised that many small businesses would find it financially difficult to hold a position open, however it was a requirement for all businesses, irrespective of their size, to make reasonable adjustments for their employees, and funding was available, although underused.

The Disability Confident Scheme, designed to help businesses to recruit and retain disabled people and people with health conditions for their skills and talent, was being promoted.

During discussion, it was highlighted that the Barking, Havering, Redbridge University NHS Trust had achieved a 62 day cancer standard and outcomes were improving.

RESOLVED:

That the contents of the presentations, be noted.

9 **DATE OF NEXT MEETING**

Members requested that the next meeting of the Board be rescheduled.

Chairman

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

No.	Date Raised	Board Member Action Owner	Non-Board Member Action Owner	Action	Date for completion	RAG rating	Comments
17.27	14.03.18	Barbara Nicholls / Tim Aldridge	Brian Boxhall	In terms of safeguarding, members requested that the exempt document containing data on incidents on cases referred to courts be circulated to the Board.			16.01.19 – Completed.
18.2	11.07.18	Tim Aldridge / Mark Ansell	Claire Alp	A letter to be sent to the Chair of Governors of those schools that did not operate a closed gate policy, advising them of the advantages of such a policy. Update provided at the meeting September 2018 (Minute No. 4) - 16 of the 18 secondary schools in Havering operated a closed gate policy. Confirmation from the remaining two secondary schools was outstanding.	16 January 2019		Verbal update to be provided at the meeting on the 16 January 2019.
6	12.09.18	Mark Ansell	Elaine Greenway	The Health Improvement Report to be presented to the next meeting of the Board.	16 January 2019		Agenda Item 6 refers.
7	12.09.018	Tim Aldridge	Caroline Penfold	An update on the SEND Action Plan and the Therapy Review – Options Appraisal, showing a timescale to the end of October 2018, be presented to the next meeting of the Board.			Verbal update to be provided at the meeting with a report to be presented at a future meeting.

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Health and Wellbeing Board Indicator Set: 2018/19

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	Update commentary
				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	Unchanged	
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	↑	-	72	73		71		73		2016/17	Unchanged	
6	Good blood sugar control in people with diabetes	High	→	-	56	60		60		-		2017/18	**Updated**	Remains similar
7	A&E attendees discharged with no investigation and no significant treatment	Low	↓	12,367	-	-		-		-		2017/18	Unchanged	
8	NHS friends and family recommendation of NHS Havering GPs	High	-	251	89	88		90		-		Oct-18	**Updated**	Remains similar
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 (Calendar year)	Unchanged	
11	Prescribed Long acting reversible contraception (LARC) excluding injections	High	-	1,195	2.4	3.4		4.7		-		2017 (Calendar year)	**Updated**	Verbal update
12	Referral to treatment	High	↓	18,463	85%					92		Oct-18	**Updated**	Verbal update

Trend rating: ↕ Increasing / better; Decreasing / better; ↕ Increasing / worse; Decreasing / worse; → Steady/similar

RAG rating: Significantly better than comparator; Similar to comparator; Significantly worse than 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 <2.5µm)
11	Prescribed Long acting reversible contraception (LARC) excluding injections	Percentage of LARC excluding injections prescribed by GP and Sexual and Reproductive Health Services per 100 resident females aged 15-44 years; a high figure suggests that there is access to a choice of contraceptive methods
12	Referral to treatment	Percentage of Havering GP-registered patients referred to BHRUT, treated within the expected timescales

See **This is Havering** for further key geographic and socio-economic facts and figures https://www.haveringdata.net/joint-strategic-needs-assessment/

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Population Health
Board Leads:	Mark Ansell / Barbara Nicholls / Steve Rubery
Report Author and contact details:	Elaine Greenway, 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

The overarching theme of the Health and Wellbeing Board January 2019 meeting is prevention. It is hoped that the various items presented will aid discussions about the possible form and content of a new Health and Wellbeing Strategy.

The first paper, *A vision for population health, Towards a healthier future,* is a recent report by the King's Fund. It sets out the health and wellbeing challenge facing the country as whole and where efforts are best placed to achieve improvement. The key points made, which are equally applicable to Havering, are:

- Over the past 100 years England has seen great improvements in health. This has been due to improvements in sanitation, medicines and healthcare, underpinned by economic growth, improved living standards, and establishment of the welfare state.
- However, the rate of progress has stalled, and England now lags behind comparable nations.

- There has been a shift in the burden of disease; with people living for many years with chronic conditions, in pain and with mental ill health.
- There need to be a move away from a system that is focused on diagnosing and treating illness towards one that is based on promoting wellbeing and preventing ill health
- Health is shaped by a range of factors (see figure 1 below): those in the outer ring have the most impact, followed by lifestyles and health behaviours and the health and care system. Communities (where we live and work) and social networks are also important.

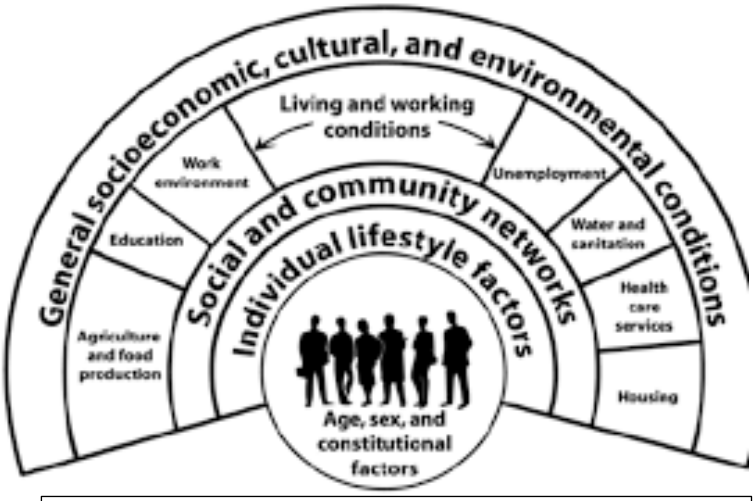

Figure 1: Dahlgren and Whitehead 1991 model of the rainbow of social determinants:

The Kings Fund report suggests that attention should switch from a narrow focus on treatment and care services to the improvement of population health. It suggests that this will require a more balanced approach to four underpinning "pillars". The items presented to the Health and Wellbeing Board address each of the four pillars in turn, as follows:

Pillar 1: Wider determinants of health

Income and wealth, education, housing, transport and leisure are the most important drivers of health and wellbeing. Local authorities have a major influence on these wider determinants and Havering Council has a history of providing conditions that foster wellbeing. The adoption of a "Health in all Policies" approach, including the routine incorporation of health impact assessment into business processes will ensure that the Council extracts as much benefit as possible from decisions, policies and strategies that impact on the wider determinants of health. See paper *Health Improvement Report (2018).*

Pillar 2: Health behaviours and lifestyles

Individual behaviours and lifestyle choices regarding smoking, alcohol consumption, diet and exercise etc. are the second most important driver of health. Indeed some of the effects of the wider determinants of health are mediated by systematic variations in lifestyle and behaviour. A flavour of relevant activity in 17/18 is also summarised in the paper *Health Improvement Report (2018).*

Pillar 3: The places and communities we live in
There is increasing recognition of the key role that places and communities play in health (including mental health), including the impact of social relationships and community. See paper *Localities Update*.

Pillar 4: An integrated health and care system
There are growing numbers of people with multiple long term conditions. The need to integrate health and care services to provide effective care continues to be a priority locally. See papers *Transformation of Services* and *Work of the Integrated Care Partnerships.*

Attached is the 8 page executive summary, the full report is available here:
https://www.kingsfund.org.uk/publications/vision-population-health

RECOMMENDATIONS

The Board is asked to note the Kings Fund report.

REPORT DETAIL

No further detail

IMPLICATIONS AND RISKS

None

BACKGROUND PAPERS

None

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The King's Fund Ideas that change health care

A vision for population health

Towards a healthier future

Overview

- Substantial improvements in life expectancy over the past 100 years mean that people are living longer, healthier lives than ever before.
- However, England lags behind other countries on many key health outcomes, improvements in life expectancy have stalled and health inequalities are widening. To address this, we need to move away from a system just focused on diagnosing and treating illness towards one that is based on promoting wellbeing and preventing ill health.
- Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. This report outlines The King's Fund's vision for population health, our reasoning for why such a vision is needed and the steps required to achieve it.
- Our vision is to reduce inequalities and achieve health outcomes on a par with the best in the world by focusing on population health locally, regionally and nationally. The report outlines a framework for population health centred on four pillars: the wider determinants of health; our health behaviours and lifestyles; the places and communities we live in; an integrated health and care system.
- We call for action at national, regional and local levels. This should include: ambitious and binding national goals to drive progress; a cross-government strategy for reducing health inequalities; stronger political and system leadership; greater clarity on the roles and accountability of national bodies and local organisations; and increased investment in prevention, public health and spending that supports population health.
- In recent years, The King's Fund has played a key role in promoting integrated care and supporting place-based systems of care. This report marks the next stage in our journey and signals that population health will be a key focus of our work in future.

David Buck, Alex Baylis, Durka Dougall, Ruth Robertson

Summary November 2018

The case for change

Over the past 100 years, in common with other developed countries, England has made a great escape from poor health and short life expectancy. This has been due to improvements in sanitation, medicines and health care, underpinned by economic growth, improved living standards and the establishment of the welfare state. Life expectancy has improved and, although inequalities in health have been ever-present, as a population we are healthier than ever before.

However, progress against many key measures has stalled and risks going into reverse. Data shows that there has been little or no improvement since 1990 in how long people live with illness and disease. England lags behind comparable nations on many key measures of health outcomes, and our obesity rates are among the worst in western Europe. Improvements in life expectancy have ground to a halt. Inequalities in health are widening, condemning some people to live much shorter lives, in poorer health.

An important shift is taking place in the burden of disease, from mortality to morbidity, with people living for many years with chronic conditions, in pain and with mental ill health. Much of this is preventable, yet the NHS remains, at heart, a treatment service for people when they become ill, and we lack a comprehensive approach to keeping us well.

NHS organisations have a critical role, not just as providers of health services but as employers, key players in their local economies and anchor institutions in their communities. However, these challenges cannot be addressed by the health and care system alone; a much broader approach is required that pays more attention to the wider determinants of health and the role of people and communities.

The Secretary of State for Health and Social Care has published a vision for prevention, identifying this as a key priority and signalling that a Green Paper will be published in 2019. This is encouraging, but previous ministers have arrived in office with good intentions and talked up the importance of prevention and public health only to end up not delivering as other challenges consume their time and political capital. It must be different this time.

What affects our health?

Our health is shaped by a range of factors, as set out in Figure 1. It is hard to be precise about how much each of these factors contributes to our health, but the evidence is convincing that the wider determinants of health in the outer ring have the most impact, followed by our lifestyles and health behaviours, and the health and care system. There is also now greater recognition of the importance of the communities we live and work in, and the social networks we belong to.

Figure 1 What affects our health?

Source: Dahlgren and Whitehead (1993), cited in The King's Fund (2013)

What is population health?

Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. There is no single accepted definition of population health. We see it as a broad overarching concept, encompassing but going beyond the NHS, public health and population health management.[1] Crucially, it focuses on the wider determinants of health and the role of people and communities.

[1] Population health management uses data to plan and deliver care to achieve maximum impact on the health of a population.

Our vision for population health

Our vision for population health is that:

> *Health outcomes and inequalities in health in England will be on a par with the best in the world. This will be achieved by a consistent and coherent focus on population health locally, regionally and nationally.*

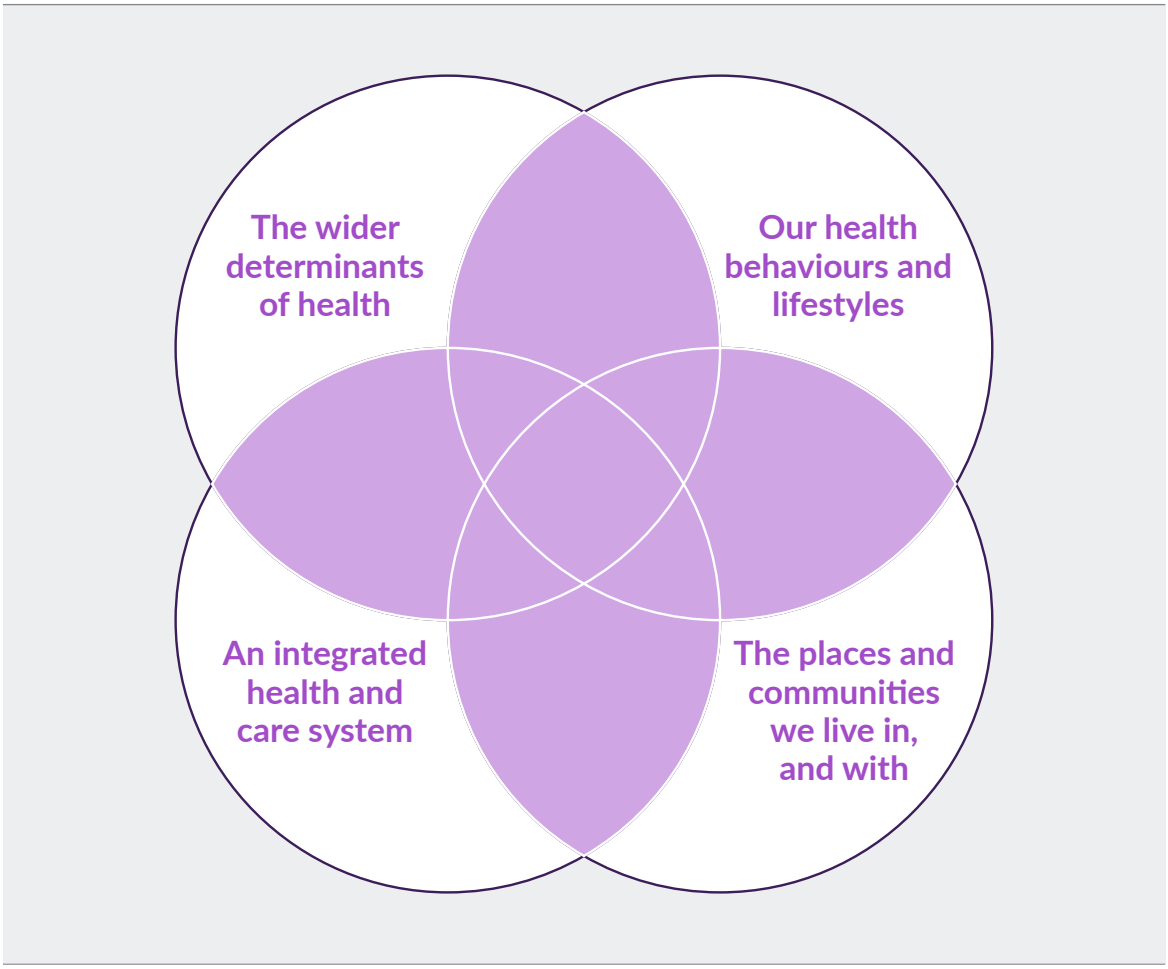
In recent years, health policy has focused on the funding, organisation and delivery of services, with insufficient attention paid to population health outcomes and the factors shaping them. Progress has been measured by how the system is performing rather than by the health of the whole population. The first step to achieving our vision therefore is to set a small number of ambitious and binding national goals to drive improvements in population health, including reductions in health inequalities.

A framework for action: the four pillars of population health

Our vision for population health is based on the four interconnecting pillars in Figure 2.

- There is now a wealth of evidence that the **wider determinants of health** are the most important driver of health. In addition to income and wealth, these determinants include education, housing, transport and leisure.
- **Our health behaviours and lifestyles** are the second most important driver of health. They include smoking, alcohol consumption, diet and exercise. For example, while reductions in smoking have been a key factor in rising life expectancy since the 1950s, obesity rates have increased and now pose a significant threat to health outcomes.
- There is now increasing recognition of the key role that **places and communities** play in our health. For example, our local environment is an important influence on our health behaviours, while there is strong evidence of the impact of social relationships and community networks, including on mental health.
- Recent years have seen a strong focus on developing an **integrated health and care system**. This reflects the growing number of patients with multiple long-term conditions and the need to integrate health and care services around their needs rather than within organisational silos.

Figure 2 A population health system



Together, the four pillars form the basis for a **population health system**. As a concept, this is not new. However, current efforts in relation to the pillars are not in balance and there is not enough focus on the pillars as interconnecting parts of the same system. A more balanced approach is required that distributes effort across all four pillars and, crucially, makes the connections between them.

What needs to change?

Achieving our vision and delivering improvements in population health will require concerted action at national, regional and local levels, drawing on the assets of people and communities. Improving population health is a shared responsibility and progress also depends on supporting people to live healthier lives. We recommend change in three main areas.

Leadership

Strong political leadership is essential to ensure that improving population health is a key priority for the health and care system and across government. In reducing health inequalities, lessons can be learnt from the progress made under the last Labour government. England can also learn from other countries, including Scotland and Wales, which have taken a bolder approach to improving population health. Effective local system leadership is also vital. The complexity of local structures means that approaches will vary from place to place with health and wellbeing boards, integrated care systems (ICSs), sustainability and transformation partnerships (STPs) and political leaders such as elected mayors all having key roles to play.

Our recommendations to strengthen leadership for population health include the following.

- Population health and health inequalities must be at the heart of the role of the Secretary of State for Health and Social Care.
- The government should announce a new cross-government strategy to reduce health inequalities.
- The government should ensure that arrangements are in place to co-ordinate action on population health across Whitehall departments and that all relevant government policies are subject to a health impact assessment.
- Lessons should be learnt from previous successes in tackling health inequalities and from the experience of other countries, including Scotland and Wales.
- Local system leaders and politicians should champion population health. Local authorities have a key role to play working with the NHS and other partners including through health and wellbeing boards, STPs and ICSs.

Roles and accountability

At national level, greater clarity is needed about the roles and responsibilities of NHS England and Public Health England in particular. Accountability for improving population health at local and regional levels is currently weak and confusing. Strategic bodies, such as HWBs, STPs, ICSs and political leaders such as elected mayors have important roles to play in ensuring that local actions are aligned with national goals. The NHS long-term plan, new five-year STPs to be developed in 2019 and the forthcoming Green Paper on prevention provide opportunities to clarify this.

Our recommendations to clarify roles and strengthen accountability include the following.

- The government should set ambitious and binding national goals for population health and health inequalities.
- The government should provide greater clarity about the roles of NHS England and Public Health England in achieving these goals. As part of this, the role of Public Health England should be reviewed to ensure it has the authority to provide effective leadership and challenge to government.
- Strategic bodies, such as HWBs, ICSs, STPs and local political leaders such as elected mayors should ensure clarity about roles and accountability for population health and alignment of local actions with national goals.

Funding and funding mechanisms

Political attention tends to focus on the NHS, with funding following accordingly. In contrast, short-sighted cuts to the public health grant mean that local authority spending per head on key prevention services is on track to fall by almost a quarter in real terms between 2014/15 and 2019/20. We need to rebalance resources between the four pillars in our framework, starting with the restoration and protection of public health funding. The government can also play a strong role in supporting people to live healthier lives through tax and regulation, as shown by the impact of the Soft Drinks Industry Levy.

Our recommendations to rebalance spending to support population health include the following.

- The forthcoming Spending Review should restore public health grants to local authorities to at least 2015/16 levels (an increase of at least £690 million) and move to multi-year funding settlements.

- The Spending Review should announce moves to trial new funding mechanisms for prevention, such as a prevention transformation fund.
- Building on the lessons from the Soft Drinks Industry Levy, the government should be bold in using taxation and regulation to support health improvement.

Where next?

Making our vision for population health a reality will require concerted, systematic and coherent efforts over many years. We hope that the framework we have set out will provide a starting point for this and a useful tool for developing population health systems at national, regional and local levels.

This also signals a new phase of work for The King's Fund. Building on our work to promote integrated care and support place-based systems of care, population health will be a key focus for us in future. We hope that you will join us as we embark on the next stage in our journey.

To read the full report, *A vision for population health: towards a healthier future*, please visit **www.kingsfund.org.uk/publications/vision-population-health**

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Health Improvement Report (2018)
Board Lead:	Mark Ansell, Acting Director of Public Health
Report Author and contact details:	Elaine Greenway, 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

The attached report (in draft) was previously provided to the Health and Wellbeing Board in readiness for the September 2018 meeting, but was deferred to January 2019.

The Health Improvement Report (now presented as a final version) is particularly useful for this meeting of the Board as it illustrates how the Council has broadened its preventative approach to tackle the wider determinants of health, and health behaviours and lifestyles; both summarised in the Kings Fund Report framework for population health pillars 1 and 2 - the paper that preceded this agenda item.

Havering
LONDON BOROUGH

RECOMMENDATIONS

The Board is asked to consider and comment on the report in the context of the Kings Fund Report that preceded this agenda item.

REPORT DETAIL

The Health Improvement Report summarises the activities that have been undertaken by the Public Health Service in collaboration with other Council services, and in partnership with a range of organisations; primarily focusing on the eighteen month period to August 2018. The report illustrates where the Council has used its public health grant and resources[1]. to broaden the approach to prevention of poor health.

The report sets out the health improvement activity under three headings which directly relate to the first two pillars described in the Kings Fund paper *A vision for population health, Towards a healthier future:*

Health Improvement Report	Kings Fund paper
Section 1: Putting health and wellbeing into all policy, systems and partnerships	Pillar 1
Section 2: Commissioning health improvement services	Pillar 2
Section 3: Social marketing for behaviour change	Pillar 2

Eighteen separate programmes of work are summarised with an illustration regarding where the different programmes are interlinked with each other, with other services, and with Council public health priorities. Following are examples of some of the achievements from the past eighteen months which are explained further in the report:

- Public Health and Planning worked together on health impact assessment of the Local Plan. This showed that it is possible to take a very practical approach to health in all policies, and this led to further interest in assessing other strategies and policies for their impact on health (Pillar 1)

[1] Approximately 9fte officer time is directed on health improvement activity, and the remaining 8fte split between health protection and service improvement.

- Health champions delivered a range of health improvement activities and attended over 100 events, raising awareness about priority health issues, including mental health, cancer, physical activity, smoking, alcohol and healthy eating – trainee GPs worked with health champions on an outreach project in Romford town centre (Pillar 2)
- A suicide prevention approach across BHR commenced, led by LBH public health (Pillars 1 and 2)
- The health and wellbeing in schools service has supported schools to achieve Healthy Schools London awards, and has delivered training to school staff on a range of health and wellbeing topics. The service is supporting schools to prepare for new curriculum content on Sex and Relationship education. (Pillars 1 and 2)
- Havering was one of just six London boroughs to participate in Healthy Early Years London pilot, with eight awards achieved during the pilot phase (Pillars 1 and 2)
- In partnership with Early Help and NELFT, *starting solid foods* workshops designed to help parents to confidently wean babies onto solid foods; sessions commenced in January (Pillar 2)

IMPLICATIONS AND RISKS

None

BACKGROUND PAPERS

None

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Public Health Service
Health Improvement
Report

September 2018

Contents

Introduction by the Director of Public Health

Local authorities have led action to improve health since the Victorian period when their predecessors worked to provide residents with clean water and sanitation. As shown in the figure below, our living and working conditions, whether it be access to good education and employment opportunities, decent housing, a high quality built and natural environment and a community with strong social capital continue to be the major determinants of our health and wellbeing.

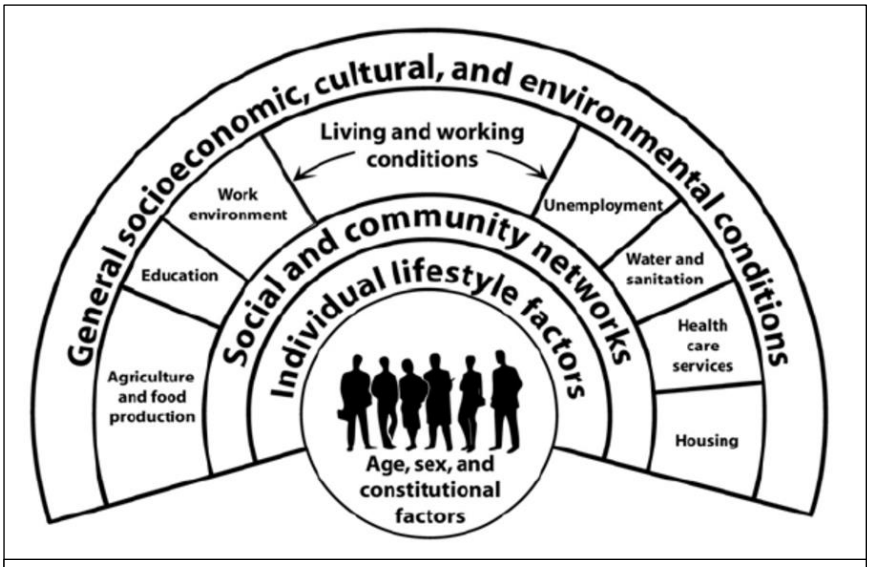


Figure 1: The Social Model of Health (Dahlgren & Whitehead, 1991)

One could argue then that the primary function of many Council services has long been to improve health. Nonetheless, in 2013, Council's took on additional responsibilities to improve health and tackle health inequalities and gained a specialist Public Health Service. This report focuses on what has been happening locally and the joint work between the Public Health Service, other Council services and other partners across the borough to improve health.[1]

It is well understood that many public health and wellbeing issues are hugely complex. There is rarely a single 'silver bullet' solution. More often, a concerted response is required on the part of many stakeholders for a prolonged period. For example, the Council's Obesity Prevention Strategy[2] sets out how the Council can contribute to national and international action to slow and eventually reverse the rise in childhood obesity.

For simplicity's sake, the particular contribution of the Council's Public Health Service and our partners to improve the health of local residents has been described in terms of three interlinked workstreams: -
Section 1: Putting health and wellbeing into all policy, systems and partnerships
Section 2: Commissioning health improvement services
Section 3: Social marketing for behaviour change, such as nudging residents towards healthier choices

Hopefully, it will provide the reader with an idea of our general approach to health improvement, an overview what has been achieved from January 2017 to September 2018 and our plans for the coming year.

Mark Ansell, Acting Director of Public Health

[1] Health improvement is one of the three core functions of public health - the others being health protection and healthcare public health. An annual health protection report summarises activity in this area.
[2] https://www.havering.gov.uk/download/downloads/id/957/preventing_of_obesity_strategy.pdf

Section 1: Health and wellbeing in policy, systems and partnerships

Embedding health and wellbeing into policy and systems is a collaborative response to the greatest health challenges of today; those of non-communicable diseases such as diabetes, health inequities and inequalities, and increasing health and social care costs. It means routinely considering the impact of decision-making on health and wellbeing and influencing the determinants of health.

Partnership working is key to maximising good health and addressing health inequalities. Local authorities are experienced in partnership working, which has meant that the Havering Public Health Service benefited both from established relationships, and easily established partnerships with other services and external partners.

1. Health impact assessment of the Local Plan

Background

Natural and built environments play a major role in health and wellbeing. The environment can have positive effects on both established and incoming communities which can last for generations. Good planning can result in health benefits arising from, for example, less opportunity for criminal behaviour, stronger community cohesion, or more physical activity.

Key facts

- The Local Plan for Havering guides future growth and development in the borough.
- A health impact assessment was undertaken during development of the draft Local Plan and again, when changes were made following consultation.

Recent actions

- Public Health and Planning worked together to conduct a prospective desktop health impact assessment of the Local Plan. This was an iterative process conducted alongside development of the draft Local Plan.
- A Health Impact Assessment Report was produced that explained the steps undertaken, and the contribution that the health impact assessment process had made.
- Following consultation feedback, the Local Plan was re-assessed to ensure the potential impacts of the changes proposed through the consultation exercise were taken into consideration for their positive or negative impacts and any mitigating factors.

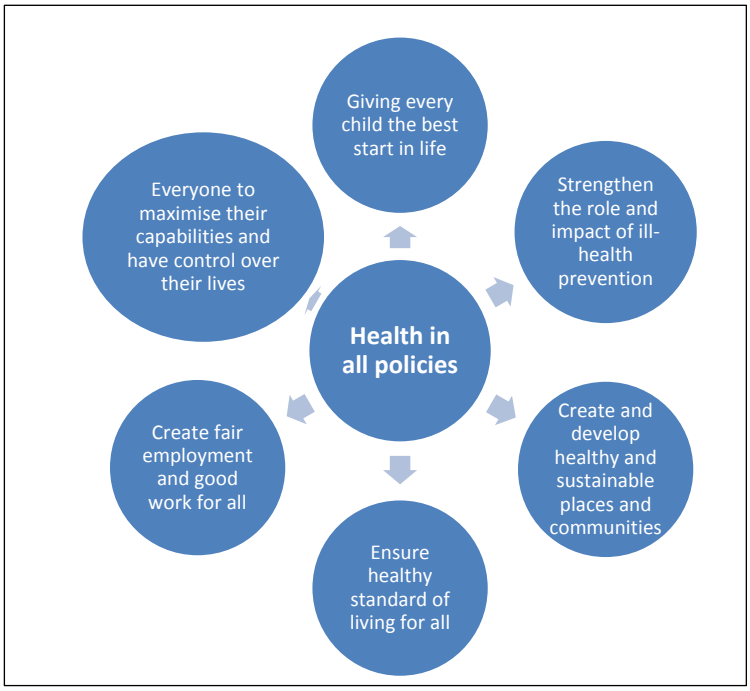
Main successes/outcomes

- Local Plan will require developers to undertake health impact assessments on all major developments.
- The process demonstrated a very practical approach to health in all policies, and led to further interest in assessing other strategies and policies for their impact on health. This subsequently led to a broader programme of work (see 2. - next page).

Plans for 18-19

- In preparation for implementation of the Local Plan, Public Health is working with planning colleagues to embed health impact processes into planning procedures.
- Public Health will support teams and services to undertake in-depth health impact assessments on large-scale major building developments.

2. Health in all Policies



Background

Health in All Policies means systematically considering the implications of decisions for likely impact on health and wellbeing. The approach attempts to maximise potential for improving health, minimise any negative impacts on health, and reduce health inequalities.[3]

Recent actions

- This phase of Health in All Policies was a progression from the health impact assessment of the Local Plan (see previous page). It was agreed to undertake a pilot approach to jointly assess the impact on both equalities (protected characteristics) and health and wellbeing.
- The Council's respective leads for public health and equalities, with advice from the Legal Team, designed a combined equality and health impact assessment form. This is used as a first stage in the process; report authors re-evaluate their initiatives and consider where further health and wellbeing gains might be made. The form helps to identify any initiatives that have substantial impact, which will then become the subject of a full health impact assessment.
- At the same time as the combined equality and health impact assessment was developed, Public Health worked with the Council Development Team to health impact assess the economic strategy.

Health behaviours 30%	Socio-economic factors 40%	Clinical care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to care 10%	Environmental quality 5%
Diet/exercise 10%	Employment 10%	Quality of care 10%	Built environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/social support 5%		
	Community Safety 5%		

Figure 2: Relative contribution of the determinants of health
https://www.local.gov.uk/sites/default/files/documents/health-all-policies-manua-ff0.pdf

Main successes/outcomes

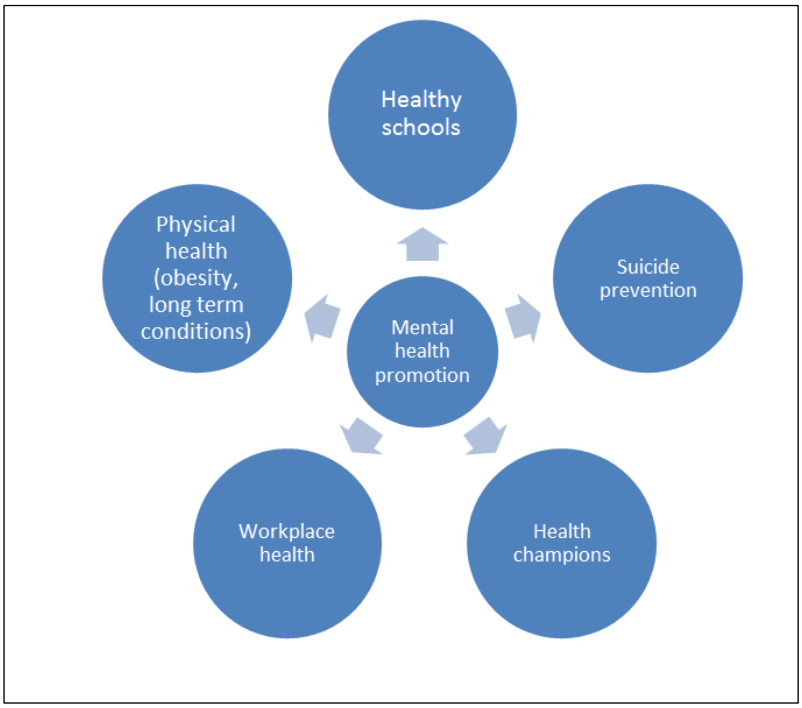
- Equalities and health impact assessment form developed.
- Health impact assessment of the economic strategy undertaken.

Plans for 18-19

- Evaluate the extent to which the equalities and health impact assessment form is facilitating the health in all policies approach.
- Public health to deliver information and training sessions about health in all policies to Council services, and support teams to undertake full health impact assessments of other major areas of work identified.

[3] LGA *Health in all policies: a manual for local government*

3. Mental health and wellbeing



Background

Taking care of mental health is just as important as looking after physical health.

The Havering multi-disciplinary Mental Health Partnership Board, chaired by Adult Social Care, oversaw the approach to mental health provision and promotion in Havering, and reports to the Health and Wellbeing Board. Children's mental health is also a local priority (see later pages).

Key facts

• One in four adults will be affected by a mental health problem in their lifetime.
• There has been an acceptance nationally that mental health needs to be given parity of esteem with physical health.

Recent actions

Public Health has both led and supported partnerships:

- Initially chairing the Mental Health Promotion Subgroup for the MH Partnership Board to promote good mental health, and subsequently handing over to the voluntary sector to chair. The Subgroup organises promotional events to coincide with Mental Health Awareness Week, which is supported by health champions.
- Chairing the multiagency Suicide Prevention Steering Group for Havering, Barking & Dagenham, and Redbridge.
- Chairing the Havering Children and Young People Mental Health Transformation Group which provides a forum for cross-sector and cross-agency working to promote good practice and communication across the system. It reports to the BHR CAMHS Transformation Strategic Partnership Group (see later pages)
- Contributed to relevant strategies, including the dementia strategy and the Adult Social Care-led autism strategy[4]- in respect of achieving improved health outcomes for people with autism, with a focus on accessibility to mainstream health and social care services strategy.

Main successes/outcomes

- Health promotion throughout the year, including article in Living (Feb 18), promoting good mental health and availability of Talking Therapies service.
- Health champions trained in mental health awareness.
- Mental health included in workplace health programme of work.
- Well attended mental health awareness week promotional events.

Plans for 18-19

- Priority focus on the issue of suicide prevention (see later page).
- Continue to support partners in promoting good mental health, including through continued recruitment and training of health champions and through workplace health programme (separate pages), and supporting priority workstreams such as those on autism and dementia.

[4] It is recognised that autism is not a mental health problem, although is associated with higher risk of mental ill-health

4. Mental Health Training and Support for Havering Schools

Background

Mental health training and support for schools is delivered by many different provider organisations, and funding of this comes from disparate sources and is available for varying periods. It is closely linked to the Health and Wellbeing in Schools Service (see later page).

The Havering Mental Health Transformation Implementation Group has members from across council, NHS and voluntary sector services. To ensure equitable awareness of, and access to, training and support opportunities, members identified a need to produce a resource for schools that presents this in a concise, coherent format. The resulting mental health training and support for Havering schools resource[5] was published on the Havering Family Services Hub Professionals Gateway in July 2018.

Recent actions

- A standardised template was developed by Public Health which mental health training and support providers completed.
- This was collated and approved by the group before being published online in a location accessible to all school staff. As a result of presentations by members of the group to each other, all members have a good understanding of their collective offer and are able to signpost to each other's training as appropriate.
- The resource will be updated on a termly basis going forward so that it remains up-to-date and relevant.
- The resource is promoted to schools via existing networks, meetings and training sessions.

Main successes/outcomes

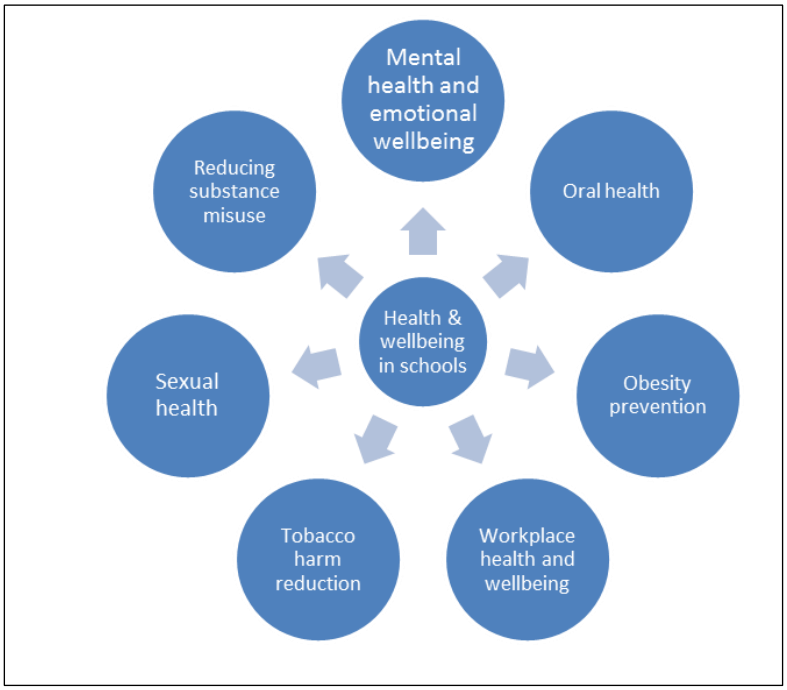
- A complex mix of training provision and funding has been simplified into a 'one-stop' overview.
- Providers contributing to the resource have been asked to provide a seminar at Havering's Safeguarding Week to help bring the resource to life.

Plans for 18-19

- Headteachers and other senior leaders are joining the Mental Health Transformation Implementation group from September 2018 which will enable greater input from schools to ensure that the mental health training and support for Havering schools resource is relevant and user-friendly.
- Schools' engagement with the training and support on offer is being tracked by the providers. This will enable targeted communication and promotion to those schools where take-up is low.

[5] https://familyserviceshub.havering.gov.uk/kb5/havering/directory/advice.page?id=IX0XXtDG3zU

5. Health and wellbeing in schools service



Background

School settings have a huge influence on a child's future health outcomes, and evidence is beginning to emerge linking health and wellbeing with educational attainment[6]. The Council has established relationships with schools in the borough, and Public Health works with colleagues and teams across the Council to help schools to create positive and healthy environments.

Key facts

Havering's Health and Wellbeing in Schools Service:

- is funded by Public Health, Havering Catering Services and Havering Sports Collective,
- is a traded service, which offers additional support to schools to achieve Healthy Schools London awards, and delivers training for school staff on a range of health and wellbeing topics,
- promotes a whole school approach to mental health and emotional wellbeing, healthy eating, physical activity and other PSHE topics.

Recent actions

- Ongoing training and support have been provided with additional courses introduced following work with stakeholders and school staff to identify further needs.
- Termly network meetings have been established, enabling sharing of best practice and promoting support and services for all schools in Havering.

Main successes/outcomes

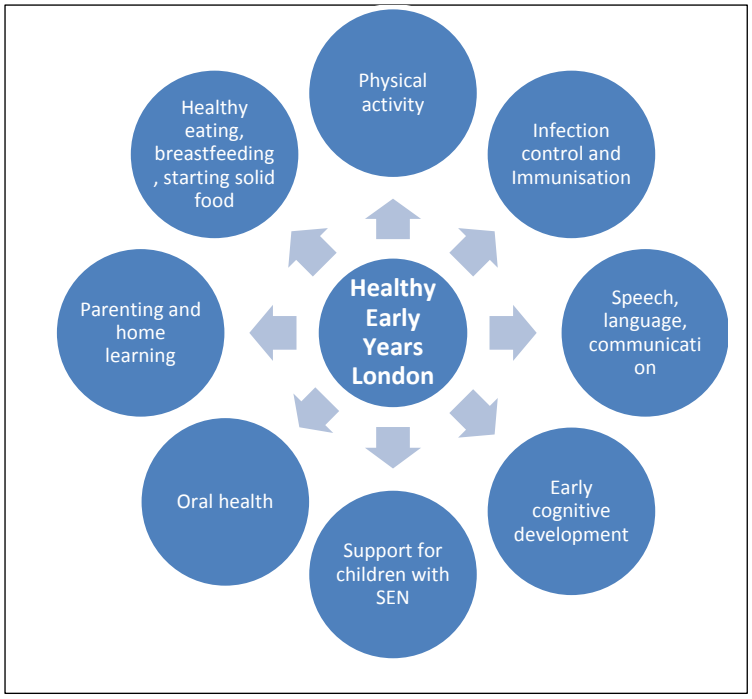
- Healthy Schools London awards at the end of the 2017/18 school year: 34 bronze, 17 silver, 8 gold.
- 22 schools bought into the service during 2017/18.
- Training courses developed and delivered: Promoting Positive Mental Health in the Classroom (Nov 17 and Mar 18)[7].
- Support to schools to prepare for new curriculum content on Sex and Relationships Education, with training on Policy into Practice delivered Feb 18.

Plans for 18-19

- Continue to provide an offer to schools that supports wider action on reducing obesity and improving sexual health.
- Continuing to encourage schools to buy into the service and work towards Healthy Schools London awards.
- Continuing to develop the training offer, particularly around relationships and sex education in the lead up to this becoming mandatory in the curriculum from September 2020.

[6] http://www.healthyschools.london.gov.uk/healthy-schools-london-evaluation
[7] For both training sessions, 100% of attendees rated the training as useful in their course evaluations

6. Health and wellbeing in early years settings



Background

Ensuring all children have the best start in life and ensuring school readiness is one of the most important factors in improving the health and wellbeing of future generations. Building on the success of Healthy Schools London, the Healthy Early Years London Programme was introduced as a pilot programme.[8]

Background

- An awards pathway that encourages early years settings to evaluate their current practice and to steadily improve and progress through progressive awards; from First Steps, through to Bronze, Silver and Gold.
- A central feature of the programme is for participating settings to work in partnership with parents to support the physical, emotional and social health and development of the children in their care. The pilot phase has been completed, and the full London programme will be launched in September 2018.

Recent actions

- Havering was among the first cohort of boroughs to participate in the Healthy Early Years London pilot project, which ran June-November 2017. As one of the six boroughs from the pilot, the local project was delivered through a partnership between the Public Health Service and Learning and Achievement teams.
- Twelve early years settings were invited to join the local pilot project.

Main successes/outcomes

- Three Havering settings achieved their first steps award during the pilot project.
- Three Havering settings achieved their bronze award during the pilot project.
- Two Havering settings went on beyond the pilot phase to achieve their silver award.
- Participating in the pilot phase has helped to generate additional interest locally in participating in the programme.

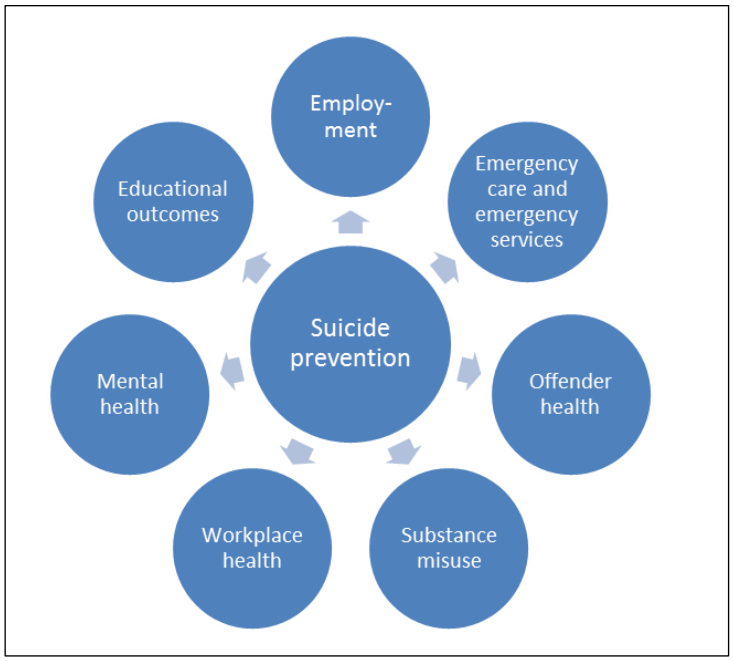
Plans for 18-19

Public Health Service and Learning and Achievement teams will be:

- Continuing a phased roll-out of the programme.
- Delivering introductory training sessions to support settings in South Hornchurch to join the programme.
- Continuing to support the first cohort of settings to achieve awards.

[8] , *Better Health for All Londoners (Aug 2017) (consultation on the London Equalities Strategy)*

7. Suicide prevention



Background

During 2013-15 there were 47 suicides in Havering which is lower (better) than rates for London and England. Despite Havering being in this better position, it is recognised that every suicide has a devastating impact on families and communities. It has been estimated that for every life lost to suicide, between six and sixty people can be directly affected. In terms of the financial costs to society, it has been estimated that the economic cost of each death by suicide of someone of working age is estimated to be £1.67 million.

Key facts

Suicides are not inevitable and many are preventable; concerted action across a broad range of factors must happen in order to make a difference and reduce numbers of suicide.

Recent actions

- A multi-agency BHR steering group was set up in 2017, chaired by LBH Director of Public Health and vice chair BHR CCG mental health clinical lead, and responsible for developing a strategy and ensuring wide engagement.
- The steering group held a stakeholder workshop, attended by over 100 individuals who represented a wide range of organisations; including key stakeholders such as BHRUT, Transport Police, Safeguarding Boards, Job Centre, voluntary sector, etc. The workshop made a significant contribution to finalising the strategy and developing the actions.

Main successes/outcomes

- A BHR-wide strategy developed, jointly led/delivered by LBH, LBBD, LBR, BHR CCG, and NELFT.
- It was agreed that governance be to all three Health and Wellbeing Boards, through the local mental health partnership boards/committees.
- Some early achievements include facilitating suicide prevention training for a range of agencies across BHR[9], and supporting national awareness events such as “Small Talk Saves Lives”.

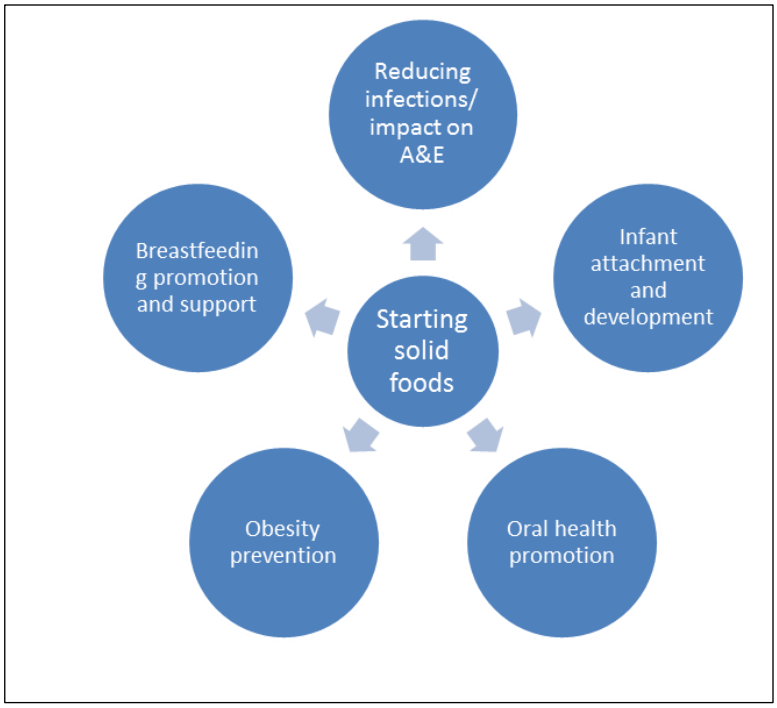
Plans for 18-19

Implement the high level priority actions set out in the strategy across all three boroughs:

- Learning lessons from suicides and attempted suicides and putting in place measures that reduce the likelihood of such circumstances reoccurring
- Workforce training[10]
- Signposting people who are bereaved by suicide to appropriate support
- Strengthening support available to people in crisis and at immediate risk of suicide
- Review the care of patients who self harm
- Ensuring effective risk assessment is incorporated into routine care by GPs

[9] Training funded by Tower Hamlets Community Education Provider Network
[10] Havering Safeguarding is including the topic of suicide prevention in the 2018 multi-agency safeguarding event

8. Infant feeding: starting solid foods



Background

This is one workstream from a wider programme of work from the obesity prevention strategy, and which is being led by the Havering Infant Feeding Steering Group.

Key facts

- The World Health Organization recommends that babies are exclusively breastfed for the first 6 months of life. From 6 months, once infants show signs of being developmentally ready, solid foods can be gradually introduced.
- Baby-led weaning with finger foods encourages babies to be exposed to lots of different flavours and textures, learn where their mouth is and how to self-feed and take control of their own appetite.
- There are competing and confusing messages for parents, and health visitors and early years practitioners are frequently asked about solid foods; when to start introducing them, what to introduce first, what to avoid, what to do if baby chokes and so on.

Recent actions

- *Starting Solid Foods* workshop session content was developed by Public Health, Early Help and NELFT.
- Health visitors and early years practitioners invited families to the sessions, including via routine checks, health clinics, and the Infant Feeding Café at Collier Row Children's Centre.
- A monthly session for 12-15 families began in January 2018 at Collier Row Children's Centre, co-delivered by a health visitor and early years practitioner.

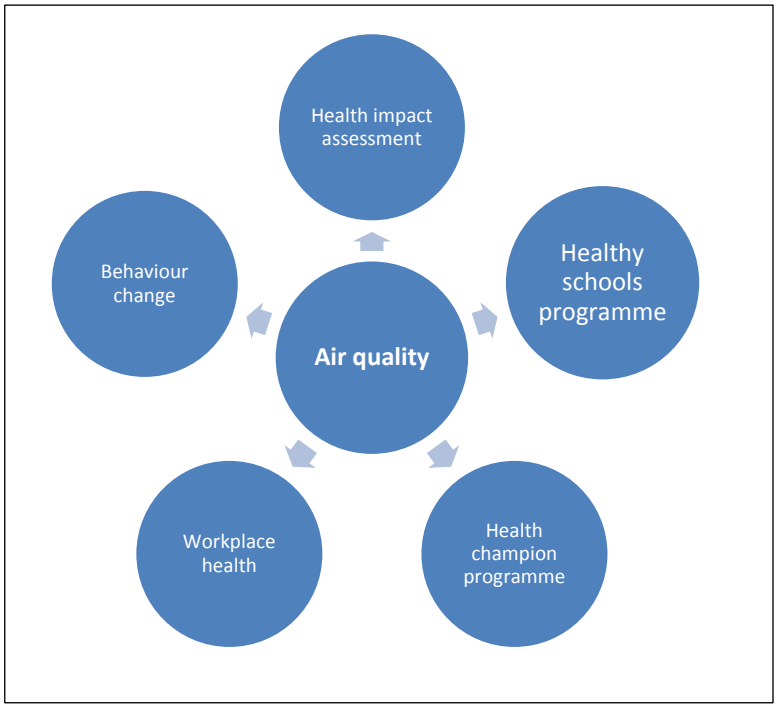
Main successes/outcomes

- Three *Starting Solid Food workshop* sessions were held between Jan 17 – March 18, with between 12-15 families attending each session.
- Pre-and post- session questionnaires are being completed by parents, and will be evaluated in 2018/19.
- Initial feedback has been positive e.g. *"Fantastic and useful workshop that has given me needed knowledge and understanding as well as increased confidence to give my baby appropriate and healthy meals".*
- A key success to date has been the partnership between LBH and NELFT – both are operating on low budgets and capacity so this has been an efficient way of meeting needs despite financial challenges.

Plans for 18-19

- Early Help and health visiting teams are currently looking at capacity to extend delivery of the workshop to other children's centres during 2018/19.
- Like Collier Row, St Kilda Children's Centre hosts health clinics and an Infant Feeding Café so it's likely this will be the second centre to offer the workshop.
- A project will be explored to consider the feasibility of training volunteers to deliver family cooking sessions across the borough, thus building on the Starting Solid Foods work.

9. Air quality



Background

The topic of air quality has been included in a previous Health Protection Forum report. It is also included in this report, as it is part of a broad approach to health improvement.

Key facts

- Air pollution can damage lives with harmful effects on human health, the economy and the environment.
- It is the largest environmental risk to the public's health, contributing to cardiovascular disease, lung cancer and respiratory diseases.
- It increases the chances of hospital admissions, visits to emergency departments and respiratory and cardiovascular symptoms which interfere with everyday life, especially for people who are already vulnerable.
- Bad air quality affects everyone and it has a disproportionate impact on the young and old, the sick and the poor.
- Changing behaviours and attitudes towards sustainable solutions are part of a broad societal response to reduce air pollutant levels, which also include providing infrastructure and green spaces that encourage walking and cycling as well as increased use of public transport, low/zero emission vehicles, and traffic control.

Recent actions

Havering Public Protection (Environmental Health and Smarter Travel) led this programme of work. Public Health provided support to the air quality working group which delivered a wide range of actions, including:

- Air quality action plan and consultation exercise.
- Development of specially created character for local air quality improvement campaign, funded in part by the Mayor's Air Quality Fund.
- Schools programme, including development of the script for a film, the live performance in schools and associated lesson plans.
- Awareness raising through the public health communications, and through the commissioned health champion programme and healthy schools.
- Embedding consideration of air quality through the Local Plan health impact assessment (earlier page).

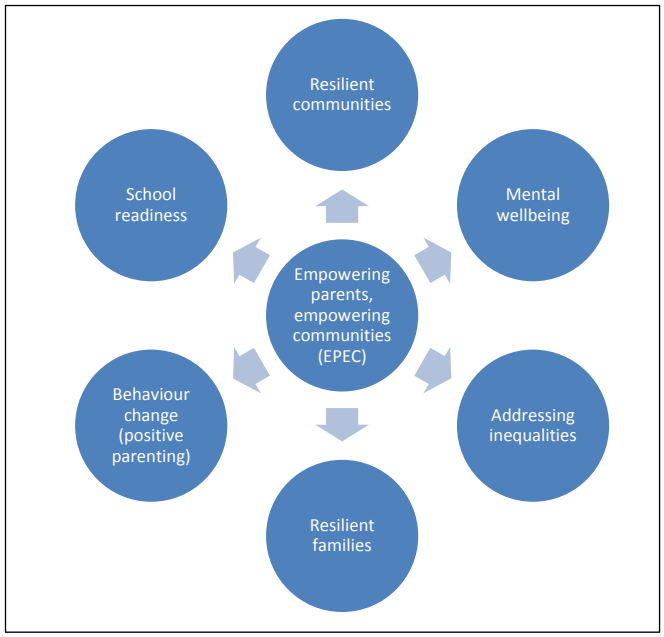
Main successes/outcomes

- By the end of 2017, 37 primary schools received the "Theatre in Education" bespoke air quality production, featuring Miles the Mole, with lesson plans and school packs. 57 primary schools received the air quality campaign packs containing video, anti-idling banners, posters and lesson plans.
- Miles the Mole campaign was shortlisted as one of four finalists in the National Air Quality Awards under the Air Quality Communications Initiative of the Year category.

Plans for 18-19

- Continue to support improvements in air quality through the air quality working group, and through health impact assessment.

10. Empowering Parents Empowering Communities



Background

Empowering Parents, Empowering Communities (EPEC) is a proven method of prevention and early intervention that helps families achieve the best start in life for their children. It is a low cost parenting programme combining peer-led parenting groups with training, supervision and support provided by parenting specialists based in local services. South London and Maudsley NHS Foundation Trust's EPEC team has partnered with 15 organisations in England to establish local EPEC hubs. Havering successfully applied to develop a hub in the borough. Havering receives 18 months of support from the national team to set up an EPEC hub. Havering's commitment has been to host the hub (early help/children's centres), fund a coordinator for 18 months, provide admin support and finance non-pay costs such as parent group leader expenses and crèche facilities, and to recruit, train and supervise 16 EPEC parent group leaders and run 10 EPEC parent courses for up to 100 parents over a 12 month period.

Key facts

Expected outcomes include:

- Peer supporters gain an accredited qualification thus improving access to employment
- Increased uptake of the 2 year offer
- Increased child emotional and behaviour development
- Increased positive parenting behaviour, confidence and skills, and parent wellbeing

Recent actions

Three members of the early help team attended EPEC training while the recruitment of the EPEC hub coordinator was taking place. This meant the programme recovered lost time as result of late implementation and is now keeping pace with its milestones. A further advantage has been that wider training has created a larger resource to support the project. The EPEC programme has been very well communicated and other stakeholders (health visiting and maternity) are promoting the project to aid volunteer recruitment and course attendance.

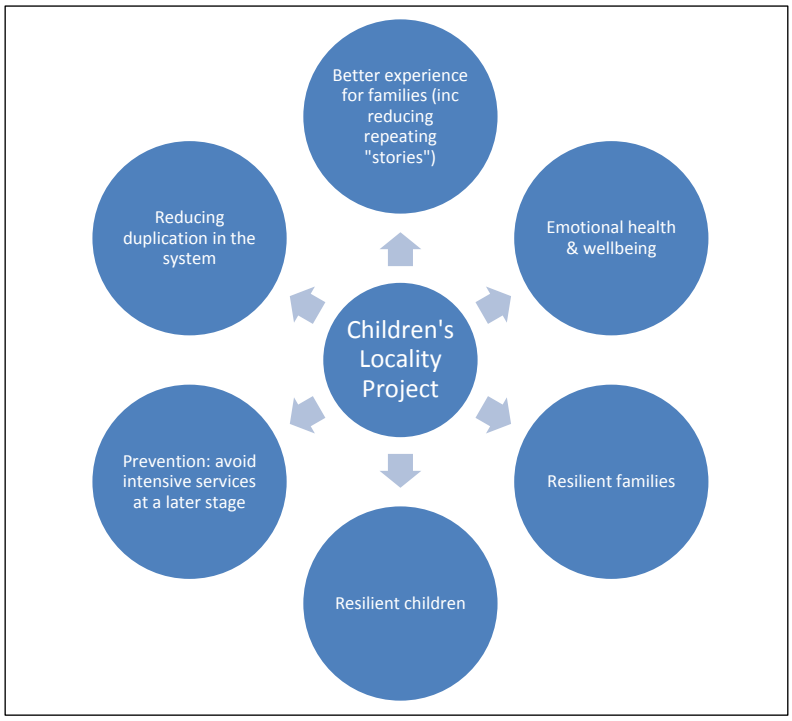
Main successes/outcomes

- Hub co-ordinator recruited and attended 3 day hub familiarisation and training event.
- 6 volunteer parent peer supporters recruited who will begin their training between July-October 2018.
- Contributed/influenced development of the national programme design, including:
  - Setting up a network team.
  - Investigating accreditation of the Havering-designed EPEC training course with AQA so that all parent peer volunteers receive an accredited certificate of training.

Plans for 18-19

- Deliver three EPC courses September - December 2018 (from three children's centres; Chippenham Road, Hilldene and Ingrebourne. Further courses will be arranged for 2019.
- To agree the AQA accreditation with the EPEC national team.

11. Localities: Children's Project



Background

The primary aim of the Havering locality approach is to improve the quality of life and circumstances of the individual/families concerned whilst, at the same time, saving duplication in the system and making best use of the resources available.

In 2017 it was set out that this would be achieved through establishing locality-based virtual teams which could include statutory agencies and voluntary and community organisations who would work together to focus on what the individual at the centre of the approach needed.[11]

This is a summary of the first project established as part of the Children's Locality Model, and which has been set up in the North Locality.[12] The project focuses on children and their families below statutory threshold but where early intervention could prevent escalation and need for higher level services and is concerned with children's emotional wellbeing. Families who access the service do so through a single access point and are assigned a key worker who triages their case. The key worker then engages with a virtual multidisciplinary team, thus avoiding the need for families to repeatedly explain their stories. To date, virtual teams have comprised Council Children's Services, schools and GPs.

Key facts

- The project is based on a PDSA[13] improvement model.
- It was planned to work with 20-25 families Nov 17 – Sept 18, with referrals made via two schools in the locality: Hilldene Primary and Drapers Academy (senior school). Processes were established, including:
  (a) data sharing protocols, which included parental consent for referral. Part of the process meant that a key case worker would be the link between the family and other disciplines, and who would develop a care plan in consultation with parents. This approach was in response to parents and schools' feedback that the established process was confusing for parents and often took a long time to get a response, also that parents were have to repeat "their story" again and again to different professionals.
  (b) Parents completing an "Outcome Star" at the outset and again at the end of the intervention, so that change and improvement could be evaluated.

Recent actions

17 families had been referred by the end of August 2018. Main areas of need are associated with health, finance, housing, and behaviour. Each family has benefited from a programme of specifically-tailored interventions, including parenting support, and support with finances, housing, employment and health and wellbeing.

[11] This approach was led by a design group comprising the Council, Clinical Commissioning Group, NELFT, Local Pharmaceutical Committee, Havering Healthwatch and Havering Community and Voluntary Sector Compact.
[12] There are three localities in Havering: North, Central and South.
[13] Plan do study act – which is an approach that looks to achieve incremental improvements through a continuous cycle of appraisal, and small step changes.

Main successes/outcomes

- All agencies worked well together to establish processes, as well as learning lessons and overcoming barriers related to ways of working, and organisational cultures.
- Fewer families referred than anticipated –partly due to identifying suitable candidates from the high number of families with complex needs – and partly due to establishing processes and complexity of referral routes. One point of learning has been to broaden referral routes (i.e. to include. health visitors and housing colleagues).
- Considerable benefits and good outcomes among families engaged with project[14].

Plans for 18-19

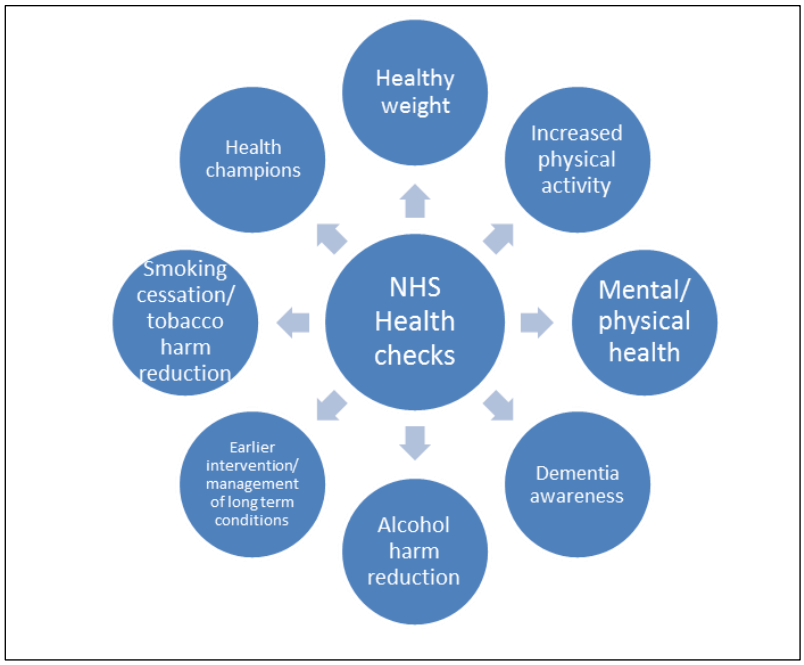
- Ongoing evaluation (from the PDSA approach) suggests that the referral process could be simplified, and this is currently in development.
- The project is set to continue, incorporating changes to referral process as above.

[14] Details not included because of confidentiality

Section 2: Commissioning health improvement services

Local authorities are responsible for providing a range of public health services including health visiting, sexual health services, drug and alcohol treatment services, NHS health checks, and school nursing services. Over half of Havering Council's public health grant is spent on such health improvement services. Because of affordability, some services that promote behaviour change, such as smoking cessation and health champion services receive a very modest investment and rely, in the main, on partnership working to achieve health improvement outcomes.

12. NHS Health Checks



Background

Local authorities are mandated to provide NHS Health Checks free of charge to local residents. The health check is a national risk assessment, and awareness raising programme for those aged 40 to 74 who have not previously been diagnosed with a cardio vascular condition.

The check, which should be offered to eligible individuals every five years, systematically measures a range of risk factors that are known to interact and affect risk of developing heart disease, type 2 diabetes, kidney disease and stroke. The check takes about 20-30 minutes, and offers individuals the opportunity to understand their personal CVD risk profile and receive personalised advice about achieving a healthier lifestyle. If appropriate, treatment or medication may also be prescribed. In Havering, local GPs are commissioned to provide NHS health checks

Key facts

National evidence[15] shows that:

- for every 30-40 NHS Health Checks, 1 person is found to have hypertension.
- for every 80-200 NHS Health Checks, 1 person is diagnosed with type 2 diabetes.
- for every 6-10 NHS Health Checks, 1 person is identified as being at high risk of CVD.

The national indicator describing performance will be changing to a 5 year rolling performance figure.

Recent actions

Under-performance of the Havering NHS Health Check programme in 2015-17 threatened the overall delivery of the local five year programme. In 2017/18, a remedial improvement plan was put in place, through the Joint Commissioning Unit's new approach and focus on contract monitoring, Public Health engaging a peer educator for 7 hours per week to engage with primary care practitioners, and delivery of training to practice nurses. This achieved the results set out below, although the two year historic under-performance in 2015-17 will continue to affect 5 year rolling performance figures going forward.

Main successes/outcomes

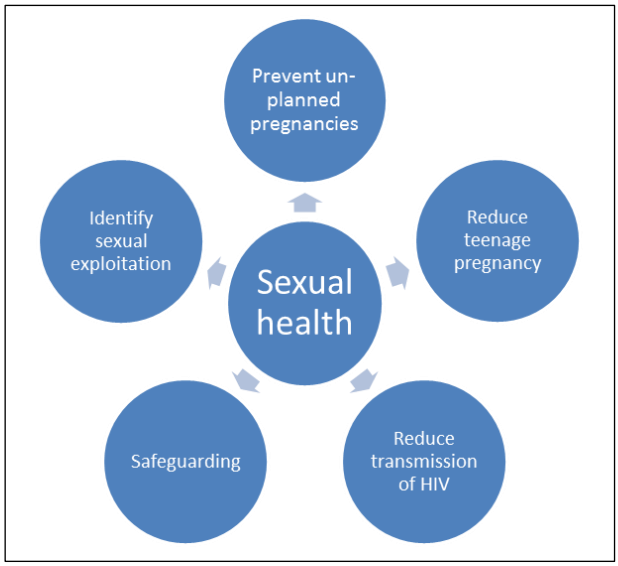
[15] NHS Health Check Expert Scientific and Clinical Advisory Panel (2017) *Emerging evidence on the NHS Health Check: findings and recommendations*

- During the final quarter of 17/18, the highest number of NHS Health Check offers were recorded in any one quarter during the previous five year cycle, which brought the health check programme performance back on track. Local GPs are thanked for all their efforts in responding to the Council's request for support, particularly whilst dealing with all of the other pressing priorities and pressures that the NHS is managing.

Plans for 18-19

- Refresh contract and issue to GP practices, to reflect the NHS Health Check Best Practice Guidance published Dec 2017.
- Apply the lessons learned from the factors that led to historic underperformance (i.e. that health checks are a minor aspect of GP business), and thus the need to maintain working relationships with GPs. Where competing priorities for the Council's Joint Commissioning Unit leads to insufficient resources being devoted to sustaining relationships with GP practices, this will inevitably lead to a reduction in performance.
- NHS Health Check training to be provided to practice nurses and healthcare assistants in Oct 2018.
- To distribute activity equally across the five year period; so sending invitations to 20% of the eligible population each year. However, the historic under-performance 2015-17 and remedial action in 2017-18, will have a long lasting impact on how Havering is described in achieving the new performance indicator.

13. Sexual Health



Background

While sexual relationships are essentially private matters, good sexual health is important to individuals and society. Reducing rates of teenage pregnancy, protecting vulnerable groups from sexual abuse and exploitation, and improving diagnosis of HIV all have an impact on the quality of life for those affected. Local Authorities are mandated to provide sexual health services. The local contract expires Sept 18. A re-procurement has been undertaken with B&D and Redbridge.

Key facts

- Following a steady decline in teenage pregnancies, there was a slight increase in 2016. Young parents and their children more likely to experience poorer outcomes.
- There are higher rates of abortion in Havering (22.5) compared to England (17.2) and London (20.7). Approximately one-third of abortions among women aged under-25 are repeat abortions. Havering (31.7%) is higher than England (26.7%), similar to London (30.7%).[16]
- Havering has had very low uptake of long acting reversible contraception (LARC). LARC and emergency hormonal contraception can help to reduce unplanned and unwanted pregnancy.
- People who are unaware that they are HIV positive are more likely to have poorer health outcomes (through delayed treatment, and risk passing on infection). The HIV prevention contract expires in 2018. BHRUT is participating in a national Prep trial[17] which aims to reduce risk of HIV infection.

What has been done

- Public Health has worked with GPs and CCG to increase the number of GPs offering LARC. GPs have attended training and established an inter-practice referral scheme.
- As well as jointly commissioning a BHR integrated sexual health service, Havering (PH & JCU) will become the lead authority for the three borough sexual health commissioning function.
- Havering is participating in a London-wide sexual health transformation programme which includes a sexual health e-testing service, and an integrated sexual health tariff.
- Havering is working with B&D to jointly commission an HIV prevention service when existing contracts expire.
- Havering contributes to the London wide HIV prevention programme "Do IT London".
- Havering participate in the freely available self-sampling HIV testing service known as "test.hivself".

Main successes/outcomes

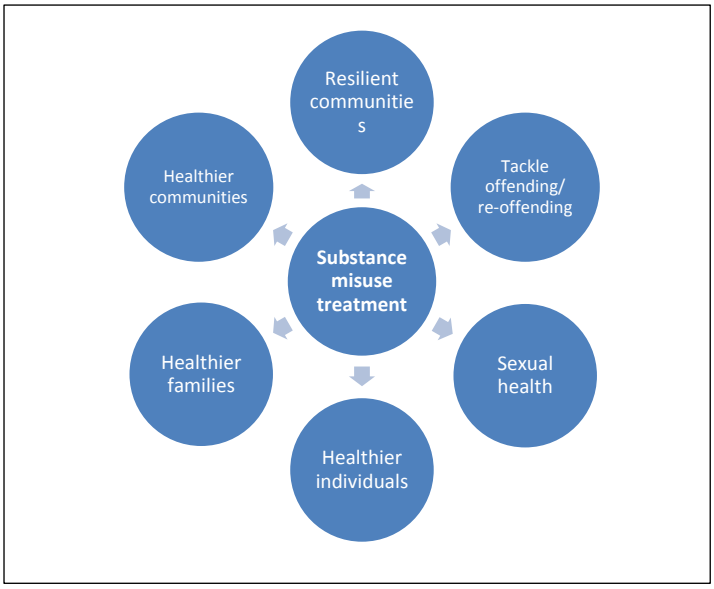
- Increased access and choice for women wanting LARC

Plans for 18-19

- Increased focus on preventing teen pregnancy, including C card training for staff at the Cocoon, and C-card (condoms) accessible from the Cocoon.
- Conclude integrated sexual health service tender, and award contract to commence 1 October 2018.[18]
- The development of a clinically led sexual health network.
- E-service home testing kits available in clinic from June 2018.
- Commence the LBH/LBBD HIV prevention tendering process.

[16] PHE *Sexual and reproductive health profiles* (2017 data)
[17] Prep (Pre-exposure prophylaxis) trial is commissioned by NHS England for those at high risk of HIV infection
[18] Dec 18 update: this was achieved

14. Drug and alcohol harm reduction



Background

People who misuse drugs and alcohol risk their own health (short and long term) and can negatively impact the health and wellbeing of their families and communities.

Key facts

- A comprehensive multi-agency three year drug and alcohol harm reduction strategy (2016-19) was developed and a detailed action plan agreed. The strategy focused on three themes: preventing harm to individuals, preventing harm to families, and preventing harm to the wider community. The majority of actions were completed during the first two years.
- Alcohol plays a significant part in almost half of all violent assaults, more than half of domestic violence incidents, marital/ relationship breakdown and road traffic accidences.
- Episodes of heavy drinking (binge drinking) contribute towards town centre crime and disorder.
- Alcohol features in around a quarter of serious case reviews of at risk children, while drugs are implicated in 20%
- Use of drugs also fuels criminal behaviour associated with buying/selling substances.
- Havering commissions substance misuse treatment services, which contributes to a wider prevention strategy involving a range of other organisations including criminal justice partners, pharmacists (needle exchange programme), other health services (e.g. maternity, sexual health, GPs) as well as town centre management, trading standards, licensing, etc.

Recent actions

- Many of the strategy actions completed. In addition Tier Four Assessment Panel transferred to provider.

Main successes/outcomes

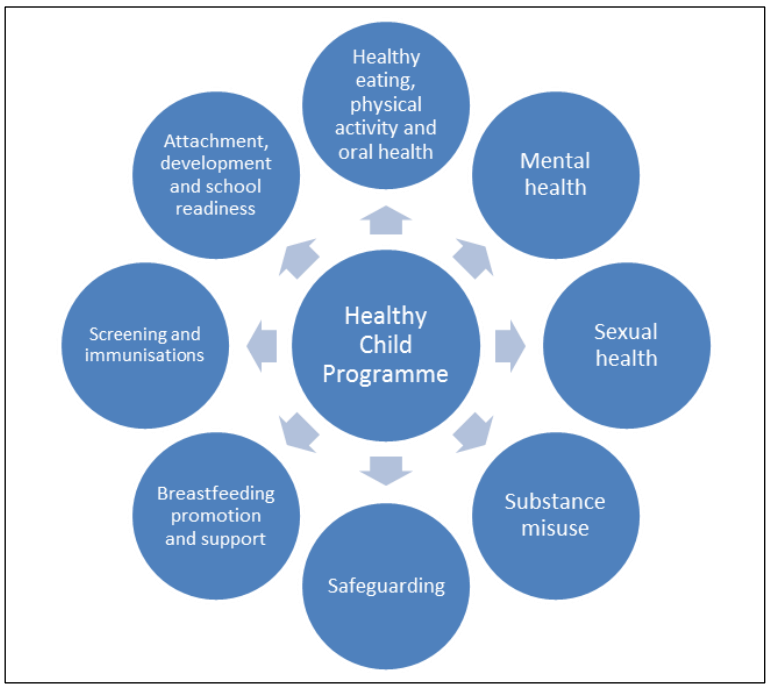
- Strengthened partnership working around safeguarding and working with schools through the healthy schools programme to prevent harm to children as a result of substance misuse (i.e. both as potential future users of substances, and as a result of living in a family that is affected by substance of misuse).
- Draft pathway for dual diagnosis (mental health and substance misuse) has been developed by WDP & NELFT.
- Waiting times for treatment now below the national average.
- People at high risk seen within 2 weeks.
- Testing for Hepatitis C above the national average.

Plans for 18-19

Complete the current action plan, including

- Focus on actions that strengthen the partnership approach to substance misuse harm reduction, including induction and ongoing training for staff of services.
- Initiate a drugs deaths review panel.
- Agree shared care protocols (for alcohol misuse) with GPs (protocols being considered by CCG Area Prescribing Committee Sept 18).
- Finalise dual diagnosis pathway (mental health / substance misuse).
- Set up a multi-agency working group to refresh the strategy.

15. Health visiting and school nursing services



Background

The Healthy Child Programme includes the Health Visiting Service for children aged 0-5 and School Nursing Service for 5-19 years. It aims to improve the health of children and young people and their families. The Healthy Child programme is a universal programme available to all children and aims to ensure that every child gets the good start that they need.

Key facts

- Health visitors deliver a universal new birth visit, 1 year health review and 2-2.5 year health review, and targeted antenatal and 6-8 week health reviews where a risk has been identified.
- School nurses deliver hearing and vision screening for reception year, the national child measurement programme in Reception and Year 6, primary and secondary school drop-in sessions, and health promotion topics for children, young people and parents. The service works alongside the healthy schools programme, and promotes a range of public health priorities.
- The contract for the healthy child programme is delivered by NELFT (until March 2020).

Recent actions

- A multi-agency workshop was held with the aim of improving local services, learning from good practice elsewhere, and ensuring that the contract provides the best outcomes for children. Over 70 attendees were present, drawn from the healthy child programme service, Early Help Service, SEND, Education support, Public Health England, commissioners from Havering CCG and Essex County Council.
- Both the school nursing and health visiting services have become an integral part of the children's locality project and are part of the multi-disciplinary team working with identified families.
- The health visiting service is supporting the EPEC programme by discussing options for volunteering with parents and signposting families to the parent support groups.

Main successes/outcomes

- Lessons learned from the workshop are being applied to current health visitor and school nursing services.
- Health Visiting work closely with children centre staff to provide infant feeding cafés.
- Health Visiting has implemented the Ages and Stages development questionnaire at the 2 ½ year check and onward referrals are made where develop delay is found.

Plans for 18-19

As part of the review of the services in preparation for re-procurement in 2020:

- Continue to learn from other commissioners, by holding further event(s) during 2018-19.
- Undertake a service user engagement work programme.
- Health visitor and school services continue to contribute to the Children's Locality Project, the Healthy Schools Programme, and the "Empowering Parents Empowering Communities" project (described elsewhere in this report.

Section 3: Social marketing

"Prevention, it is often said, is better than cure. If people didn't smoke, drank less, had better diets and exercised more, the burden of disease would be reduced. But what is the role of the state in persuading people to alter their lifestyles?" [19]

> As a local government briefing says *"The traditional approach dictates that in cases where something causes serious harm, such as drug use, restricting choice or even an outright ban is appropriate. However, where it is less clear cut, the argument goes, the state should leave it to individual choice. But this ignores the fact that there is a variety of ways in between that behaviour can be influenced from encouraging and incentivising people through to subtly guiding choice in a certain direction. This can include enticing people to take up activities or using subliminal marketing. For example, stressing social norms can encourage people to change behaviour because they want to be alike. Alternatively it can involve making an environment less conducive to someone making an unhealthy choice. An example of this would be making salad a default option as a side instead of chips or placing clear signs to steps rather than escalators."*

The above is known as behavioural change, influencing those lifestyle choices that have a direct and obvious impact on health, such as diet and exercise, but also other socioeconomic determinants of health, such as education and crime. The term "behaviour change" encapsulates a wide range of approaches, and there is a body of literature on this concept. For the purposes of this report, behaviour change is being described in terms of nudges, hugs, shoves and bans.

- **Nudges: making the healthier choice the easier/more attractive choice**
- **Hugs: rewarding a behaviour**
- **Shoves: tougher measures that restrict choice**
- **Bans: using legislation and enforcement to prevent choice**

All of the health improvement initiatives described earlier in this report rely to some extent or other on changing behaviours; whether it is through the substance misuse service rewarding compliance to a treatment regimen with a leisure centre entry voucher, or through workplace health approaches that provides cycle purchase schemes. Below, there are some examples of behaviour change elements that are part of the health improvement programmes described elsewhere in this report.

Nudges:	Hugs	Shoves	Bans
• Creation of built and natural environments that nudge people to achieve healthier lifestyles • Policies and strategies that consider impact on health and incorporate health and wellbeing into decision-making • Workplace wellbeing initiatives that aim to make healthier choices the norm, i.e. increasing physical activity through lunchtime walks	• The commissioned drug and alcohol substance misuse service uses an incentive scheme that builds a reward that can be redeemed against, for example, a leisure centre/gym visit • The VeggieRun app developed by Havering's school catering service rewards children for making healthy choices whilst playing the game by awarding prizes that encourage physical activity	• The Health and Wellbeing in Schools Service supports schools to develop whole school food policies which restrict and channel choice through implementation of the Government school food standards and robust packed lunch policies	• Cheap cigarettes are known to be one of the factors that both influence children to start smoking and encourage people to continue smoking. Public Health supports Trading Standards colleagues in raising awareness among the public on how to report sales of illicit tobacco, including via schools networks, and via a roadshow which took place summer 2018.

[19] Local Government Association *Changing behaviours in public health: to nudge or to shove?*

The following three programmes of work rely almost completely on facilitating behaviour change. All three incorporate some element of commissioned services, but these are modest investments that are designed to support a broader approach to health improvement.

16. Tobacco harm reduction

Background

Smoking remains the leading cause of preventable illness and premature death in England.[20] The costs of treating and supporting those who are affected by tobacco smoke impacts on health and social care, and on employers as a result of workforce absenteeism. Some groups have higher rates of smoking, including people with severe mental illhealth, and people in routine and manual jobs.

Key facts

- Exposure to second hand smoke has a serious impact on health, particularly for children.
- Illicit cigarettes are more likely to cause house fires and, because they are cheap, incentivise some groups to continue smoking. Sales of illicit cigarettes drive criminal activity and fund organised crime.
- Switching to vaping is 95% safer than smoking.

Recent actions

Following decommissioning of the local universal stop smoking service in May 2016[21], a renewed refocus was placed on stopping smoking in pregnancy, together with a broader approach to tobacco harm reduction:

- Public Health and the Joint Commissioning Unit set up a targeted stop smoking service for pregnant women and those living in the same household as a pregnant woman. Funded through Havering and Barking and Dagenham public health grants, a BabyClear programme was implemented, which includes training all midwives to screen all pregnant women for smoking using carbon monoxide monitoring, and provide stop smoking support from the first midwife appointment.
- Broader tobacco harm reduction actions have included:
  - Joint working between Trading Standards and Public Health on awareness raising about harms of illicit tobacco and how the public can report where such sales are taking place. A specialist tobacco control education unit was sited in Romford for a day,[22] with health champions supporting engagement with the public.
  - A multi-agency event (June 18) attended by the national PHE lead, presented the evidence about vaping and second-hand smoke. A wide range of partners agreed to take action to support tobacco harm reduction.
  - Opting in to a London-wide online / telephone stop smoking support service (launched May 17).
  - Workplace wellbeing initiatives on tobacco harm reduction, with OneSource HR commencing a review of smoking and vaping policies.
  - Health promotion campaigns throughout the year, and broad internal and external communications.

[20] https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health/smoking-and-tobacco-applying-all-our-health
[21] The universal face to face stop smoking service was decommissioned due to unaffordability
[22] A visiting unit, comprising an expert in detection of illicit tobacco, and a detection dog

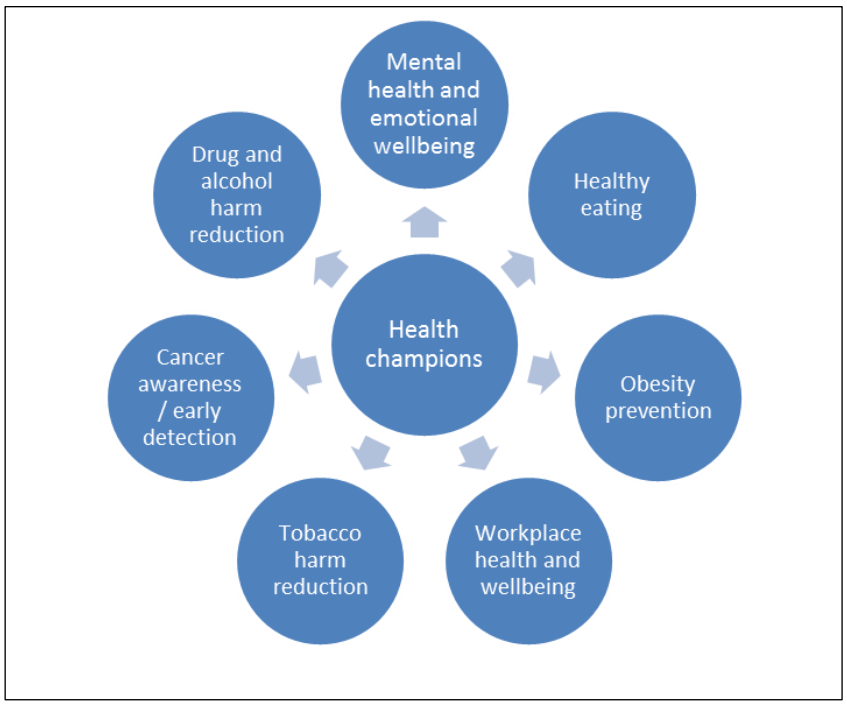
Main successes/outcomes

- Rates of smoking during pregnancy have fallen in Havering from above-England rates to below-England, with particularly rapid improvements made over the past two years.
- A wide range of partners engaged and signed up to taking action to reduce harms caused by tobacco.

Plans for 18-19

- Tobacco harm reduction continues to be a priority for 2018-19.
- Support HR and workplace health leads, by completing revisions to workplace policy on smoking, taking into account latest evidence on harm reduction and vaping.
- Work with schools, education and Healthy Schools programme to further reduce the numbers of children who take up smoking in the first place, including building on the Summer 2018 awareness raising event about illicit tobacco.
- Build on the successes of the specialist stop smoking service for pregnant women; working with BHRUT and CCG to implement BabyClear Plus, which is a further intervention at the final steps of the ante-natal screening programme to support women who have been unable/unwilling to stop smoking earlier in their pregnancy.
- Explore the potential for working with the Independent British Vape Trade Association with the aim of increasing local vape shops interest in becoming a member. IBVTA-membership is an indicator of a quality retailer of vape products, which would mean health professionals and others could more confidently signpost patients.
- Public Health, Healthwatch and health champion service will be working together to recruit health champions from tenants of Queen's Court (Healthwatch business premises), to promote the health benefits of smoking cessation/switching to vaping.

17. Health champions



Background

My Health Matters is a Havering initiative where local people are trained to connect with residents, employees and communities to raise awareness of health and wellbeing and to prompt lifestyle changes. It is part of a broad approach to health improvement including reducing harms caused by tobacco, alcohol, diet and low levels of activity, as well as supporting workplace wellbeing and mental wellbeing promotions.

A very modest investment in the programme achieves a wide reach, as health champions are volunteers who demonstrate a commitment to health improvement and have a strong connection with their community. They include elected members, allied health professionals and health practitioners (such as healthcare assistants and dental hygienists) and non-health professionals who either promote health in the workplace or the wider community. Health champions complete accredited training which includes behaviour change, and are key to supporting local health improvement priorities, as well as broader national initiatives. They can be identified in the workplace by their pin badges.[23] A cohort of health champions also support priority health campaigns.

Recent actions

- 90 health champions were trained during 17-18; and 15 volunteers supported health campaigns. The majority of health champions wear a badge in work settings which identify that they can be approached on health improvement matters.

Main successes/outcomes

- 105 events were attended/supported by health champions, including awareness raising events on cancer, mental health, physical activity, smoking, alcohol and healthy eating. 3,221 local people engaged with a health champion during 17-18.
- Health champions worked in collaboration with other agencies, including for example a health centre, where they promoted NHS Health Checks and signposted to physical activity opportunities, including leisure centres, and with mental health services to promote mental health awareness week in Romford market (May 18).
- Trainee GPs worked with health champions to deliver an outreach project in Romford town centre.

Plans for 18-19

More health champions will be recruited and trained to focus on the key lifestyle factors and issues that impact on long-term health, and to reduce inequalities.

[23] The pin badges were recently redesigned following focus group feedback, followed by a competition to design a badge that health champions would be more likely to wear.

18. London Borough of Havering Workplace Wellbeing

Background

Employment is a primary determinant of health[24], with good employment impacting both directly and indirectly on the individual, as well as their families and communities.

Key facts

- There are good business reasons for improving workplace wellbeing: healthier, active and engaged employees are more productive, have lower levels of sickness absence and presenteeism.[25]
- A high number of Council employees live in the borough, giving the opportunity for LBH workplace wellbeing benefits to reach into the local community.

Recent actions

- The Council is working towards London Healthy Workplace Charter accreditation of Excellence, which builds on existing wellbeing initiatives such as Havering Staff Games, sport and physical activity opportunities, and occupational health arrangements.
- The Council's Workplace Wellbeing Steering Group is chaired by the Director of Children's Services, who is the SLT workplace wellbeing champion with representation from HR and other Council Directorates, and support from Public Health. The Group has drafted a workplace wellbeing action plan covering the eight key themes of the London Healthy Workplace Charter which are corporate support for wellbeing, health and safety, tobacco and smoking, attendance, mental health and wellbeing, physical activity, healthy eating, and problematic use of alcohol/substances.

Main successes/outcomes

- Mental health first aid training delivered to three cohorts.
- The Town Hall Pantry is making ongoing revisions to the menu to encourage healthy eating, for example using 50% wholemeal and 50% white pasta (instead of 100% white) and removing sugary drinks from sale.
- A *Havering has a heart*[26] fund-raising lunchtime walk, led by Workplace Wellbeing SLT champion (June 18).
- Staff benefits included corporate-rate membership with Everyone Active, including new Sapphire Centre.
- Health champion reprocurement in 2018 included KPIs to support LBH workplace wellbeing.

Plans for 18-19

Continue to develop the action plan, for example:

- Following the *Havering has a heart* fundraising walk, further lunchtime walks are planned.
- Explore the introduction of the calorie-burning StepJockey[27].
- Health champion programme will continue to support LBH workplace wellbeing.
- Explore opportunities to raise awareness of workplace health among businesses and SMEs in the borough.

[24] https://www.gov.uk/government/publications/workplace-health-applying-all-our-health/workplace-health-applying-all-our-health
[25] https://www.gov.uk/government/publications/health-and-work-infographics/the-importance-of-health-and-work
[26] Supported British Heart Foundation, and raised £750
[27] This originated from a Department of Health funded initiative; evaluation showed that stair climbing increases as a result, with all of the health benefits that this brings

Appendix of health improvement promotions/campaigns

2018-19 Health Improvement Communications Calendar

Priority	Campaign Type	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Statutory	HAVEKING I S N A	This is Havering Interactive Ward Health Profiles		Overview of Health & Social Care Needs in Havering Child Poverty Assessment	This is Havering Havering PHOF 2018 Locality Profiles			This is Havering			This is Havering		Deep Dives (tbc after 15th May) - Migration of; - Housing - Maternity - Mental Health
	Public Health Annual Report							2018 Director of Public Health Annual Report (Topic to be chosen)					
Page 94	PRIORITY Health Improvement Topics	Tobacco Control and Infantfeeding (priority topics promoted all year round)											
				June Event: Vaping and Secondhand Smoke									
	Living in Havering Magazine			Edition 182 - Infantfeeding (CA)				Edition 183 - Tobacco Control (JB)					
	Public Health e Signatures	Healthy Eating - One you 400/600/600 (EG)	Mental Health (LD) - Inc Talking Therapies	Diabetes - Diabetes Week (AR/JB)	Infantfeeding (CA)	Be Clear on Cancer (AR)	Smoking Awareness - Stoptober (JB)	stay well this winter - Flu Jabs (EG/JB)	AMR (EG)	Alcohol Awareness - Dry January (AR)	One You - Make healthier lifestyle choices (LS)	Change for Life - nutrition (CE)	Stroke - Act F.A.S.T (LS)
	Business e Newsletters		Value of Improving health in the workplace (LS)	Heart Health encompassing physical activity and healthy eating (LS) Diabetes Week (AR/JB)	EAP-Source Sun safe (LS) Infantfeeding (CA)	Be Clear on Cancer (LS/AR)	Smoking Awareness - Stoptober (LS/JB)	Womens Health - BCOC & Menopause (LS) Stay well this winter - Flu Jabs (EG/JB)	Mens Health - Movember (LS) AMR (EG)	Stay Well (LS) Alcohol Awareness - Dry January (AR)	One You - Make healthier lifestyle choices (LS)	Change for Life - nutrition (LS/CE)	BCOC & No Smoking Day (LS) Stroke - Act F.A.S.T (LS)
	Health & Wellbeing Newsletters	Spring Edition 2: Mental Health & WB Breast Cancer Bowel Cancer JSNA NHS 111 Pharmacy Protect your Kidneys Wheelchair service Mental health services for veterans		Summer Edition: Infantfeeding (CA) Hydration /sun safe (children) (CA) Oral health (CA) Active Children (CA)		Summer Edition 2: MenACWY vaccine (CA) Hydration older people (EG) JSNA (AR) Shingles (?) Be Clear on Cancer (?) Diabetes (?)		Autumn Edition: Stay Well Winter/Flu (EG) Health Champions (LS) Stoptober (JB) Healthy School Meals (CA) World Suicide Awareness Day (EG) Health Checks (LS) AMR (EG) BCOC (?)		Winter Edition: Stay well Winter (EG) Party Season Drinking (AR) A Healthier New Year - Stopping Smoking (JB) Sexual health (DR) Change4Life Roadshow (?) *PNA (not needed this year)*		Spring Edition: Sugar Smart (CA) Oral health (CA)	
		Stop Smoking	Mental Health	Heart Health encompassing physical activity and healthy eating	EAP (Source Sun safe)	BCOC	Stoptober	Womens Health - BCOC + Menopause	Mens Health - Movember	Stay Well	One You	Change for Life	Be Clear on Cancer + No Smoking Day
		Stop Smoking	Mental Health	Heart Health encompassing physical activity and healthy eating	Physical Activity - Pop Up All	BCOC	Stoptober + Health Checks Promotions	Stoptober Event + BCOC	stay well this winter + Mens Health	stay well this winter + Dry January	Dry January Event + HLC Promotion	Change for Life Healthy Eating	Stroke + No Smoking Day
		PH Web Page Development - New Web Pages: Drugs (AR) / Working Age Adults (LS) / Health Checks (LS) / Health in all policies (LD) / Health Protection (EG)											
			PH Web Development - Web Performance				PH Web Development - New Design						
	Health Improvement Banner			Tobacco Control - Stop Smoking Services (JB)	Infantfeeding - Breastfeeding Welcome Scheme (CA)	Tobacco Control - Vaping (JB)	Infantfeeding - Start4Life weaning *as per PHE* (CA)	Tobacco Control - Secondhand Smoke (JB)	Infantfeeding - Breastfeeding Welcome Scheme (CA)	Tobacco Control - Illegal Tobacco (JB)	Infantfeeding - Local Infant Feeding Support (CA)	Tobacco Control - Stop Smoking Services (JB)	Infantfeeding - Start4Life weaning *as per PHE* (CA)
	PHE Banner			One You - Brisk Walking	Change 4 Life - Physical Activity	BCOC	One You - Health Check Toolkit	One You - Stoptober	NHS - AMR	Stay Well this Winter	Change 4 Life - Nutrition	BCOC	NHS - Stroke (Act F.A.S.T.)
National Campaings	Public Health England	One You - Nutritions (CA)	One You - Blood Pressure (LS)	One You - Brisk Walking (LS)			One You - Health Check Toolkit (LS)	One You - Stoptober (JB)		One You - Health Harms (LS)	One You - New Year, New You (JB)		
			NHS - Stroke (Act F.A.S.T.) (LS)		BCOC - "TBC" (?)		Stay Well this Winter (EG)		NHS - AMR (EG)	Stay Well this Winter (EG)		BCOC - "TBC" (?)	NHS - Stroke (Act F.A.S.T.) (LS)
	Shade signifies that PHE campaign is to be amplified	Start 4 Life - Breastfeeding (CA -N/A)	Change 4 Life - Physical Activity (CA)		Change 4 Life - Physical Activity (CA)		Change 4 Life (CA)	Start 4 Life (CA)			Change 4 Life - Nutrition (CA)	Start 4 Life - Weaning (CA)	

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HEALTH & WELLBEING BOARD

Subject Heading:	Localities Update
Board Lead:	Barbara Nicholls
Report Author and contact details:	Karen Starkey / John Green Karen.starkey@havering.gov.uk John.green@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

The paper presented to the Health and Wellbeing Board provides an update on how the focus on developing “Localities” collectively contributes to the aspirations set out in the Kings Fund report presented earlier, in respect of pillar 3.

Localities development is underpinned by strong partnership working with NHS partners with a focus on building resilience and improving health and wellbeing.

The paper highlights the wider transformation programme of the council that will, together with Localities development *contribute to role that places and communities play in health (including mental health), including the impact of social relationships and community.*

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RECOMMENDATIONS

Health and Wellbeing Board is asked to consider the attached paper, and to seek clarification on the localities/transformation programme.

REPORT DETAIL

As attached

IMPLICATIONS AND RISKS

None

BACKGROUND PAPERS

None

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Localities Update
Health & Wellbeing Board
Jan 2019

Points to cover

- **The background**
- **Localities model**
- **What we are achieving together**
- **Our next steps within the wider transformation context**
- **Questions?**

This presentation….

This presentation provides an update on how our focus on developing 'Localities' we are collectively contributing to the aspirations set out in the King's Fund report in respect of pillar 3:

Pillar 3: The places and communities we live in

There is increasing recognition of the key role that places and communities play in health (including mental health), including the impact of social relationships and community.

The Background

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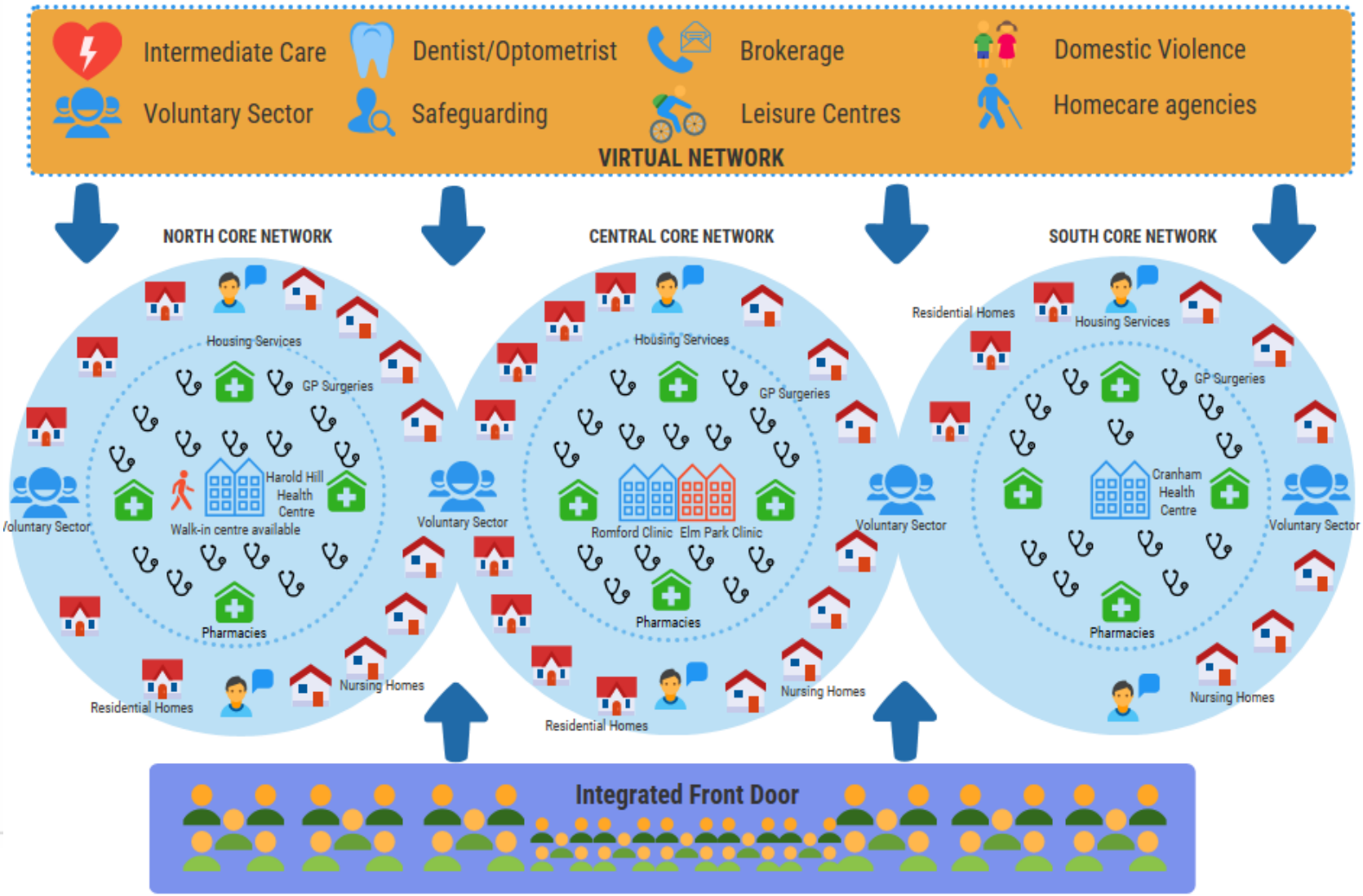
- **Health and Care Devolution**

- **a new locality model in that it will focus on prevention; build social capital; provide holistic wrap around care and support for individuals and create a broader coherent range of services, networks and pathways in defined areas of the borough**

BHR Strategic Outline Case for an Accountable Care Organisation (ACO) Nov 2016

The Localities Model



What we are achieving together

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Co-location

NOW

- ✓ 4 Locality Teams for PD/Frailty
- ✓ Community Mental Health Teams
- ✓ Learning Disability Team
- ✓ Hospital Discharge

NEXT?

- ➢ To move from 4 to 3 Localities (N, C & S)
- ➢ Co-location into new facilities
- ➢ Move to a Single Point of Access
- ➢ Place Based Care pilot

What we are achieving together

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Prevent, Reduce, Delay

NOW

- ✓ Reablement
- ✓ Voluntary Sector
- ✓ Supported Living
- ✓ Extra Care Housing
- ✓ Shared lives
- ✓ Drug and Alcohol services
- ✓ Managed interface between hospital and community
- ✓ Sexual health mobilisation

NEXT

- ➢ **Re-commissioned reablement**
- ➢ **Voluntary sector opportunities for integrated commissioning**
- ➢ **Closer working with Housing – developing local supported housing**
- ➢ **New providers and models**
- ➢ **Integrated care models and developed joint commissioning**
- ➢ **Sexual health jointly commissioned service development**

Wider Transformation – Localities

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The Place Based Care Networks - the opportunity to transform the way people experience their care and support centered around GP networks

The Better Living model – strengths–based practice

Local Area Coordination takes the strengths-based approach into the community to build community resilience.

Children's Universal Plus - joined up approach to Early Help in order to create a cohesive service for families

Wider Council Transformation

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- **Supported and affordable housing options**
- **Built environment**
- **Community Hubs**
- **Homelessness solutions**
- **One Public Estate**

Integrating our Commissioning - focus on bringing the design and investment together to better support communities to be resilient and self-managing as far as possible and making best use of collective resources.

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Questions?

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HEALTH & WELLBEING BOARD

Subject Heading:	Transformation of services
Board Lead:	Steve Rubery, Director of Commissioning & Performance, BHR CCGs
Report Author and contact details:	Sharon Morrow, Director of Transformation and Delivery - Unplanned Care and Mental Health, BHR CCGs sharon.morrow2@nhs.net

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

- ☐ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☐ x Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☐ x 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 presentation provides a summary of how health and social care partners across BHR plan to accelerate improved health and wellbeing outcomes for the people of Barking and Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and wellbeing services.

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RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

Note the presentation.

No formal decisions are required arising from this presentation.

REPORT DETAIL

The presentation covers the BHR Integrated Care Partnership and its vision, the local system recovery plan, key service transformation areas and the new, clinically-led, transformation boards.

IMPLICATIONS AND RISKS

None.

BACKGROUND PAPERS

None.

BHR Integrated Care Partnership

Better care, better lives, together

Development of an Integrated Health and Care System

Ceri Jacob, BHR CCGs Managing Director

January 2019






Background

- BHR Partners have been working together to address system wide issues for a number of years, formally through the Integrated Care Coalition established in 2011, which has evolved into the BHR Integrated Care Partnership; it is comprised of clinical, democratic and officer leaders.
- In December 2015 following a call for pilot bids by the NHS and London Councils, BHR was selected as a Devolution pilot site to test the viability and benefits of Accountable Care for the BHR system. The ambition articulated by BHR partners was to be at the forefront of piloting new ways of working across organisational boundaries to achieve a step change in health and social care outcomes in order to radically improve outcomes for local people and seek to mitigate the growing financial challenges in the system.
- The Strategic Outline Case (SOC) was prepared with the assistance of external expert resources (including PWC, UCL Partners and Ipsos MORI), and included outputs from a comprehensive survey of residents and health and care staff along with the community and voluntary sector, analysis of current and future health and care demand, service gaps, and an assessment of a range of pathway improvements required to bring BHR in line with best practice alongside detailed financial analysis.
- The SOC set out a roadmap for a BHR ICS; strengthening partnership governance arrangements, developing strategic commissioning between Local Authorities and CCGs through establishment of the Joint Commissioning Board, and working with Providers to develop a BHR Provider Alliance to take forward a place based delivery model of care.

Source: BHR Accountable Care Strategic Outline Case, November 2017

ICP VISION

To accelerate improved health and wellbeing outcomes for the people of Barking & Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and wellbeing services

Barking and Dagenham, Havering and Redbridge Integrated Care Partnership
Statement of purpose

Integrated Care Partnership vision

Delivered by a system with the following aims:

- Enable and empower people to live a healthy lifestyle, to access preventive care, to feel part of their local community, to live independently for as long as possible, to manage their own health and wellbeing, which creates an environment that encourages and facilitates healthy and independent lifestyles.
- Where care is: organised around the patient's needs, involves and empowers the patient, is integrated between agencies, with a single point of access, is provided locally where possible, meets best practice quality standards, and provides value for money.
- In which organisations: share data where appropriate, work collaboratively with other agencies and maximise effective use of scarce/specialist resources (e.g. economies of scale).
- Where artificial barriers that impede the seamless delivery of care are removed, bringing together not only health and social care, but a range of other services that are critical to supporting our population to live healthy lives.

From a person's point of view:

- The system will feel seamless and responsive to their needs. There will be clear information and advice about how to access services to ensure that they receive the right support in the right place, all of the time. Those working in health and wellbeing (including other critical support services such as local authorities, community care, public health and the voluntary sector) will be members of a 'community of care' driven by a shared vision.

Source: BHR Accountable Care Strategic Outline Case, November 2017

Our proposed way forward

KEY ISSUES

BHR: system deficit of ~£25m in 14/15 growing to ~£75m by the end of 17/18 alongside the need to improve outcomes for local people and address local workforce gaps

This is placing strain on the ability of the system to deliver its constitutional standards and has driven an insufficient focus on transformational change meaning we have not achieved the improvement in overall patient outcomes we would have desired.

NHSE/I require BHR CCGs and BHRUT to deliver joint financial recovery but it is recognised that this cannot be achieved without partnership work with NELFT and the BHR GP Federations.

PROPOSED WAY FORWARD TO ADDRESS ISSUES

Overall the system needs to be more **efficient** to eliminate both historic and in-year deficits

Activity will also need to move Out of Hospital and closer to home by 2020/21 to create a sustainable financial model for the system going forward; this cannot and must not be at the expense of delivering high quality care and our constitutional targets

In addition, the financial recovery of the NHS in BHR needs to take into account the overall direction of travel for the health and care system in BHR **toward and Integrated Care System (ICS)**

To deliver financial recovery in the NHS in BHR whilst moving with the rest of the system toward an ICS requires us to transform services, **reduce costs and rethink how and where care is delivered**.

To **ensure a coordinated approach**, it is proposed to establish an NHS Recovery Board (NRB) to provide a forum for the senior leaders (clinical and managerial) to coordinate our response to both the system challenges and regulator assurance and monitoring.

We also propose to **establish a number of clinically led Transformation Boards** targeting the key population we serve to coordinate transformational change across our system and through this work to identify and assure the delivery of QIPPs/CIPs that will drive down costs whilst improving both quality and outcomes

BHR NHS System Recovery and our journey to an Integrated Care System

2018/19
Transition Year

- New Contract Form for 18/19
- Shift QIPP focus to Transformation
- Complete SLR process with NELFT
- Planning for primary care at scale
- Joint Regulator Meetings and assurance regime
- Focus on System Control Total
- Develop Integrated Care System Pilot Model
- Agree Governance Arrangements
- Prepare for Shadow Year

2019/20
Shadow Year

- Continue shared NHS Financial Recovery approach
- Shadow Integrated Care System, fully engaged with Local Authorities
- Joint shadow Control Total
- Continued Joint assurance regime and joint Regulator Meetings
- Focus on Transformation across entire Health & Social Care System with partners
- Refine Integrated Care System model

2020/21
Implementation

- Integrated Care System
- Single Control Total within NHS system
- Continued Joint Regulator Meetings
- Achieve NHS System Financial Recovery and run rate balance
- Implement Integrated Care System across BHR

Journey towards an Integrated Care System

- Evidence suggests that the key to our financial and quality challenges is closer working with local authority and other partners to commission and deliver more integrated care

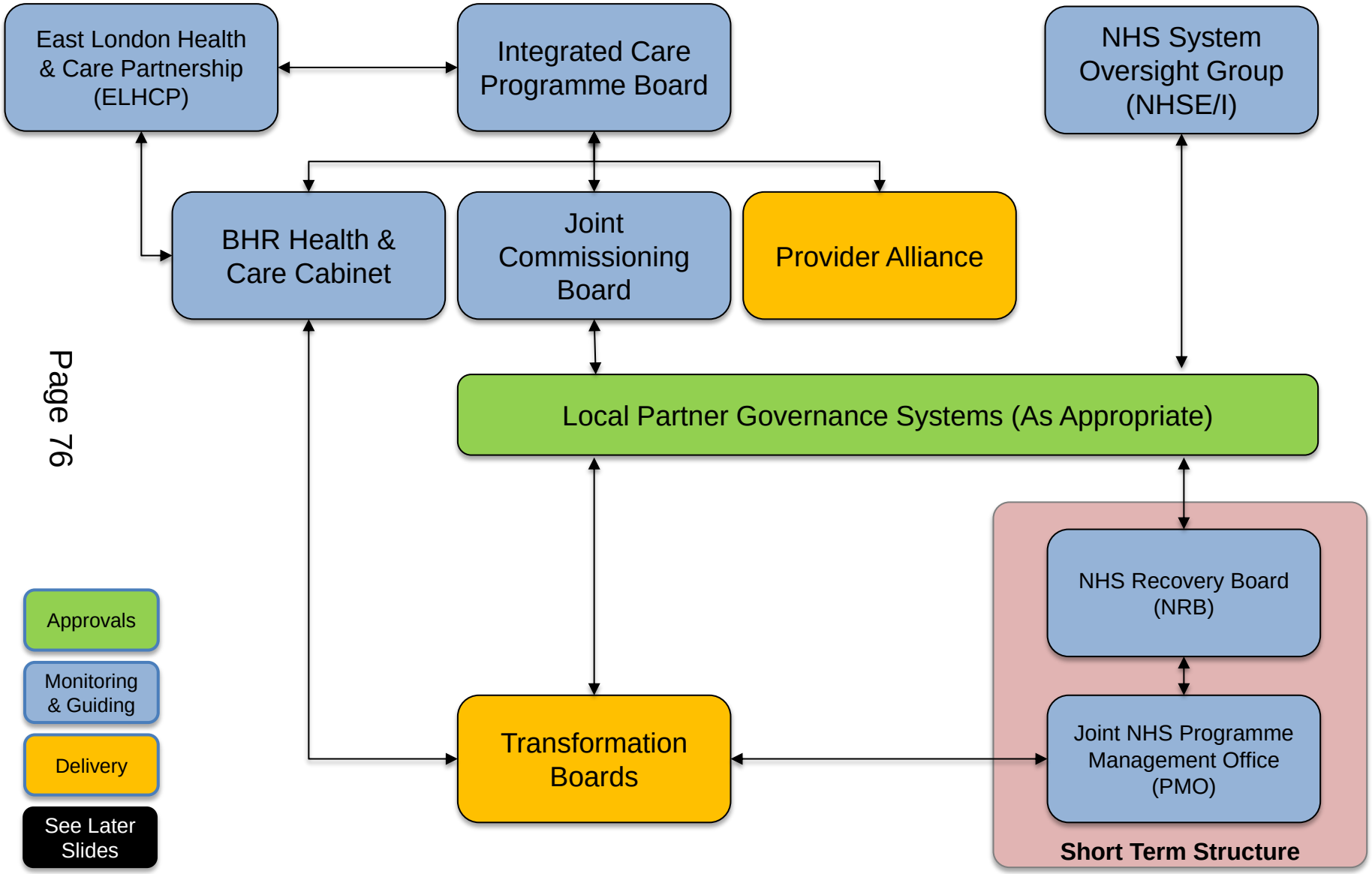
- An ICS is not the same as an Integrated Care Organisation or Accountable Care Organisation both of which would see partners merging into one single entity. An ICS will maintain the sovereignty of each organisation in the BHR System but would see an increase in joint working, sharing of decision making and the development of risk share approaches. It is likely that the ICS will also merge certain services (such as possibly back office functions) where it makes operational and economic sense to do so but the partner organisations will agree these together.

- Many of the steps required to bring partners back to a financially balanced position, also bring us closer to establishing an Integrated Care System in BHR, for example, the establishment of Joint Commissioning to look at opportunities across health and social care will not only yield financial and quality benefits, but is also a key step in the development of an ICS.

- Some of the key transformation areas, such as the development of Place Based Care, also give the system and partners real focus to drive forward the development of partnership working and a more Integrated Care System

- It is expected that we will use 18/19 to set out our plans for an ICS and will shadow work as an ICS in 19/20 before 'going live' in late 19/20 or early 20/21.

NHS Financial Recovery Governance in the context of the ICS development



The following slides show some worked examples of how the proposed governance structure is expected to operate.

Key Transformation areas

- The following Transformation boards for each of the agreed key transformation priorities for BHR are in the process of being established:
  - Older People, frailty and end of life
  - Long Term Conditions
  - Children and young people
  - Mental Health
  - Planned Care
  - Cancer
  - Primary Care
  - Unplanned Care
  - Place Based Care

- The Transformation Boards are clinically and professionally led groups designed to set the direction of travel for transformation for a specific cohort of patients. Each Transformation Board will have suitable management, finance and business intelligence support

- Transformation Boards will be able to initiate short term task and finish groups to tackle specific areas of concern

- Transformation Boards will also become responsible for the identification and oversight of workup and delivery of QIPPs and QCIPs although this may take time to get going.

- The appendix to this briefing contains a DRAFT plan on a page as an illustration of what these contain, including requirements from enablers

Transforming Health and Care in BHR

System challenges

Health and wellbeing challenges

Care and quality challenges

Funding and efficiency challenges

Corporate Objectives

- Securing financial recovery
- Development of an accountable care system
- Delivery of our CCG and system-wide transformation programmes for planned, urgent and emergency, complex and mental health care
- Continued implementation of our agreed Primary Care Transformation Strategy
- High quality safe and compassionate care from all commissioned services. - delivering better outcomes.

BHR CCGs; *High impact transformation areas targeted to address key challenges using principles of integrated care vision*

	Prevention	Primary care	Planned care	Unplanned care
	Moving care upstream to prevent deterioration, includes wider determinants of health. Focussed on prevention of disease and ill health	Develop primary care at scale including workforce and supporting delivery of more integrated care through GP Fed development	Care in right place, first time, reducing inappropriate activity, and improving effective decision making	Reducing inappropriate demand, admissions and ensuring appropriate length of stay (reducing delayed discharges)
Older people, frailty & end of life				
Children & Young People				
Long term conditions				
Mental health				
Medicines optimisation				
Maternity				
Cancer				

BHR Joint Commissioning Board; *Developing cross system strategic commissioning to deliver integrated care system vision*

- **Frailty**
- **To be scoped**
- **Diabetes & AF**

Key enablers including:

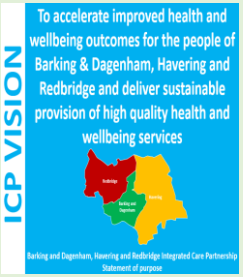
- Develop Joint Commissioning opportunities
- Population Health management
- New digital platform
- Robust workforce plan
- Robust comms and engagement
- Fit for purpose estates

Barking Riverside; place based care model

BHR Provider Alliance

Development of Integrated Care System delivery model

Vision



New delivery model achieving improved health and wellbeing outcomes for local people

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HEALTH & WELLBEING BOARD

Subject Heading:	Work of the Integrated Care Partnership
Board Lead:	Andrew Blake-Herbert, Chief Executive
Report Author and contact details:	Barbara Nicholls Director of Adult Social Care & Health *With thanks to:* *Mark Tyson, Commissioning Director, Adults' Care and Support, London Borough of Barking & Dagenham* *Mark Eaton, Director of Recovery, BHR CCGs (NHS recovery plan, section 5)* Barbara.Nicholls@havering.gov.uk t. 01708 433671

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

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ 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 transformation of the health and social care economy for Barking & Dagenham, Havering and Redbridge is being managed through the BHR Integrated Care Partnership (ICP). The ICP Board is chaired by Cllr Maureen Worby, Cabinet Member for Social Care & Health Integration in London Borough of Barking & Dagenham.

The ICPB held a special session on 31 October, in which members of the Board reviewed the current position on governance, transformation priorities, and future developments of the ICPB work plan. The discussion was positive, and reaffirmed all parties' commitment to the Partnership, whilst also pushing for a clearer emphasis on tackling wider determinants of poor health and increasing the pace around delivering demonstrable change. At the close of the workshop, the Chair issued a challenge to provide three clear, publicly demonstrable outcomes that would result

from the collaborative work of the ICPB; this is currently being worked on by partners.

This report summarises the position on governance, the current BHR NHS transformation programme priorities, and the areas that are being considered by the ICPB for the future development of the programme. It also includes an overview of the NHS Financial Recovery Plan, which is being managed alongside the wider ICPB programme.

The Integrated Care Partnership is a collaborative programme for delivering sustainability in the health and care services of Barking & Dagenham, Havering and Redbridge. It does not replace the decision-making arrangements of the constituent partners at this point, and therefore it is important that the Health & Wellbeing Board is able to review progress and influence the direction that the work is taking.

RECOMMENDATIONS

Members of the Health & Wellbeing Board are recommended to:

- Note the content of this report, where it details the governance and current direction of travel of the Integrated Care Partnership, including the issues that arose from its recent consideration of the programme so far;
- Note the proposals around locality boards and any considerations around how this might be established;
- Provide any comment back to the Integrated Care Partnership Board on the work that it is undertaking, and how the Health & Wellbeing Board can be more meaningfully involved in future;
- Agree the proposal that a further report comes back which outlines the ways in which the ICPB work programmes will support delivery of the new Health & Wellbeing Strategy for Havering.
- Note the presentation on the NHS Financial Recovery Programme and discuss the key areas of focus and any areas of concern raised by the proposed approach; and
- Agree how the HWBB would like to receive the final version of the Recovery Plan when it has been updated following Regulator feedback.

REPORT DETAIL

1. Background

1.1 This report updates on the work of the Integrated Care Partnership Board (ICPB) and seeks Havering Health & Wellbeing Board comments, feedback and endorsement of the ongoing work of the ICPB

1.2 At a workshop attended by ICPB members on Wednesday 31 October, the Board reaffirmed the BHR ICP vision, the importance of focussing on

developing resilience and focussing on prevention, and confirmed partners commitment to working together to deliver the joint vision

1.3 At the conclusion of the workshop, the Chair of the ICP Board issued a clear challenge to senior leaders to develop a clear way forward for the Integrated Care Partnership, craft a more coherent narrative about the benefits to be delivered, and to identify three big tangible changes that will be delivered in the year ahead. This work is underway for consideration at the January 2019 meeting of the ICP Board.

2. Governance of the Partnership

2.1 The vision and structure of the Partnership is outlined at Appendix 1, including the reporting lines of the Joint Commissioning Board, Provider Alliance and Health & Care Cabinet. These are the three main operating groups for the Partnership, and their roles are:

- The Joint Commissioning Board takes a system overview of the contracting and planning arrangements for health and care services, and ensures that competing or duplicating contracts and incentives are removed;
- The Provider Alliance brings together the providers of services to plan and deliver the new ways to deliver health and care services that will be needed in an integrated care system;
- The Health & Care Cabinet is a professional and clinical collaborative that shapes the priorities of the emerging integrated care system and ensures that all developments are influenced by clinical and professional experience and perspective.

2.2 The governance also includes the relationship with regulators, NHS England and NHS Improvement in particular, acting together in a single oversight of the health and care system. This is a significant step, and only achievable because there is a clear structure for collaborating across BHR. This allows a single conversation with the regulators about the financial pressures applying across the system, rather than resting with any single agency. Whilst it is more relevant at this point in an NHS context, it is helpful to NHS partners to be able to operate in this way, and therefore assists the collaboration with local authorities on responding to the priorities that are locally determined.

3. Transformation priorities

3.1 The Partnership brings together the long-term ambitions to transform services with the immediate priorities for system recovery and savings requirements for partners. It is intended that the response to immediate pressures is therefore evaluated in the context of what delivers the long-term vision of an integrated care system.

3.2 A set of transformation workstreams have been established. Four of these are the primary focus of the Integrated Care Partnership Board itself, whilst

others are being run by NHS partners under the principles and general overall direction set by the ICPB. The four main priority areas are:

- Older People and Frailty;
- Mental Heath;
- Children & Young People; and
- Long-Term Conditions.

3.3 There is currently a significant amount of work being undertaken to ensure that the plans that are being established are genuinely reflective of all partners' agency priorities wherever possible. A local authority lead and a clinical health-sector lead is being identified for each transformation workstream. Appendix 2 sets out the transformation programme structure.

3.4 A review of the locality governance is an important element of establishing joint oversight between the ICPB and the Health & Wellbeing Board.

4. Integrated Care Partnership Board: agreement to the programme

4.1 Whilst the ICPB has agreed this programme in broad terms, and supported the development of the governance which will allow a better mechanism for collaboration, there are a number of areas that they have signalled for further development. These are:

- A requirement to focus on developing resilience, prevention and self-care in order to reduce demand for acute hospital services and long term health and care arrangements;
- A substantial, system-wide, financial deficit, exacerbated by significant population growth not currently reflected in increased funding allocations;
- Difficulties in separating the wood from the trees, in mobilising a complex programme, ensuring joint ownership and in developing and communicating a coherent and compelling narrative.

4.2 It also identified some opportunities:

- The opportunity to re-focus the narrative and to identify three key priorities for the year ahead and to communicate these effectively to Cabinet Members, senior leaders, partners, staff and residents;
- Work underway to refresh Health and Wellbeing Strategies and provide a clear strategic and borough specific context for the Integrated Care Programme.

Specific areas for development

4.3 **Prevention and Resilience**

It is recognised that a greater focus is required on building resilience and that the existing approach of requiring that prevention activity featured in the work programme of each transformation priority was insufficient. A stronger approach across the Partnership's activity, supported by the wider input of local authorities together with their Public Health colleagues, and linked to the three Health & Wellbeing Strategies is therefore required.

4.4 **Localities and Health and Wellbeing Boards**

At the workshop it was recognised that while localities feature heavily in the ICP vision, there is currently insufficient visibility or focus on how this approach is being delivered. Localities need to be more clearly visible in the programme delivery. At the same time, fresh thinking is required about how best to engage H&WB Boards in the ICP programme. An option that was discussed, was that HWBBs could provide a mechanism for championing localities, ensuring locally-drive change is delivered on the ground, and for ensuring that 'place' is central to place-based care approaches.

4.5 **Clarity and transparency**

There was criticism at the workshop that while on the one hand small issues gravitated upwards to the ICPB, it was not always clear where decisions are being made or who is being held accountable. Consideration therefore needs to be given to where decisions are best taken, the mechanism for holding different bodies and organisations accountable, and for preventing duplication. In general terms:

- The ICPB should be used for big decisions, after due consideration by the appropriate governance of partners, focussing on strategy, managing sub regional and acute contracts;
- The JCB should act as a Programme Board, holding Transformation Streams to account and ensuring that these are jointly owned, adequately resourced and accountable for delivery;
- The Health and Care Cabinet is responsible for providing clinical assurance, direction and oversight;
- Transformation Boards should operate consistently and be accountable to the JCB.

This also related to the discussion about the meaningful involvement of Health & Wellbeing Boards.

4.6 **Communication and Engagement**

The Partnership needs to do much better: co-design needs to feature in each transformation stream, better ways of working with the community sector are required. As well as clinical leadership, localities require citizen involvement and local leadership. A substantial programme of communication is required to set out the purpose and successes of the Integrated Care Programme.

4.7 **Joint Transformation Fund**

This has been identified as a priority in order to give clear resources that help the collaborative work to have impact; it was agreed that this should be progressed further.

4.8 **System-wide Health and Care Budget**

Work is underway as part of the submission to NHSE of a Financial Plan in December 2018 to create a single system-wide budget position. However, given timescales this is currently a more NHS-focused activity, and will need to be further developed to include a meaningful understanding of the local

authority contribution to a system budget. As well as setting out a route towards equilibrium, consideration should also be given to how to prioritise investment in prevention, localities and resilience and how to operationalise a capitated approach to budgeting, where appropriate.

4.9 **Other issues that should be in scope**
There was some discussion about the omission of issues around disability, including learning disability, in the scope of the programme (for example, the reporting lines of the Transforming Care Programme Board) and that, since this was a major concern for local authorities, it should have greater prominence. This was also the case for some of the routine joint planning forums such as A&E Delivery Board.

Next steps for the ICPB

4.10 The above issues have all been considered by the Joint Commissioning Board, with various ways forward being proposed.

4.11 Partners are considering the establishment of a joint programme office for 2019/20 which will ensure that there is the resource in place to set the pace that is desired by all partners. Mark Eaton, Director of Recovery for BHR CCGs has established resources to support the transformation programmes, and partners need to consider their contributions to form a jointly owned programme office.

4.12 Matthew Cole, Director of Public Health for Barking & Dagenham, has proposed a framework of measures around prevention which will be considered by the Joint Commissioning Board on 28 January 2019, and which sets outcome indicators under four domains: the wider determinants of health; our health behaviour and lifestyles; the places and communities in which we live; and an integrated care system. This is intended to help to reframe the discussion on the transformation priorities.

4.13 All organisations' communications leads are engaged in a network, led by Rowan Taylor, Head of Communications for BHR CCGs, and are beginning to consider the staff and public communication priorities to support delivery of the transformation workstreams.

5. NHS Financial Recovery Programme

5.1 The presentation attached at Appendix 3 is provided to give the HWBB an update on the progress of the Financial Recovery Plan for the BHR System that is being jointly submitted by the CCGs, BHR University Trust (BHRUT) and NELFT (North East London Foundation Trust) to bring the NHS Partners/System back to financial balance by March 2021.

5.2 The document was submitted to regulators (NHS England for the CCGs and NHS Improvement for BHRUT and NELFT) in December 2018 and will be approved with any revisions by the partner boards in January 2019 during

which process the document will be made fully available to the public, partners and wider stakeholders.

5.3 This is an ambitious plan that relies on transforming services and improving outcomes for patients as the core driver for financial recovery across multiple organisations and which will have both financial benefits to and will need support from Social Care and Public Health colleagues.

6. Next steps and issues for the Health & Wellbeing Board to consider

6.1 The Health & Wellbeing Board will wish to note the governance and transformation plans for the Integrated Care Partnership.

6.2 The Board may wish to consider the plan for the establishment of the Locality 4 Board for Barking Riverside, and how the other locality boards may be established in order to strengthen the role of the Health & Wellbeing Board is overseeing delivery of ICPB programmes in Barking & Dagenham.

6.3 It may also want to decide on what further routine reporting the Health & Wellbeing Board would want in order to be assured that they have a routine input and oversight of the delivery of the ICPB agenda in this borough, and that it delivers the Health & Wellbeing Strategy.

6.4 Finally, the Board will wish to be assured that the work of the ICPB is supporting delivery of its Health & Wellbeing Strategy. Now that there is an emerging stronger transformation plan for the ICPB, and the HWBS has been agreed in final form, the HWBB may want to request a further report in due course setting out the ways in which the ICP programme delivers the Health & Wellbeing Strategy.

7. List of Appendices:

Appendix 1: Vision and Structure of the Integrated Care Partnership
Appendix 2: Structure of the Transformation Programme for the BHR ICP
Appendix 3: NHS System Recovery Plan presentation

IMPLICATIONS AND RISKS

Financial implications and risks:

No direct implications arising from this report which is for information purposes only.

Any significant decisions arising from the ICPB will be subject to normal governance processes within the relevant organisation.

Legal implications and risks:

No direct implications arising from this report which is for information purposes only.

Human Resources implications and risks:

No direct implications arising from this report which is for information purposes only.

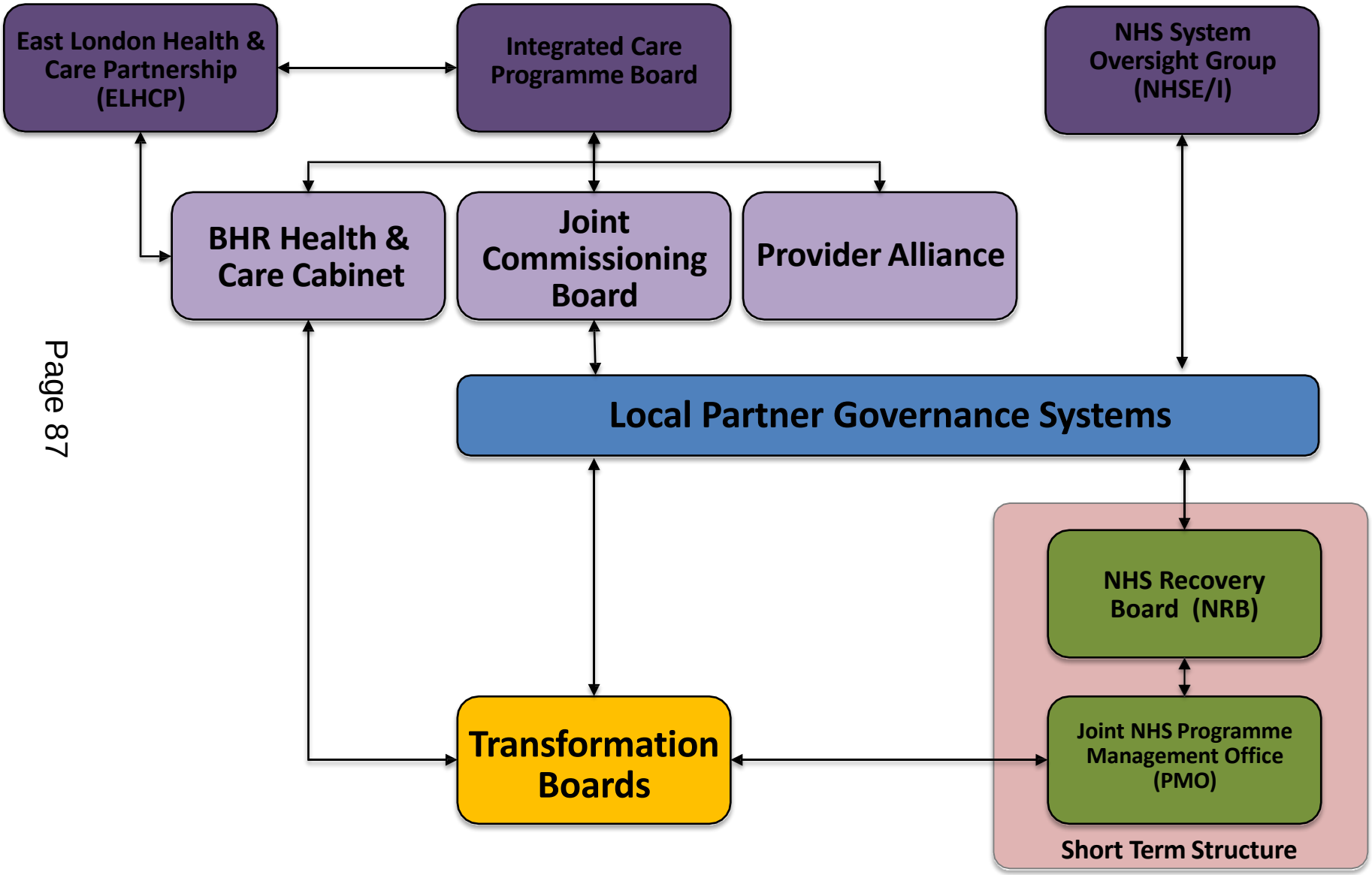
Equalities implications and risks:

No direct implications arising from this report which is for information purposes only.

BACKGROUND PAPERS

None

Governance


East London Health & Care Partnership (ELHCP)
Integrated Care Programme Board
NHS System Oversight Group (NHSE/I)
BHR Health & Care Cabinet
Joint Commissioning Board
Provider Alliance
Local Partner Governance Systems
NHS Recovery Board (NRB)
Joint NHS Programme Management Office (PMO)
Short Term Structure
Transformation Boards

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The broad pacing of the Programme, 2018/19 – 2020/21

Our partnership maturity and developing accountability

2018/19
Transition Year

- New Contract Form for 18/19
- Shift QIPP focus to Transformation
- Complete SLR process with NELFT
- Planning for primary care at scale
- Joint Regulator Meetings and assurance regime
- Develop 3 year system recovery plan
- Focus on System Control Total
- Develop Integrated Care System Pilot Model
- Agree Governance Arrangements
- Prepare for Shadow Year

2019/20
Shadow Year

- Continue shared NHS Financial Recovery approach
- Shadow Integrated Care System, fully engaged with Local Authorities
- Joint shadow Control Total
- Continued Joint assurance regime and joint Regulator Meetings
- Focus on Transformation across entire Health & Social Care System with partners
- Refine Integrated Care System model

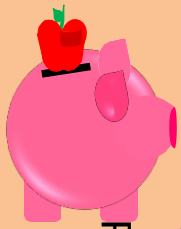
2020/21
Implementation

- Integrated Care System
- Single Control Total within NHS system
- Continued Joint Regulator Meetings
- Achieve NHS System Financial Recovery and run rate balance
- Implement Integrated Care System across BHR

The Transformation Programme

System challenges

Health and wellbeing challenges



Care and quality challenges

Funding and efficiency challenges

High impact transformation areas targeted to address key challenges using principles of integrated care vision

Prevention	Primary care	Planned care	Unplanned care
Moving care upstream to prevent deterioration, includes wider determinants of health. Focussed on prevention of disease and ill health	Develop primary care at scale including workforce and supporting delivery of more integrated care through GP Fed development	Care in right place, first time, reducing inappropriate activity, and improving effective decision making	Reducing inappropriate demand, admissions and ensuring appropriate length of stay (reducing delayed discharges)

- **Older people, frailty & end of life**
- **Children & Young People**
- **Long term conditions**
- **Mental health**
- **Medicines optimisation**
- **Maternity**
- **Cancer**

BHR Joint Commissioning Board; *Developing cross system strategic commissioning to deliver integrated care system vision*

- **Frailty**
- **To be scoped**
- **Diabetes & AF**

Key enablers including:

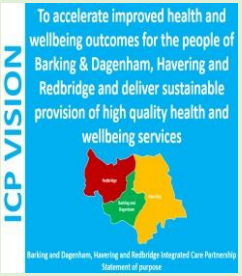
- Develop Joint Commissioning opportunities
- Population Health management
- New digital platform
- Robust workforce plan
- Robust comms and engagement
- Fit for purpose estates

Barking Riverside; place based care model

BHR Provider Alliance

Development of Integrated Care System delivery model

Vision



New delivery model achieving improved health and wellbeing outcomes for local people

Plans taking shape for the major transformation workstreams

Of principal interest to the ICPB:

- ✓ ***Older People, Frailty and End of Life***
  - ***Frailty Project***
- ✓ ***Children & Young People***
  - ***Project to be confirmed***
- ✓ ***Mental Health***
- ✓ ***Long-Term Conditions***
  - ***Atrial fibrillation***
  - ***Diabetes***

Plus place-based care project at Barking Riverside

Other major NHS recovery workstreams:

- ✓ ***Medicines Optimisation***
- ✓ ***Maternity***
- ✓ ***Cancer***

Enabling workstreams:

- ✓ ***Primary Care***
- ✓ ***Unplanned Care***
- ✓ ***Planned Care***
- ✓ ***Prevention***

Plans taking shape for the major transformation workstreams

- ✓ *Plans in development*
- ✓ *Transformation Boards meeting, shaping membership and starting their work*
- ✓ *Joint Commissioning Board, Provider Alliance and the Health & Care Cabinet all considering wider system conditions that enable these transformations to have pace and impact*

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

NHS Financial Recovery Plan 2018-2021

Update for Health & Wellbeing Boards (HWBB)

Statement of Intent

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

The FRP sets out a challenging **transformational change programme** that focuses on **improving quality and outcomes** for the patients we serve whilst **concurrently returning the system to financial balance** thus allowing the NHS Partners within BHR to continue to meet the current and future needs of our population and also to facilitate the move toward a true Integrated Care System across Health & Care.

We do not under-estimate the scale of the cultural, clinical and managerial challenge that the plans laid out in this document will bring to the NHS Partners in BHR and **the need throughout this process to bring our public, partners (in the widest possible sense) and our respective teams with us** on the transformational journey we are committing to.

We will be relentless in ensuring that as we move toward Financial Recovery for the BHR System that **quality, safety, access and delivery of our constitutional standards are at the heart and centre of our system recovery** and at no point will they be compromised.

NHS Financial Recovery Plan Key Timeline

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

Barking, Havering and Redbridge University Hospitals NHS Trust

NELFT NHS Foundation Trust

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

16th October 18 – NHS Regulators asked partners to pull together existing plans into a coordinated single plan for the BHR System and since then we have:

Shared Existing Analysis & Plans between Partners
Identified New Shared Opportunities
Accelerated Clinical Engagement Activities
Pulled Together a Coordinated Plan
Sought Approvals by NHS Boards

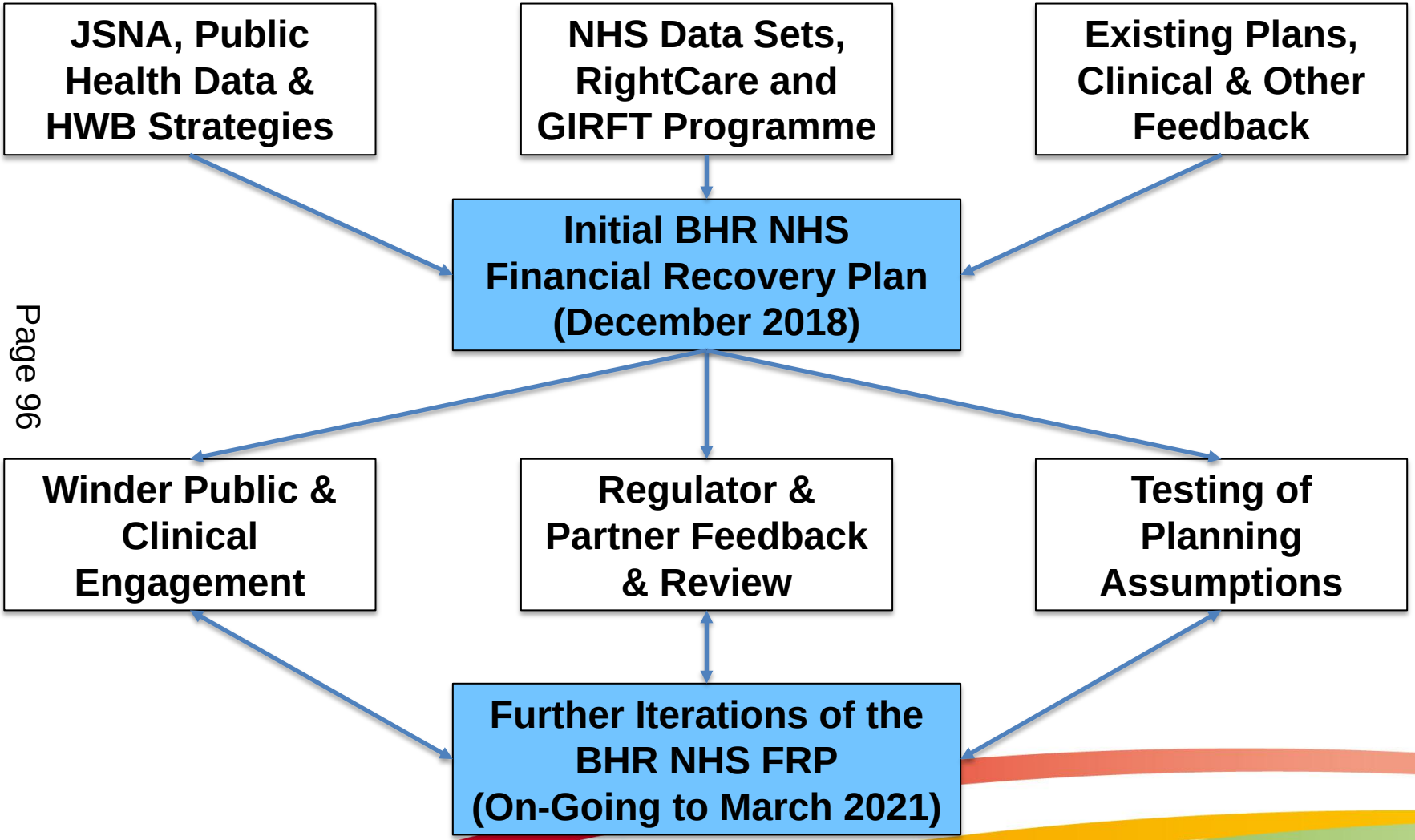
17th December 18 – Presentation to Regulators

December – Revision of FRP Based on Regulator Feedback

January – Boards Review Final Version via Public Meetings

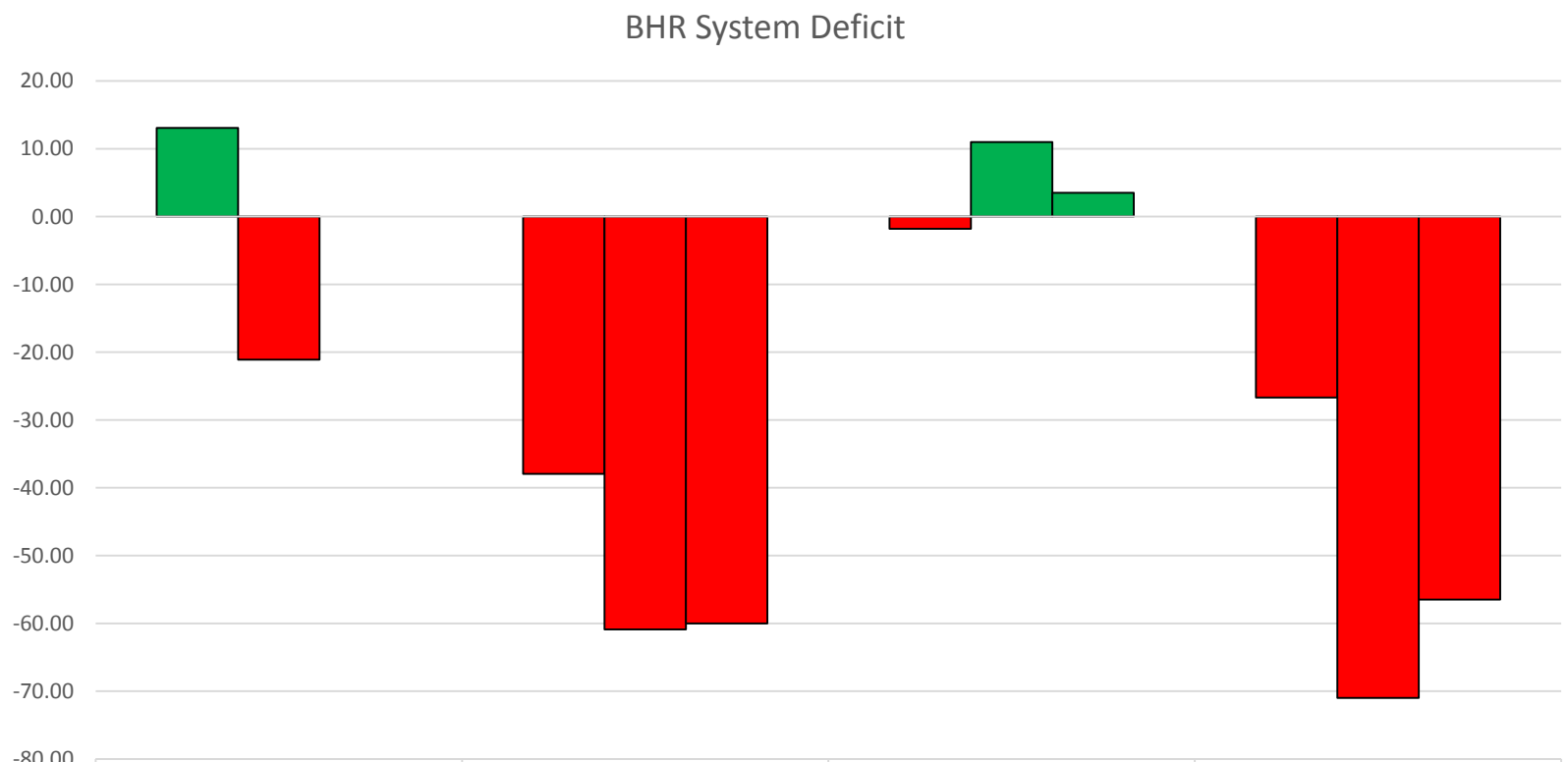
FRP Development Process

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups



BHR NHS Financial Position Overview

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups



	BHR CCGs (£m)	BHRUT (£m)	NELFT (£m)	SYSTEM DEFICIT (£m)
2014/15	13.07	-37.95	-1.80	-26.68
2017/18	-21.10	-60.90	11.00	-71.00
2018/19	0.00	-60.00	3.50	-56.50

The projected deficit for 18/19 takes into account the projected work being undertaken by BHRUT and also assumes that the BHR CCGs can fully mitigate the in-year pressures arising from elsewhere in the North East London System.

Understanding the Current Deficit

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Area	Narrative
Demographics	Partial contributor but does not explain variance to North Central & East London (NCEL) peers
Historic Under-Funding	Has been a historic contributor (and remains so to some degree for Redbridge)
Primary Care Capacity	Capacity and infrastructure issues have contributed to the deficit position
Prevalence Gaps	Need to close prevalence gaps is a contributor
Community Activity	Spend and activity appear consistent with NCEL Peers and this needs further investigation.
Secondary Care Spend	Excess spend is a resulting factor from the contributory factors above

Closing the Financial Deficit

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Internal Efficiencies & Cost Reduction	Focusing on all areas of spend from running costs to estates to reduce expenditure without impacting patient care, quality, safety or access.
System Level Programmes	System Wide Transformational Programmes (see next slide)

System Level Programmes

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Older People Programme	Reduce Non-Elective Admissions across the BHR System and increase the number of patients who die in their preferred place of death. This will be taken forward by the Older People Transformation Board
Outpatient Activity Reduction Programme	This aims to reduce Outpatient Activity to bring Care Closer to Home and support the repatriation of work from Out of Area settings. This will be taken forward by the Planned Care Programme Board
Long Term Conditions Programme	Close the prevalence gaps further and proactively manage patients to convert current non-elective activity into elective activity. This will be taken forward by the LTC Transformation Board

These programmes will deliver benefits to patients in terms of improved outcomes and more care closer to home as well as financial and operational benefits to the NHS and Local Authorities.

Next Steps

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

1. Revise plan in light of Regulator Feedback
2. Approve via the Partner Boards
3. Work up of plans with more detail to test assumptions
4. Communications and engagement programme
5. Mobilise for delivery
6. Align programme to Local Authority Plans and quantify benefits for inclusions in those plans

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Havering
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HEALTH & WELLBEING BOARD

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

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

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

SUMMARY

The purpose of this report is to provide the Health and Wellbeing Board with an update on the way in which the Better Care Fund (BCF) is being utilised during 2018/19 and how it is delivering against plan, and also to set out further details about the proposed plans for the next year.

The BCF was established by Government to provide funds to local areas to support the integration of health and social care. It aims to ensure a closer integration between health and social care, putting person centred care and wellbeing at the heart of the decision making process. The BCF is a vital part of both NHS planning and local government planning. 2015/16 was the first year of the BCF nationally.

The BCF policy requires the pooling of budgets and a section 75 agreement about how integration will be taken forward and the funding prioritised to support this. In Havering, the indicative minimum pooled fund totals £24.403m in 2018/19.

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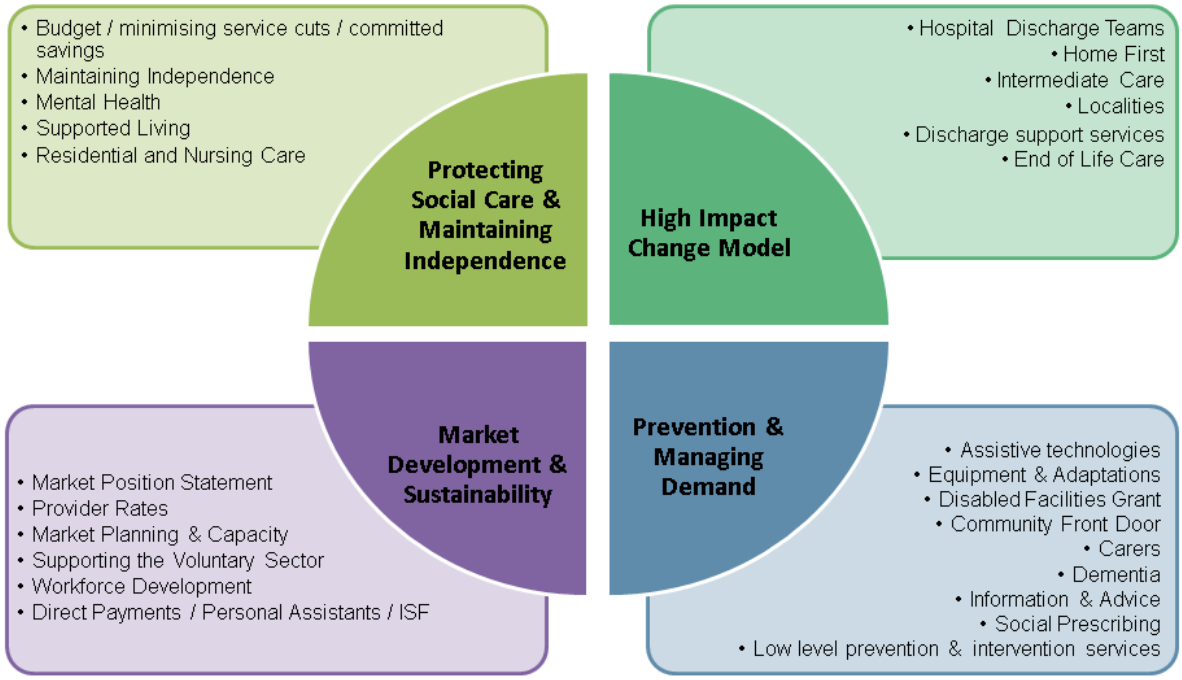
RECOMMENDATIONS

- That Health and Wellbeing Board Members note the contents of this update report.

REPORT DETAIL

1.0 2018/19 Plan refresh

Our joint Barking and Dagenham, Havering and Redbridge 2018/19 BCF plan set out schemes across four key areas:



The funding streams included in the budget are the minimum CCG contribution (as defined by NHS England), the Improved Better Care Fund (iBCF), the Disabled Facilities Grant (DFG) and for Havering the additional Local Authority contribution towards the reablement contract.

The 2018/19 plan was year two of the joint plan initiated from 2017/18. As such the schemes largely rolled forward with the exception being with regard to an increase to the reablement contract, funded by iBCF. This was an increase of £238,346.

1.1 Assurance Process

As part of the 2018/19 assurance process completion of a template was required to illustrate this change and give explanation in order for the second year of the plan to continue to be granted assurance status. The template was duly submitted in August 2018. Follow up questions were received regarding HWB Chair briefings and wider HWB discussion, the impact on the Havering High Impact Change Model (HICM), and regarding any link to Delayed Transfer of Care performance. These were responded to, to the satisfaction of the BCF Assurance Regional Team

2.0 Section 75

The Cabinet Member for Health and Adult Care Services, in consultation with the Leader of the Council and the Director for Adult Social Care, have been asked to enter into a Section 75 Agreement for the purposes of operating the shared Better Care Fund programme across Havering, Barking & Dagenham and Redbridge. This decision was agreed and logged in July 2018.

The partners have been working on the joint agreement since the summer. This has taken longer to complete than expected, largely due to the need for the respective legal teams to review the various iterations of the agreement and then for feedback to be relayed and discussed collaboratively. The section 75 is expected to be signed and sealed by all parties imminently.

3.0 Governance

Governance of the joint section 75 was discussed and a shadow Joint Executive Management Committee met during July 2018. At this meeting it was recognised that the membership was very much the same membership of that of the Joint Commissioning Board (JCB) and there was therefore, an opportunity to reduce the number of points of governance and strengthen the JCB role by using that forum to govern the BCF, with activity committed through Better Care Funds across BHR. For each area HWBs remain the principal and overarching point of governance for Better Care Fund arrangements.

Bringing BCF oversight together in one officer led governance Board, enhances our ability to identify and drive activity of benefit across BHR, with less focus upon BAU and more upon innovation and change.

This approach was taken to JCB on 30 July and agreed. It will be supported by a finance and performance sub-group which will meet as and when required, consisting of BCF lead officers in Barking and Dagenham, Havering and Redbridge. We will align Terms of Reference to ensure that BCF activity and requirements were reflected within the JCB Terms of Reference. Delivery groups will continue to exist but will be refined to ensure maximum effectiveness and efficiency.

JCB will receive update reports periodically (at least quarterly).

Appendix 1 illustrates the revised governance framework.

4.0 Progress against 2018/19 Plan

The commissioning partners have supported the steady evolution of the Better Care Funds across BHR which have included the increasing alignment of plans, recognition within our plan of the contributing components and spend in key areas and in this current year, the provision of a single S.75 agreement and new governance arrangements.

Our approach also draws upon the increasing development and reach of the Joint Commissioning Board which provides a further strategic steer across the BHR area. The JCB also offers opportunities to strengthen commissioning leverage within the system "strengthening improved Health and Wellbeing outcomes for the people of Barking and Dagenham, Havering and Redbridge … [by supporting us to] … deliver sustainable provision of high quality health and wellbeing services" and specifically to "ensure organisations work collaboratively…and maximise effective use of scarce / specific resources.." (BCF Joint plan 2017/18).

The challenge is one of recognising both the areas of commonality and opportunity, with those which need to continue to reflect local differences and delivery which we have sought to reflect in our current BCF plan. This plan in itself, describes a level of ambition through which not just closer and more integrated working might be achieved but also where the commissioning partners can take iterative steps as and when they determine to deepen collaboration and integration.

Both market development and improved management of demand are key in ensuring sustainability and in future planning, reflecting the focus provided with the IBCF (Adult Social Care Grant) and in seeking to improve the management of demand for services across our social care and health system and in maintaining performance both for the system as a whole and for individual organisations.

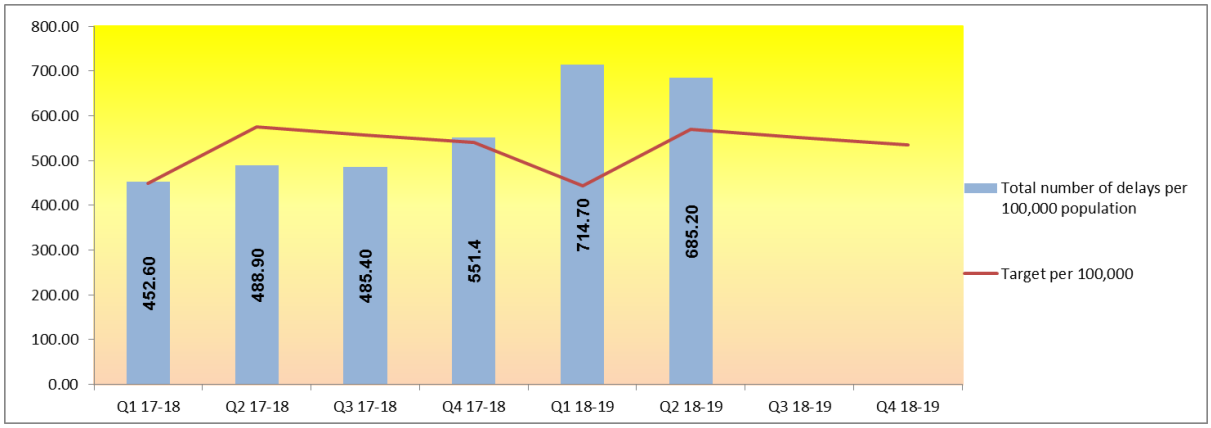
Practically, we are also often commissioning within the same market or with service providers who are themselves either working across Borough boundaries or seeking improved consistency of commissioning terms and expectations.

Proposed further steps are being developed under our joint framework, are under consideration by the JCB in terms of the specifics of our joint work plan.

4.1 Delayed transfers of care

One key issue for Havering in 2018/19 has been challenges in maintaining the same or better delayed transfers of care performance of previous years. NHS England prescribed challenging targets for the BHR system and are proving an operational challenge for Havering, with a 14 % reduction in delayed days expected over the 2018/19 counting year. There is a six week time lag in getting hospital delay submission data made available to local authorities, so the latest information available is to the end of October 2018. November data is due to be published on 10th January 2019. The table below sets out latest performance information for the BCF delayed transfer of care indicator.

Table 1 – Delayed transfers of care per 100,000 population – total number of days delayed for each month.



The primary cause of delayed transfers of care are with the NHS and are in the acute sector. Examples of the kinds of delays that are being experienced include, waiting for therapy assessments, waiting for transfer to specialist rehabilitation beds (such as to a brain injury unit or neuro rehabilitation bed), and some significant family choice delays where families take longer than expected to e.g. decide on the care home they are happy for their relative to move to. Reporting to the A&E Delivery Board, the 'Outflow – Discharge Improvement Working Group' continues to work on improving flow through the hospital, including resolving key blockages to safe and timely discharge.

Social care delays also spiked in quarter 2, but there is ongoing follow-up with some out of borough hospitals as they have reported delays against Havering for patients that social care was unaware were event in hospital. There were some delays between July and October 2018, where the specialist support required could not be sourced quickly. Because the targets are low, it only takes one or two patients per month to be delayed beyond a few days to push performance off target.

HWB is asked to note that failure to meet the national targets for delayed transfers of care (both NHS and social care) still carries a risk in respect of the Social Care Grant monies.

5.0 DFG

The Disabled Facilities Grant is passported through the BCF to the 'relevant housing authority'. For Havering the value of the DFG in 2018/19 is £1.680m. Since 2008-09, the scope of how DFG funding can be used was widened, enabling authorities to use specific DFG funding for wider purposes. This discretionary use of the funding can help improve delivery and reduce the bureaucracy involved in the DFG application process, helping to speed up the process. For example, LAs could use an alternative means test, increase the maximum grant amount, or offer a service which rapidly deals with inaccessible housing and the need for quick discharge of people from hospital. For Havering, a key deliverable for 2018/19 is a new 'Private Housing Health Assistance Policy', which is anticipated to be ready for Executive Decision by no later than the end of March 2019.

The focus of the Private Housing Health Assistance Policy is one of prevention to enable independent living, by supporting those whose independence may be at risk, to access housing (including their current home) which meets their needs. The Policy is steered by objectives within the Barking, Havering and Redbridge Better Care Fund Plan 2017-19, the Care Act 2014 and the Housing Grants, Construction & Regeneration Act 1996

This policy sets out how the Council will (for dwellings within the Borough of Havering) exercise:

(i) the Council's statutory duty for the provision of mandatory Disabled Facilities Grants under the provisions of the Housing Grants, Construction & Regeneration Act 1996;
(ii) the Council's discretion to provide flexible assistance to help improve living conditions and enable people to continue to live independently, or to enable a family to continue to care for a loved one and avoid them having to move from their family home into 24hr care, as determined by the Council in adopting Article 3 of the Regulatory Reform Order (Housing Assistance) (England & Wales) Order 2002.

The aims of the Private Housing Assistance Policy are:

(i) to provide advice, information and support on repair, maintenance, and adaptations of properties across the Borough;
(ii) to offer a health based framework of assistance to vulnerable groups & households, including those with long term health conditions;
(iii) whilst it is recognised that it is the home owner's responsibility to maintain their own properties the Council will target limited resources to adults and children that are most vulnerable or have a health condition and are not able to maintain or adapt their own properties which could impact on their independent living, and support to families to provide safe and affective care to enable someone to remain at home.
(iv) private landlords will not be eligible for any grants under this policy. Landlords have a duty to maintain their properties free from hazards and the Council will exercise it's enforcement powers as appropriate to ensure that safe and healthy standards are attained in the private rented sector. In certain circumstances the tenant maybe eligible to apply for a grant under this policy, this will be considered only on a case by case basis;
(v) to contribute to the Better Care Fund, principally to reduce delayed transfers of care, minimise avoidable hospital admission, and facilitate early or timely discharge from hospital by tackling housing related matters;
(vi) to facilitate an increase in the number of vulnerable households able to heat their homes at reasonable cost;
(vii) to assist disabled people with adaptations to facilitate their movement in and around their home thereby improving their quality of life;
(viii) in offering assistance the Council will promote relevant services offered by other organisations;

(ix) to treat individuals fairly as required by the Equality Act 2010 and ensure that an individual's rights under data protection and human rights legislation are protected.

6.0 BCF Funding

For Havering, contributions to the fund for 2018/19 total £24,402,641 (of which £23,462,641 is the required minimum fund size), broken down as follows:

Funding Source	**Amount £m**
CCG revenue allocations:	16.961
Disabled Facilities Grant:	1.680
Improved Better Care Fund	1.978
Additional government grant to support social care	2.844
Total minimum contribution	**23.463**
LA additional contribution	0.940
Total Pooled Fund	**24.403**

Partners in Barking and Dagenham and Redbridge are contributing in total £24.237m and £26.293m for each borough respectively.

At the outset of the agreement, all three boroughs retain their pooled funds for their borough-aligned priorities. However, the agreement includes a fourth pool, where clear decisions are taken by boroughs to jointly fund a project or service, the decision can be made to identify resources from borough funds for the purpose. This provides a vehicle for 'cementing' decisions on stronger integration.

To use the joint pool will require an explicit decision of the JCB, and will need to be aligned to the priorities in the plan. Individual partners will be able to withdraw from agreements made, but it should be acknowledged that to do so will require a specific decision in the JCB, and funds would still remain as part of the Better Care Fund Section 75 overall, as agreed as part of the overall plan with NHS England. Any such decisions, in either direction, will be reported to the Health & Wellbeing Board through routine monitoring of the BCF Plan and delivery.

IMPLICATIONS AND RISKS

Financial implications and risks:

No direct implications arising from this report which is for information purposes only.

Havering
LONDON BOROUGH

Any significant decisions arising from the JCB and the fourth pooled fund will be subject to normal governance processes within the relevant organisation.

Legal implications and risks:

No direct implications arising from this report which is for information purposes only.

Human Resources implications and risks:

No direct implications arising from this report which is for information purposes only.

Equalities implications and risks:

No direct implications arising from this report which is for information purposes only.

Each individual decision will be subject to an EIA.

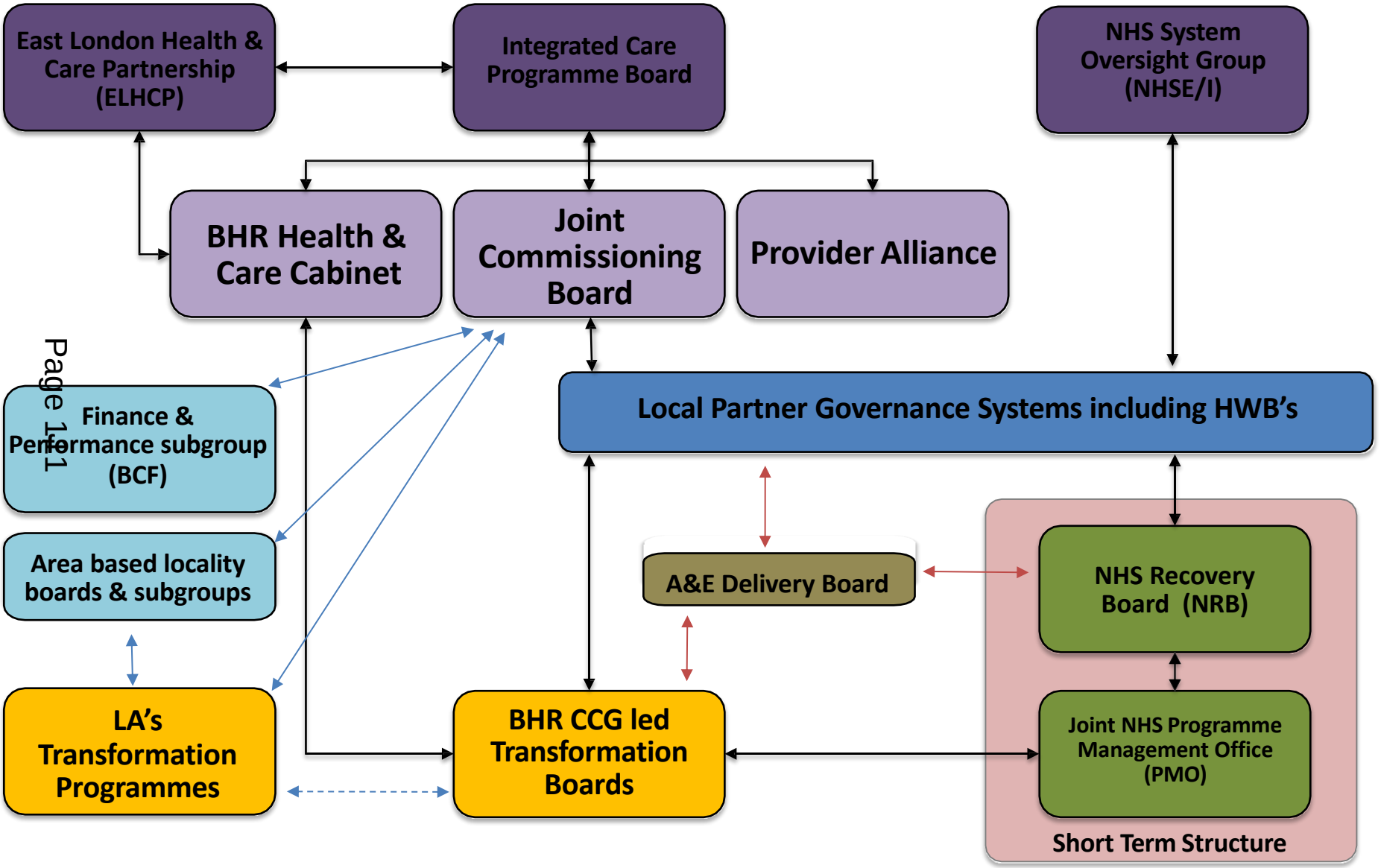
BACKGROUND PAPERS

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

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

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

Governance (including BCF)



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Health and Wellbeing Board 2018-19
Forward Plan

HWB Meeting 13 March 2019		
Option 1: Health and Wellbeing Strategy: outline proposal	Barbara Nicholls	
Option 2: Condition 2: Mental health		• Transformation programme • Autism Strategy: Progress Report • Suicide prevention (LBH Public Health) • Children and adolescent mental health • Dementia (Dementia Partnership Board)
Reports		• Sexual health (LBH Public Health) • Safeguarding children Board and Safeguarding Adults Board Annual Report • End of Life Care Annual Report (CCG) • Local Account (LBH Adult Social Care)
BHR CCGs Community Urgent Care Consultation – the future urgent care pathway for our area	BHR CCGs	Following community consultation "right care, right place, first time".

Health and Wellbeing Board 2018-19
Topics previously presented

HWB Meeting 12 September 2018		
Healthwatch Annual Report	Ann-Marie Dean	
SEND Strategy	Tim Aldridge	

Topic: Cancer		• Overview (Mark Ansell, Director of Public Health)
		• Health champion programme (Health Champion Service)
		• Cancer services (CCG)
		• Living with cancer:
		  • Access to Work (Department for Work and Pensions)
		  • Exercise (YMCA)

HWB Meeting 14 November 2018: Cancelled

HWB Meeting 16 January 2019		
Topic: Prevention		• Prevention "*A vision for population health, Towards a healthier future"* • *Health Improvement Report* (LBH Public Health) • Localities • Transformation of services (BHR CCGs) • Work of Integrated Care Partnerships
Reports		Better Care Fund

Health and Wellbeing Board 2019-20
Forward Plan

First meeting		
Obesity strategy		
Health protection annual report	Public Health	To include an update on NHSE plans for improving uptake of shingles vaccination
Children's services		
Drug and alcohol harm reduction strategy		
Clinical governance report		This could be expanded to consider clinical governance/quality of commissioned services. This is such a big topic, it would be impossible to cover all in a single meeting, so possibly commissioners and providers presenting what are the priorities issues/concerns for local services – and signposting to published commissioning strategies/clinical governance reports.
Preventing sight loss	Public Health	A report that follows on from report produced by Healthwatch about the quality of care, post diagnosis.

Forward plan to be developed further once dates / priorities identified

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