



# CABINET

<b>7.30 pm</b>	<b>Wednesday 13 March 2024</b>	<b>Council Chamber - Town Hall</b>
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Members 9: Quorum 3

Councillor Ray Morgon (Leader of the Council), Chairman

**Cabinet Member responsibility:**

Councillor Keith Darvill

Lead Member for Climate Change & Housing  
Need

Councillor Gillian Ford

Lead Member for Adults & Wellbeing

Councillor Oscar Ford

Lead Member for Children and Young People

Councillor Paul McGeary

Lead Member for Housing & Property

Councillor Paul Middleton

Lead Member for Digital, Transformation &  
Customer Services

Councillor Barry Mugglestone

Lead Member for Environment

Councillor Christopher Wilkins

Lead Member for Finance

Councillor Graham Williamson

Lead Member for Regeneration

**Zena Smith**

**Head of Committee and Election Services**

**For information about the meeting please contact:**

**Bernadette Lynch tel: 01708 434849**

**e-mail: [bernadette.lynch@havering.gov.uk](mailto:bernadette.lynch@havering.gov.uk)**



**Webcast**

**Please note that this meeting will be webcast.  
Members of the public who do not wish to appear  
in the webcast will be able to sit in the balcony,  
which is not in camera range.**

***Under the Committee Procedure Rules within the Council's Constitution the Chairman of the meeting may exercise the powers conferred upon the Mayor in relation to the conduct of full Council meetings. As such, should any member of the public interrupt proceedings, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room and may adjourn the meeting while this takes place.***

***Excessive noise and talking should also be kept to a minimum whilst the meeting is in progress in order that the scheduled business may proceed as planned.***

### **Protocol for members of the public wishing to report on meetings of the London Borough of Havering**

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

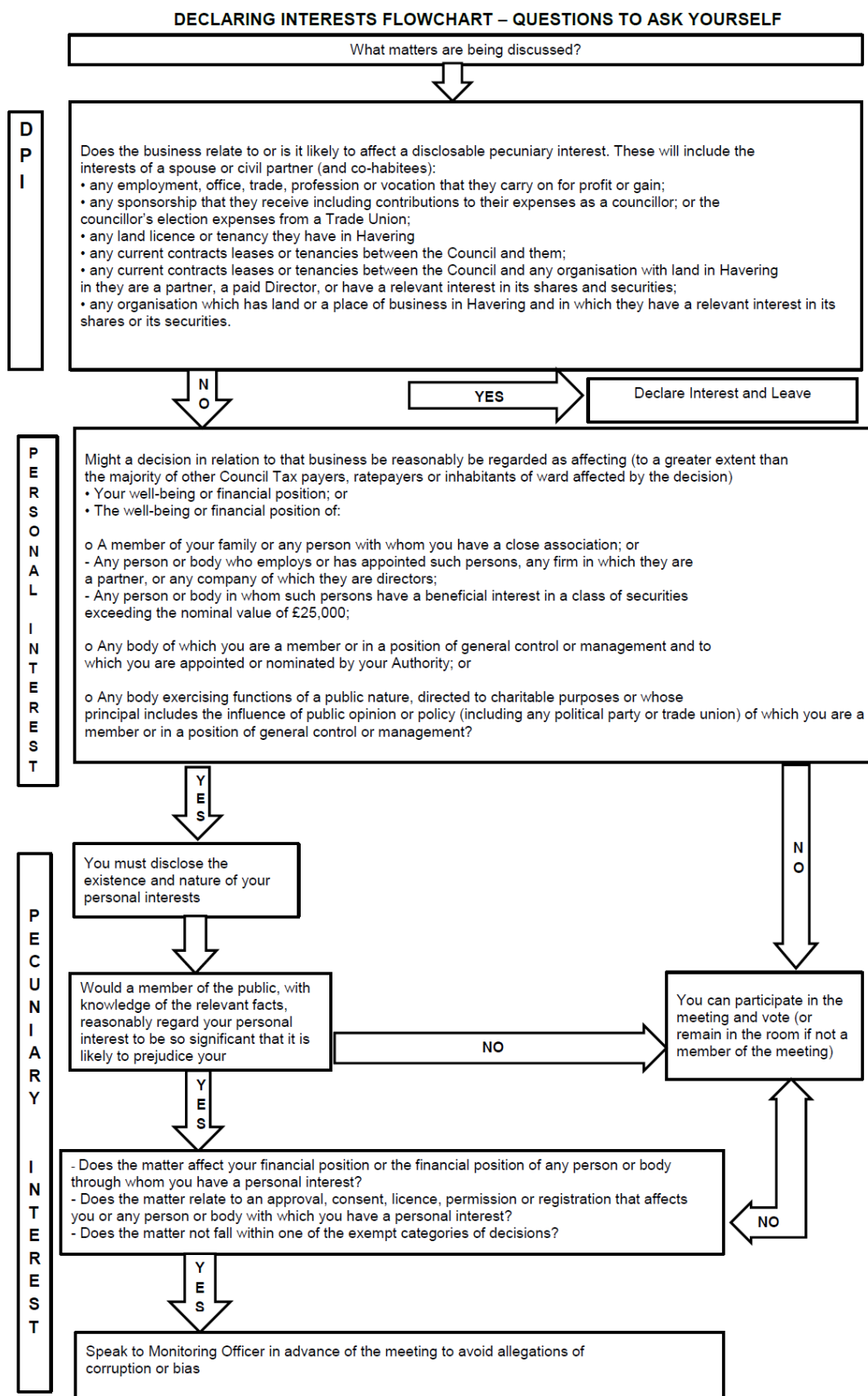
Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.



## **AGENDA**

### **1 ANNOUNCEMENTS**

On behalf of the Chair, there will be an announcement about 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 DISCLOSURES OF INTEREST**

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any time prior to the consideration of the matter.

### **4 MINUTES (Pages 5 - 14)**

To approve as a correct record, the minutes of the meeting held on **7<sup>th</sup> February 2024**, and to authorise the Chair to sign them.

### **5 PARKS VEOLIA ENVIRONMENTAL TRUST GRANT FUNDED PROJECTS 2024-25 (Pages 15 - 24)**

### **6 ONESOURCE ICT DECOUPLING AND CREATION OF A SOVEREIGN IT SERVICE FOR HAVERING (Pages 25 - 40)**

### **7 HAVERING COMBATING SUBSTANCE MISUSE STRATEGY 2024-2029 (Pages 41 - 192)**

### **8 BOROUGH OF CULTURE (Pages 193 - 206)**

### **9 AWARD OF CONTRACT - THE LONDON COLLABORATION (MSTAR4) (Pages 207 - 244)**

### **10 APPROVAL OF TRANSPORT POLICY (Pages 245 - 288)**

### **11 COMMUNITY ENGAGEMENT STRATEGY (Pages 289 - 342)**

### **12 FINANCE PERIOD 9 REVENUE MONITORING REPORT (Pages 343 - 372)**



**MINUTES OF A CABINET MEETING**  
**Council Chamber - Town Hall**  
**Wednesday, 7 February 2024**  
**(7.30 - 9.00 pm)**

**Present:**

Councillor Ray Morgon (Leader of the Council), Chairman

**Cabinet Member responsibility:**

Councillor Keith Darvill

Lead Member for Climate Change & Housing Need

Councillor Gillian Ford

Lead Member for Adults & Wellbeing

Councillor Oscar Ford

Lead Member for Children and Young People

Councillor Paul McGearry

Lead Member for Housing & Property

Councillor Paul Middleton

Lead Member for Digital, Transformation & Customer Services

Councillor Barry Mugglestone

Lead Member for Environment

Councillor Christopher Wilkins

Lead Member for Finance

Councillor Graham Williamson

Lead Member for Regeneration

**In attendance:** Councillor David Taylor – Conservatives & Councillor Martin Goode (Group Leader – EHRG)

Also, in the chamber Cllr Jane Keane (Labour).

**152 ANNOUNCEMENTS**

Members were advised of the Fire Safety procedures in the Council Chamber.

**153 APOLOGIES FOR ABSENCE**

No apologies for absence received.

**154 DISCLOSURES OF INTEREST**

There were no disclosures of interest.

155 **MINUTES**

The minutes of the meeting held on **10<sup>th</sup> January 2024**, were agreed as a correct record and the Chair signed them.

156 **BRIDGE CLOSE REGENERATION LLP 2024/25 BUSINESS PLAN REFRESH**

**Report:** Bridge Close Regeneration LLP Business Plan Refresh 2024-2025

**Presented by:** Councillor Graham Williamson - Cabinet Member for Development and Regeneration

- 1.1 The Council established a joint venture development vehicle, Bridge Close Regeneration LLP ('BCR LLP', 'Joint Venture' or 'JV') to bring forward the proposed regeneration of the site known as Bridge Close (see plan with red line at Appendix A). BCR LLP was until October 2020 jointly owned between the Council and a private sector partner. On 16<sup>th</sup> September 2020, Cabinet approved the proposed acquisition by the Council of the private sector interest in BCR LLP and on 29<sup>th</sup> October 2020, the Council entered into a purchase agreement to acquire the interest in BCR LLP that it did not already own from the private sector partner.
- 1.2 In light of the Council acquiring full control of Bridge Close Regeneration LLP, on 16<sup>th</sup> December 2020, Cabinet considered a number of recommendations relating to the future funding and delivery of the scheme. Approval was granted for the Council to deliver the regeneration of Bridge Close directly, funding the development entirely through Council resources, predominantly using the Housing Revenue Account. Cabinet approved a budget with referral to and subsequent agreement by Full Council on 3<sup>rd</sup> March 2021. Subsequently, the Bridge Close Regeneration LLP Business Plan 2022/2023 was approved by Cabinet on 16<sup>th</sup> February 2022 and thereafter adopted by the Bridge Close Regeneration LLP.
- 1.3 The Business Plan forms part of a comprehensive suite of project documents, including the Members' Agreement, the Land Agreement, the Land Acquisition Strategy, the Security Agreement and the Loan Note Instruments, which amongst others, set out the strategy and the terms and conditions for provision of funding by the Council as principal Member of the Joint Venture (noting that a wholly owned company of the Council acts as second member of the JV). The Business Plan is a suite of strategy and policy documents, including a budget and financial model with detailed forecasts, which provides a management framework for delivering the vision and objectives for the regeneration of Bridge Close.
- 1.4 In accordance with the Members' Agreement, the Board of Bridge Close Regeneration LLP must prepare, issue and agree a draft Business Plan to the Council as Member. Once agreed, the draft Business Plan would replace the then current Business Plan as the formal Business Plan adopted by the Bridge Close Regeneration LLP.

- 1.5 This report provides an update of the Business Plan and a review of key work streams underpinning the delivery of the Council's vision for Bridge Close. It provides an update of the budget and financial model approved by Cabinet in December 2020 and recommends that the updated Business Plan be agreed, noting the significant benefits to the regeneration of Romford town centre, the contribution towards Havering's target for housing delivery, including affordable housing, and the expected financial returns anticipated in the plan.

**Cabinet:**

1. **Approved** the draft Bridge Close Regeneration LLP Business Plan 2024-2025 (the Business Plan) as attached at Appendix B.
2. **Agreed** the provision of a budget to enable the funding and delivery of the regeneration of Bridge Close as required and detailed within the exempt Financial Implications and Risks section; this budget to be included within the proposed HRA Capital Programme that will be considered by Cabinet in the Housing Revenue Account Business Plan update.
3. **Agreed** that the Leader of the Council, after consultation with the Strategic Director of Place, the S151 Officer and the Monitoring Officer, approve detailed business cases, funding arrangements and legal agreements as may be required to deliver the regeneration of Bridge Close as per the Business Plan 2024-2025.
4. **Noted** that the Strategic Director of Place will continue discussions with the Havering Islamic Community Centre (HICC) with a view to relocating HICC within the proposed new development or, if a suitable alternative site could be found, elsewhere.
5. **Noted** that the Strategic Director of Place will continue discussions with the London Ambulance Service (LAS) with a view to relocating the LAS to a suitable alternative site elsewhere.
6. **Instructed** the Strategic Director of Place, in consultation with the S151 Officer and the Monitoring Officer, to bring forward a report for the making of the Compulsory Purchase Order (CPO) for the Bridge Close Regeneration scheme at the appropriate time in the financial year 2024-2025.
7. **Authorised** the Strategic Director of Place, acting in consultation with the Monitoring Officer and the Section 151 Officer, to negotiate, finalise and enter into all necessary legal agreements as may be required, and to do anything incidental to bring into effect the proposed arrangements set out in Recommendations 1-6 inclusive.

157 **HRA BUSINESS PLAN 2024-25**

**Report:** HRA Business Plan update, Budget 2024/25 & Capital Programme 2024/25–2028/29.

**Presented by:** Councillor Paul McGeary - Lead Member for Housing

This report sets a budget for the Council's Housing Revenue Account (HRA) and HRA Major Works and Capital Programme. Cabinet approved the Housing Asset Management Plan 2021-2051 in October 2021 and the budgets and projections of expenditure required to maintain the stock to a good standard have been used in the preparation of the capital programme in this report. A summary is provided of the HRA Business Plan 2023-2052.

The HRA is a ring-fenced account that is used to manage and maintain the Council's own housing stock. The Council is legally required to not set a deficit budget. The proposed budget will enable the Council to manage and maintain the housing stock to a good standard and provide funding for a significant acquisition, new build and estate regeneration programme. It further sets rents, service charges and other charges for Council tenants and leaseholders for the year 2024/25.

As part of the new regulatory framework for local government housing services, councils are now subject to the Regulator of Social Housing's (RSH) Rent Standard. This has introduced the CPI + 1% increase arrangement, based on the published rate for September 2023 making an increase for 2024/25 of 7.7%.

In order to change any HRA rent liability, the local authority must notify tenants and give 28 days' notice of any change after the authority has made a properly constituted decision of that change. This means that, following a Cabinet decision on rent levels to be charged in any year, the local authority must write to all tenants to advise them of the new rent liability for the following 12 months.

Should the Cabinet adopt the recommendations, a notification will be sent to tenants in the first week of March 2024, to make the new charge effective from the first week of April 2024.

**Cabinet:**

- 1 **Approved** the Housing Revenue Account Budget as detailed in paragraph 3.5.
- 2 **Agreed** that the rents chargeable for tenants in general needs Council properties owned by the London Borough of Havering be increased by 7.7% from the week commencing 1<sup>st</sup> April 2024.
- 3 **Agreed** that the rents chargeable for tenants in supported housing Council properties, such as sheltered housing and hostels, owned by the London Borough of Havering, are increased by 7.7% from the week commencing 1st April 2024.
- 4 **Agreed** the four rent-free weeks for 2024/25 are: the week commencing of 26th August 2024; 16th December 2024; 23rd December 2024 and the 31<sup>st</sup> March 2025.

- 5 **Agreed** that service charges and heating and hot water charges for 2024/25 are as detailed in section 2.20 of this report.
- 6 **Agreed** that charges for garages should be increased by 7.7% in 2024/25 as detailed in paragraph 2.9 of this report.
- 7 **Agreed** that the service charge for the provision of intensive housing management support in sheltered housing for 2024/25 shall be as detailed in paragraph 2.25 of this report.
- 8 **Agreed** the Supported Housing Charge for HRA Hostels as detailed in paragraph 2.31 of this report.
- 9 **Agreed** that the rent charge to shared ownership leaseholders is increased by 8.9% as detailed in paragraph 2.7 of this report.
- 10 **Agreed** that the Care-line and Telecare support charge should be increased by 7.7% for 2024/25 as detailed in paragraph 2.28 of this report.
- 11 **Approved** the HRA Major Works Capital Programme, detailed in Appendix 1a of this report and refer it to full Council for final ratification.
- 12 **Approved** the HRA Capital expenditure and financing for the 12 Estates Joint Venture and other acquisition and regeneration opportunities detailed in section 4.4 – 4.12 and Appendix 1b of this report and refer it to Full Council for final ratification.
- 13 **Approved** the acquisition of 47 affordable homes by the HRA on the Quarles Campus site from Mercury Land Holdings, as detailed in paragraph 4.10 of this report, and delegate approval of the contract terms and completion to the Strategic Director of Place, acting in consultation with the Strategic Director of Resources Officer and the Deputy Director of Legal & Governance.

158 **2024/25 BUDGET AND 2024-2028 MEDIUM TERM FINANCIAL STRATEGY**

**Report:** 2024/25 Budget and 2024-2028 Medium Term Financial Strategy

**Addenda circulated in advance of this Cabinet meeting**

**Presented by:** Councillor Christopher Wilkins - Cabinet member for Finance

This report sets out the Council's revenue budget requirement for 2024/25 and MTFS for the following three years. It makes proposals regarding the level of Council Tax required to meet the budget requirement. The report

also provides an update on the outcome of the 2024/25 local government financial settlement.

This report includes:

- The approach to setting the Council's 2024/25 budget and MTFS for the following three years
- The outcome of the local government finance settlement
- The recommended Council Tax level for 2024/25.
- The proposal to set a balanced budget.

**Cabinet:**

1. **Noted** the requirements of Section 106 of the LGA 1992 Act as set out in Section 1 of this report
2. **Noted** the Medium Term Financial Position and the Budget setting process of the Council as set out in Section 3 of this report
3. **Noted** the key assumptions and risks to the 2024/25 budget as set out in Appendix A of this report
4. **Noted** the outcomes from the Public Consultation response as set out in Appendix B and agree the savings proposals as set out in Sections 3.7 to 3.11 and Appendix C of this report and of this report.
5. **Agreed** the proposed Fees and Charges schedule as set out in paragraph and Appendix D and for officers to proceed with implementation of the proposed fees and charges, subject to consultation where required.
6. **Agreed** the proposed 2.99% increase in core Council Tax for 2024/25 as set out in paragraph 3.18;
7. **Agreed** the proposed additional 2% Council tax increase for the Adult Social Care Precept as set out in paragraph 3.18;
8. **Agreed** the proposed Council Band D basic amount of Council Tax for 2024/25 of £1736.52 being the amount calculated by the Council, in accordance with Section 31B (1) of the Act, as the basic amount of its council tax excluding the GLA precept for the year (as set out in section 3.18 to 3.20 of this report
9. **Agreed** the proposed Council Tax requirement for 2024/25 to be set at £158.023m as set out Appendix E of the report
10. **Agreed** the budgets proposed in this report and as set out in Appendix F
11. **Agreed** the Delegated Schools' draft budget set out in Appendix G of this report;

12. **Noted** the S25 Statement of Robustness as set out in Appendix H of this report.

13. **Agreed** the Council Tax Support Scheme for 2024/25 as set out in Appendix I to this report (unchanged from 2023/24).

14. **Agreed** Council Tax discounts for early payment to be given at a rate of 1.5% as set out in Appendix J of this report.

15. **Directed** officers to disregard War Pension income in the assessment of Housing Benefit as detailed in see Section 11 and Appendix J and authorises the Chief Executive to approve any policy required to effect the same.

16. **Noted** the Equalities Impact Assessment in respect of the Council Tax Support Scheme as set out in Appendix K to this report

17. **Noted** that in the event the Capitalisation Direction is not awarded to the value requested before the emergency Full Council meeting on the 6th March, the Strategic Director of Resources (S151 Officer) will be required to issue a S114 report.

### **Addenda circulated in advance of this Cabinet meeting**

Presented by Councillor Chris Wilkins & Andrew Blake-Herbert

- HRA Business Plan Update, Budget 2024/25 & Capital Programme 202402028

Officers confirmed that there had been 2 Government announcements as well as updates from ELWA and a continued review of the assumptions associated with the budget since the papers were published for Cabinet which will have an impact on the budget report. These changes will be introduced into the papers to be submitted to Full Council

Cabinet reviewed the savings proposals and the budget consultation responses and agreed to the recommendations as presented in the Addendum, attached to report no. 7

- Response to Comments Made by Overview & Scrutiny

A cross party discussion was has regarding both documents and the Cabinet noted the comments from the Overview & Scrutiny Committee. The Leader thanked the Committee for their input. Actions agreed by the Overview & Scrutiny Committee would be actioned by officers.

The Leader expressed his thanks to Kathy Freeman and her staff for their work in providing the reports and their valuable work throughout the year.

He also thanked the opposition groups for their input and support.

159 **5 YEAR CAPITAL PROGRAMME & STRATEGY 2024/25 TO 2028/29**

**Report:** 5 Year Capital Programme and Strategy – 2024/25 to 2028/29

**Presented by:** Councillor Christopher Wilkins - Finance

The Council is required by statute and as set out in the Prudential Code for Capital Finance in Local Authorities, 2021 Edition, to agree the capital programme and associated capital strategy. Local authorities are required to have regard to the current editions of this code by regulations 2 and 24 of the Local Authorities (Capital Finance and Accounting) Regulations 2003 [SI 3146].

This report sets out the Authority's Capital Strategy and presents the Council's proposed capital budget for 2024/25 and five-year Capital Programme to 2028/29.

**Cabinet agreed the following:**

1. **Agreed** to recommend to Council for consideration and approval the 2024/25 Capital programme of £342m and £1,421m over the full 5-year period from 2024/25 to 2028/29.
2. **Agreed** to recommend to Council for consideration and approval the new capital projects being added to the capital programme for 2024/25 as set out in section 2.3 of this report.
3. **Noted** any additional capital needs over and above what is specified in the capital programme for the relevant year will require separate business cases and be agreed by the S151 officer, Capital Strategy manager and Council Members as required and appropriate before being agreed by full Council.
4. **Noted** that the Chief Financial Officer be authorised to allocate funding from the Capital Contingency included within the draft Capital Programme.
5. **Noted** that externally funded schemes can be added to the capital programme up to £500k as and when funding is confirmed.
6. **Approved** the capital strategy contained within this report noting its impact on both the capital programme and the financial implications for setting the revenue budget for 2024/25 to 2028/29.
7. **Noted** the capital prudential indicators included within the capital strategy when approving the capital programme to ensure affordability.

8. **Approved** the Minimum Revenue Provision Policy Statement (unchanged from prior years) which determines the amount of money set aside each year for the repayment of debt
9. **Agreed** that the Chief Financial Officer (S151 Officer) be authorised to re-profile capital budgets mid-year based on the updated forecasts provided by services and reported to the Executive Leadership Team as part of the capital monitoring process. This will assist in producing more accurate information for treasury management purposes.

160 **TREASURY MANAGEMENT STRATEGY STATEMENT 2024/25 AND ANNUAL INVESTMENT STRATEGY 2024/25 TREASURY INDICATORS**

**Report:** Treasury Management Strategy Statement 2024/25 and Annual Investment Strategy 2024/25 ("TMSS"), Treasury Indicators

**Presented by:** Councillor Christopher Wilkins - Cabinet Member for Finance

The Treasury Management Strategy Statement ("TMSS") is part of the Authority's reporting procedures as recommended by the Chartered Institute of Public Finance and Accountancy (CIPFA) Treasury Management ("TM") Code and its Prudential code ("The CIPFA Prudential Code") for capital finance in local authorities. The TMSS also sets out recently introduced changes to the legislative framework, which are generally designed to place restrictions on authorities' commercial activity.

This report fulfils the Authority's legal obligation under the Local Government Act 2003 to have regard to both the CIPFA TM Code/Prudential Code and Government Guidance, and it covers:

- The Borrowing and Investment Strategies
- Treasury Management and Prudential Indicators.

**Cabinet agreed:**

- The Draft 2024/25 TMSS & AIS which will form part of the Budget Report to Cabinet on 7 February and Full Council on 28 February 2024.
- The revised prudential and treasury indicators set out in Appendix 2 and 3.
- The operational and authorised borrowing limits set out in tables 5 & 6 of appendix 2

Under the Havering Scheme of Delegation Part 3 section 3.10.3 the s151 Officer functions are:

- (j) *To manage the Council's loan debt, investments, and temporary investments, pension scheme and pension fund, insurance fund, act as registrar of loan instruments, manage all banking arrangements including numbers and types of accounts and arrange insurance of property and the selecting and accepting of tenders for insurance cover and related services which are considered to offer best value for the Council promoting good risk management practices at all times.*

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**Chairman**



This Cabinet Report is part exempt and Appendix A is not available for public inspection as it contains exempt information within the meaning of paragraph 3 of Schedule 12A to the Local Government Act 1972. It is exempt because it refers to information relating to the financial or business affairs of any particular person (including the authority holding that information), and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

## CABINET 13 March 2024

### Subject Heading:

Application and acceptance of Veolia Environmental Trust Funding

### Cabinet Member:

Cllr Barry Mugglestone, Lead Member for Environment

### SLT Lead:

Neil Stubbings, Strategic Director of Place

### Report Author and contact details:

James Rose  
james.rose@haverling.gov.uk

### Policy context:

*The Havering Vison*  
*Place Outcome – Havering is a Green Borough*

- *Investing in our parks*
- *Number of parks with Green Flags*

### Financial summary:

*The Council will benefit from up to £0.900m of external funding to improve our parks and open spaces over the next 2 years. No match funding or additional budget is required to manage this.*

### Is this a Key Decision?

Grant exceeding £500,000

### When should this matter be reviewed?

NA

### Reviewing OSC:

*Environment OSC*

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

People - Things that matter for residents

Place - A great place to live, work and enjoy **X**

Resources - A well run Council that delivers for People and Place.

**SUMMARY**

From March 2024 to October 2025 the Council will be able to apply for up to £900,000 of external grant funding from Veolia Environmental Trust over various funding rounds. Given the funding criteria, this will allow priority projects to be delivered in parks and open spaces.

**RECOMMENDATIONS**

For the reasons stated in this report, the Cabinet is requested to:

1. Approve a series of applications, as set out in Appendix A, for up to £900,000 of grant funding from Veolia Environmental Trust (VET).
2. Authorise the Strategic Director of Place to take all steps necessary to apply for, accept and thereafter spend the grant funding (including but not limited to negotiating and signing any grant agreement issued by VET) received from VET.
3. Authorise the Strategic Director of Place, in consultation with the Cabinet Member for Environment, to update, amend or otherwise vary the list of projects at Appendix A, from time to time.

**REPORT DETAIL**

**STATEMENT OF THE REASONS FOR THE DECISION**

1. The local Havering Veolia Maintenance Trust closed in September 2023 and as they had a balance of around £900,000 unallocated grant funding, this was transferred to the national trust, Veolia Environmental Trust.
2. As the funding was originally intended to serve Havering, this has been ring-fenced for eligible projects within the borough for up to 2 years from the date of the transfer (October 2023).
3. Organisations within Havering will be able to apply for eligible projects over the various

funding rounds until October 2025 although any grants approved in the final round will still have one to two years (depending on the project) for completion.

4. Eligible projects include improvement works to publically accessible facilities at a single site, open to everyone and anyone on a daily basis, which has community inclusion.
5. They will not consider projects that take place at, a school, medical centre, hospital, hospice, cafe, allotment, graveyard, crematoria area, road, car park, historic building, statue, monument or memorial. They will also not fund staff costs or the purchase of equipment, i.e. items of such as machinery and tools rather than as part of fixed assets or facilities.
6. Applications will have to be submitted within the standard funding rounds as per below. Further dates in 2025 are not known at this stage.

<b><u>Funding Round Opens</u></b>	<b><u>Closing Date</u></b>	<b><u>Decision Date</u></b>
29 February 2024	11 April 2024	04 June 2024
23 May 2024	20 June 2024	03 September 2024
22 August 2024	03 October 2024	03 December 2024
26 November 2024	07 January 2025	04 March 2025

7. A list of potential applications has been produced of priority projects that have been selected after reviewing; stakeholder engagement, health and safety, Green Flag improvements and those that meet the funding criteria, profiled over the above rounds (Exempt Appendix A). This may be subject to change depending on the outcome of the applications, available funding (especially in 2025) and if other priorities emerge.
8. There is no limit on the number of applications that can be submitted per round however, trustees are less likely to approve too many at once and the Council need to be realistic about how many applications and projects the Council can manage within the timeframes.
9. The standard amount of funding that VET will agree is up to £75,000, however, during this period, trustees will consider some projects over and in excess of this. As indicated in Exempt Appendix A, the value of most of the projects the Council will be applying for are below £75,000. It is expected that only few project will have a higher value than £75,000 and in such circumstances, the value of the project is not anticipated to exceed £120,000. These are all for play and recreation area refurbishments, which have always been well supported by trustees.
10. When funding is agreed, VET will issue individual Grant Agreements for each project/site. This will include a completion date which is agreed in advance and usually one to two years from the date the agreement is signed, depending on the complexity of works. It is not expected that any projects on the list will take longer than one year to complete.
11. If any applications are submitted in the latter part of 2025 and are successful, as long as the Grant Agreement is signed before October, it is anticipated that the project would not have to be completed until 2026/27.
12. Officers will be meeting with the Executive Director of VET periodically to monitor the availability of the funding and for feedback on the Council's applications.
13. Representatives from Havering could also attend VET board meetings but would not be involved in any decision making.

## **REASONS AND OPTIONS**

### **Reasons for the decision:**

1. The funding has been ring-fenced for Havering and is a good opportunity to secure external funding to deliver priority projects
2. No match funding is required so using any grants offered will mean the Council do not have to incur any expenditure.

### **Other options considered:**

Do not apply and accept: If the grants are not applied for and accepted the projects will not progress and the Council will miss out on the available funding.

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

The VET have made available to the Council £0.900m subject to the applications being agreed by their trustees and the various board meetings and complying with the terms and conditions of the grant agreements when issued.

Applications will in earnest be made in accordance with Exempt Appendix A, and subject to being successful and following Legal and Finance business partner review.

The grants must be used solely for the purpose set out in the grant agreements relating to the Individual Site-Specific Works.

The grant offers are the maximum amount of grant that will be paid, and this amount will not be increased as a result of any overspend or otherwise, except with VET's explicit prior written agreement to such an increase in the amount of Grant. Any incorrect amount paid to the Council as a result of administrative error or otherwise will be promptly repaid to VET.

The Council shall ensure that prior to claiming any part of the grant, the applicable works have been carried out in accordance with the grant agreement.

Budget and contract monitoring will be regularly carried out by officers throughout delivery to ensure the project is completed within the approved grant allocation.

The Council will provide VET at their request such information, explanations and documents as they may reasonably require in order to determine whether the conditions of the grants agreement have been complied with.

### **Legal implications and risks:**

The Council has a general power of competence under Section 1 of the Localism Act 2011 to do anything an individual can do, subject to any statutory constraints on the Council's powers. None of the constraints on the Council's s.1 power are engaged by this decision.

The recommendations in this report are in keeping with this power and the Council may apply for the Grant funding. In the event that the Grant application is successful, the Grant funding agreement will have to be reviewed by the Legal team.

**Human Resources implications and risks:**

There are sufficient resources to manage the funding requirements process and oversee the projects which is already part of the Parks team's responsibilities

Works will be carried out externally and will not impact staff or existing resources.

**Equalities implications and risks:**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

**Health and Wellbeing implications and Risks**

Carrying out the improvements being made possible through this funding will allow better facilities to be made available for all sections of the community in our parks and open spaces, including, play, recreation, access and outdoor classrooms.

<b>ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS</b>
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None
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<b>BACKGROUND PAPERS</b> None
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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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## CABINET

**Subject Heading:**

OneSource ICT Decoupling and creation of a Sovereign IT Service for Havering

**Cabinet Member:**

Councillor Paul Middleton, Portfolio Lead for Resources

**SLT Lead:**

Kathy Freeman, Strategic Director of Resources

**Report Author and contact details:**

Mark Duff, IT Client Director,  
mark.duff@havering.gov.uk

**Policy context:**

Vision for Havering principle outcome:  
Resources – “Council is digitally enabled”

**Financial summary:**

Repurpose £7M approved programme capital to decoupling and sovereign IT service creation.

**Is this a Key Decision?**

Yes - Expenditure of £500,000 or more

**When should this matter be reviewed?**

March 2025

**Reviewing OSC:**

Overview and scrutiny board

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

People - Things that matter for residents

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place. **X**

<b>SUMMARY</b>
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- 1.1 In April 2023 the London Borough of Havering and London Borough of Newham decided to separate from the OneSource IT service, associated shared infrastructure and create their own IT service.
- 1.2 Both councils are on shared IT infrastructure, much of which is end of life and requires investment to modernise and improve. This infrastructure is unreliable and limits the Council's ability to modernise and achieve its corporate priorities. The separation of oneSource IT will be achieved when the Council has migrated off this shared IT infrastructure onto its own dedicated modern IT infrastructure and services.
- 1.3 The work to undertake the decouple is by nature a joint activity with Newham, as any activities relating to the shared infrastructure and the shared IT support team will require joint coordination and agreement.
- 1.4 This report outlines the approach that will be taken to create the Havering IT service, manage the infrastructure and service decoupling and receive the handover of IT services from OneSource onto a dedicated (improved where required) infrastructure.
- 1.5 The Havering IT Service will be delivered by a hybrid of in-house staff and supplier provided services. This approach will allow us to maintain internal points of contact, maximise previous investment and control over supplier-maintained services.
- 1.6 Havering's Corporate Plan 22/23-26/27 sets out actions required for the Council to be "digitally enabled" including:
- Refresh the Council IT hardware and move to the cloud where appropriate.
  - Increase the Council's digital offer to its residents and workforce.
  - Ensure that the Council's Cyber security is as robust as it can be.

These key deliverables have helped shape the recommendations in this report.

- 1.7 This report seeks approval on the above approach to separate from the OneSource joint IT service and the creation of Havering's Sovereign IT Service and confirmed revision of the delegations therein. An equivalent report is also being taken through Newham's formal decision-making process.

<b>RECOMMENDATIONS</b>
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- 2.1 For the reasons stated in this report Cabinet is recommended to approve the following strategic actions
- 2.1.1 Establish the Havering Sovereign IT Service by December 2025, marking the conclusion of OneSource IT's services to Havering. Transition to a new hybrid IT service, optimised for cost-effectiveness, with potential residual shared services governed by inter-authority agreements when beneficial.
- 2.1.2 Adopt a structured programme comprising three distinct workstreams to realise sovereign IT Services for Havering and Newham. Each borough will oversee its respective work stream to ensure tailored outcomes, while the third will prepare OneSource's infrastructure for a seamless handover. This collaborative yet independent approach safeguards against service disruption during the transition.
- 2.1.3 Repurpose approved capital set aside for "Evergreening Capital" programmes to focus on improving and modernising IT infrastructure and services as part of that handover process, where it is possible to do so within time and budget constraints.
- 2.2 LBH authorises the s.151 Officer, in consultation with the Chief Executive, to make all necessary arrangements to give effect to the authorisation at 2.1 above, including but not limited to:
- a) Implementing the HR and other operational processes to give effect to the recommendations.
  - b) Agreeing the dates for the withdrawal of the joint ICT service.
  - c) Agreeing, amending and finalising any variation or variations to the Agreement and the delegations contained therein as necessary to give effect to 2.1 above, and thereafter to sign and complete any variation on behalf of LBH.
  - d) Making arrangements to receive staff into LBH as a result of the amendments to the Agreement.
  - e) Making arrangements to allow LBH to share some of the proposed withdrawn services for a transitional period beyond the agreed date of implementation whilst permanent arrangements are put in place within LBH.
  - f) Making arrangements to provide a support service to the retained One Source services.
  - g) To prepare and/or receive and thereafter agree and set the investment case for the ICT function.
  - h) To delegate the authority to conduct procurement, award, and enter into contracts associated with the recommendations in this report in coordination with the Portfolio Lead for Resources.

<b>REPORT DETAIL</b>
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### **3.1 Background**

- 3.1.1 The London Borough of Havering and London Borough of Newham both have IT shared infrastructure and support provided by the OneSource IT shared service.
- 3.1.2 In April 2023, by a decision of Cabinet, the two Councils decided to decouple from the OneSource IT service and associated shared infrastructure in order to:
- Enable improved flexibility for each council to achieve their digital strategies and strategic priorities.
  - Improve the quality of IT services and project delivery.
- 3.1.3 Both councils are on shared IT infrastructure, much of which is end of life and requires investment to modernise and improve. This infrastructure is unreliable and limits the Council's ability to modernise and achieve its corporate priorities. The decoupling can only be achieved once the Council has migrated from this shared IT infrastructure onto its own sovereign and modern IT infrastructure and services.
- 3.1.4 Havering and Newham will work together, where it makes sense to do so, to achieve the decoupling from the OneSource IT service. However, each Council will control its own sovereign work and any associated procurement and commissioning.
- 3.1.5 This report outlines the proposed approach to achieve this decoupling.

### **3.2 Proposal**

- 3.2.1 To deliver a sovereign IT service and transfer decoupled OneSource IT services and shared infrastructure involves:
- Decoupling the current shared infrastructure and moving each council to dedicated infrastructure and cloud services.
  - Decoupling the existing IT shared services team and moving to dedicated support arrangements.
- 3.2.2 Decoupling the current legacy infrastructure and investing in new dedicated modern cloud platforms, services and infrastructure will deliver a step-change in council technology capabilities and user experience. This will establish the technology foundations and core infrastructure that will underpin the council's corporate and strategic initiatives for the future.

- 3.2.3 The overall cost to Havering to implement the programmes to create sovereignty from the current shared infrastructure, implement new modern infrastructure and migrate the Council to this infrastructure is expected to be circa £7m.
- 3.2.4 Capital budget totalling £7.839m has previously been approved for 23/24, 24/25 and 2025/26 and beyond to carry out “Evergreening Capital IT”. It is proposed that £7m of this budget is repurposed to deliver the decoupling of ICT, which by its nature is synonymous with the original evergreening capital ambition.

### **3.3 Programme Approach**

- 3.3.1 Both councils have recognised that they will need to work together to deliver the decoupling and to manage OneSource IT shared resources to deliver modernisation activities at pace, and with reduced risk to both councils.
- 3.3.2 Taking into account the complexity of migrating from complex shared legacy environments with dependencies on each council, the requirement to coordinate all activities of the shared IT support team and the joint nature of the programme, a joint board has been established between Havering, Newham and OneSource.
- 3.3.3 Led by Havering’s IT Client Director, Havering will direct and oversee OneSource in the development and deployment of a distinct and enhanced technology infrastructure. OneSource will design a technology roadmap, collaborating with agreed partners as necessary, to engineer a sovereign technology environment, to meet the direction agreed by Havering.
- 3.3.4 Each Borough will define and run its own Sovereign IT service design programmes and will look to move services into the sovereign model in an agile way as the capability is built. This will reduce the risk of impact on council services by avoiding a “big bang” approach.
- 3.3.5 The joint programme is expected to be completed by December 2025, with services transferring to operational sovereign services when implemented and signed off.
- 3.3.6 The modernisation activities will shift the Council onto new “evergreen” cloud platforms and services with regular updates and new capabilities being released that can support business efficiencies and build foundations to support our vision of being digitally enabled.
- 3.3.7 Where partners are used to help deliver decoupling and modernisation activities, these same partners will provide support to upskill our own staff to ensure knowledge retention and potentially reduce delivery costs.

**3.3.8 The summary benefits of these technology decoupling and modernisation activities are:**

- Sovereign control of technology and technology roadmap.
- The legacy council data centre and shared Wide Area Network can be decommissioned, delivering savings which can be reinvested into modernising and modernising Havering's IT service.
- Improved IT reliability, stability, and performance, reducing the risk of data loss and disruption to Council services.
- Improved security, protecting Council data and reputation.
- Improved mobile and flexible working, including home working.
- Improved self-service and self-support for users 24/7.
- Improved capability and opportunity to transform business processes and deliver business efficiencies.
- Improved capability to generate data-driven insights, design effective digital services for staff and residents, and create innovative digital solutions using AI and IoT technologies.
- Improved accessibility.

**3.4 Technology Improvements**

**3.4.1 The following outlines additional activities to improve infrastructure stability during or before decoupling:**

- 3.4.1.1 Evaluate and migrate servers and applications from the legacy council data centre into the cloud, where appropriate.
- 3.4.1.2 Migrate from the legacy shared end-of-life network to upgraded secure connectivity for council offices and users.
- 3.4.1.3 Migrate from the shared Microsoft 365 platform to a dedicated Microsoft 365 platform, with options to improve security to protect council and user data.
- 3.4.1.4 Review the service management platform with a new improved dedicated platform for the council to manage IT service incidents, requests, changes etc.
- 3.4.1.5 Review current data warehousing and reporting capability and create a future-proof proposal.

**3.5 Creation of Sovereign IT Service**

- 3.5.1 Both councils recognise the challenge in developing and maintaining in-house IT support skillsets to effectively manage and maintain these platforms, particularly in London where councils struggle to compete to recruit skilled IT technical resources.

- 3.5.2 Havering therefore believe that partners may be needed to improve the maturity of the operational IT services and to deliver these in separate managed services contracts over a 5-7 year term. As services are moved into sovereignty and implemented, OneSource would transition these services into their separate operational managed service model for each council under the direction of the joint board.
- 3.5.3 The IT support services that would be under consideration to be managed by the partner would be those transactional or specialist IT services that would benefit from deeper and broader partner capabilities to provide 24/7 monitoring, extended support hours, and technical skillsets in the associated technologies. For example, these services could be:
- Cloud hosting
  - Telephony and connectivity
  - Service desk and service management
  - M365 and Managed Desktop
  - Security operations centre (This is already partner-provided. The proposal is to review this arrangement and potentially move to a new partner)
- 3.5.4 Those business-facing IT support teams that require more council and business-focused knowledge and experience will be transferred into Havering and developed as Council IT support teams. These services are:
- Applications support and development
  - Technical adoption
  - Database services
  - Project delivery and PMO
  - Information Assurance and Governance
  - Strategy and Architecture
  - Data and Insight
- 3.5.5 Work has already begun on an operating model for Havering's Sovereign IT service. This also includes a full review of infrastructure, services and skills currently provided by OneSource, to help determine the scope of partner-supported services.
- 3.5.6 If partner support is deemed necessary the procurement process will use a Crown Commercial Services framework which provides a pre-approved list of suppliers with the appropriate capabilities, enables a quick and cost-effective route to evaluate and procure, and has standard recommended contracts for the delivery and management of these types of services.
- 3.5.7 Havering's Corporate Plan 22/23-26/27 lays out actions required for the Council to be "digitally enabled", including:

- Refresh the Council IT hardware and move to the cloud where appropriate.
- Increase the Council's digital offer to its residents and workforce.
- Ensure that the Council's Cyber security is as robust as it can be.

The delivery of this vision could be supported by our teams working with IT strategic partners that can bring knowledge and experience from the public and private sectors on the potential of new and emerging technologies. The procurement process for partners will therefore also look for those partners that have broader digital capabilities and who can act in the role of a strategic IT partner to support the delivery of the council's broader digital ambitions.

### 3.6 High-level programme timelines

Project	3 24	4 24	5 24	6 24	7 24	8 24	9 24	10 24	11 24	12 24	1 25	2 25	3 25	4 25	5 25	6 25	7 25	8 25	9 25	10 25	11 25	12 25
Server Move to Azure Cloud																						
Network Upgrade																						
MS Sovereign Tenancy																						
Sovereign Service																						

### 3.7 Risk mitigation.

- 3.7.1 The key risks associated with the decoupling and the proposed mitigations have been identified and are being actively managed. The proposed procurement structure and approach have been selected to mitigate critical risks. The councils have also engaged a specialist IT and procurement advisory organisation (TVI) to help define the process. TVI has worked with stakeholders to produce an outline technical blueprint and modernisation scope to inform the technical direction for a cohesive infrastructure.

## REASONS AND OPTIONS

### Reasons for the decision:

- 4.1.1 A decision was made in April 2023 to separate the IT service and this report outlines the approach to delivering that sovereign IT service for Havering.
- 4.1.2 The reason we have decided on this approach is that Havering will be solely responsible for the shape of the new service and can deliver it using partners and OneSource resources.

**Other options considered:**

- 4.2.1 The alternate approaches to achieve the technology decoupling were considered with different variations developed and considered in consultation with both Havering and Newham. Both Councils have agreed to work together where required to achieve decoupling, however, each Council will be in control of implementing their own sovereign technology and undertaking any associated procurements.
- 4.2.2 Alternate options were considered based on the following key criteria:
- Risk
  - Cost
  - Timescales
  - Complexity
- 4.2.3 Key identified risks that the decoupling approach options looked to mitigate were:
- Multiple suppliers working to migrate services off the same shared complex legacy infrastructure, causing business disruption and significant governance and coordination overhead.
  - Multiple decoupling projects and workstreams progressed without adequate dependency planning and sequencing causing delays and issues.
  - Increased timescales and costs for both councils due to uncoordinated decoupling planning and delivery.
  - Poorly delivered projects and solutions, impacting on the delivery of council priorities.
- 4.2.4 Those options which did not decouple from the shared infrastructure first, before moving away from the OneSource IT support organisation, generally were much higher risk, had a higher overall cost and had much longer timeframes for the council to deliver on its corporate and strategic priorities.
- 4.2.5 On analysis of the options that were developed, these options were narrowed down based on the following agreed requirements.
- To not invest in and try to split current legacy infrastructure but rather migrate to new cloud services and infrastructure for each council.
  - To jointly manage decoupling resources and activities.
  - To source partner operational managed services for some specific services areas.
- 4.2.6 The shortlisted options were then further refined in consultation with both councils and the final recommended approach forms the basis of this cabinet report and its recommended decision to progress with separate sovereignty

IT service programmes and a joint programme board working together to deliver the decoupling and to manage the shared resources.

#### **4.3 Option 1 – A joint programme of work with Newham**

- 4.3.1 This was not recommended as following discussions on options, it was apparent that each borough wanted a different outcome, and it would be difficult to manage a joint programme of work that delivered two quite different outcomes.

#### **4.4 Option 2 – use a managed service partner for everything**

- 4.4.1 This option would introduce a delay in starting the programme as a full scoping exercise including estimated timing would have to be created ahead of going to tender. Any deviations from this scope would incur additional costs and delays in delivery.
- 4.4.2 This option would also result in the displacement of the majority of current Havering IT Staff working for OneSource, which would result in knowledge loss of systems and services requirements.

#### **4.5 Option 3 - Do nothing**

- 4.5.1 Havering could wait until OneSource has handed over the non-Havering components to Newham and received from them what is remaining. This is not recommended as it would not enable us to modernise as part of the process and would leave us exposed in terms of Havering's IT roadmap and decision-making process around the future shape and scope of the service.
- 4.5.2 Havering would be further exposed by the loss of Newham IT staff currently working for OneSource when they move to dedicated service delivery for Newham.

### **IMPLICATIONS AND RISKS**

#### **Financial implications and risks:**

One-off technological split costs

It is estimated the cost of decoupling the councils' technology will cost in the region of £7m. This figure is based on early market engagement carried out on the assumption a single supplier would carry out the works. It has since been decided that oneSource will design a technology roadmap, collaborating with agreed partners as necessary, to engineer a sovereign technology environment. Part of the benefit of this agile approach which relies more on existing oneSource skills

and resources is that it will deliver better value for money and so this estimated figure is a ceiling amount.

Breakdown of one-off programme costs and estimated profiling across financial years:

<b>Technology Split</b>	<b>Total</b>	<b>24/25</b>	<b>25/26</b>
Cloud Migration	650,000	325,000	325,000
Azure Virtual Desktop	350,000	175,000	175,000
M365 build and migrate, Identity & Access Management, Modern Device Management	650,000	325,000	325,000
Content & Collaboration Services Migration (Sharepoint & TEAMS)	650,000	325,000	325,000
Change & Adoption	100,000	50,000	50,000
Data Centre Decommission	350,000	175,000	175,000
Dynamics 365	350,000	175,000	175,000
Network	1,500,000	750,000	750,000
<b>SUB TOTAL</b>	<b>4,600,000</b>	<b>2,300,000</b>	<b>2,300,000</b>
Contingency @30%	1,400,001	700,000	700,000
<b>TOTAL Technology Split</b>	<b>6,000,001</b>	<b>3,000,000</b>	<b>3,000,000</b>
<b>Associated Costs</b>	<b>Total</b>	<b>24/25</b>	<b>25/26</b>
3 x Project Managers	250,000	125,000	125,000
Payments to application suppliers	100,000	50,000	50,000
Service split design, transition and shared technologies	300,000	150,000	150,000
Project Support including procurement, finance, HR, legal and communications	150,000	75,000	75,000
Technical Assurance / Advisory	50,000	25,000	25,000
<b>SUB TOTAL</b>	<b>850,000</b>	<b>425,000</b>	<b>425,000</b>
Contingency @ 18%	150,000	75,000	75,000
<b>TOTAL Other Costs</b>	<b>1,000,000</b>	<b>500,000</b>	<b>500,000</b>
<b>TOTAL</b>	<b>7,000,000</b>	<b>3,500,000</b>	<b>3,500,000</b>

The capital programme currently includes within it the following budget/funding, which it is proposed is utilised to meet the one-off costs outlined above:

<b>Item</b>	<b>Total 23/24 - 25/26 Budget available</b>	<b>Total Estimated 23/24 Spend</b>	<b>One-off Split Costs</b>	<b>Total Budget Remaining</b>
Evergreening Capital	£7.839m	£0.1m	£7m	£0.739m

It should be noted there are strict rules surrounding the capitalisation of costs and it is currently assumed all one-off costs will be capital in nature, relating to the increase in value/improvement of an intangible asset. Should this not be the case there will be a commensurate increase in one-off revenue costs.

Note that if the costs associated with decoupling and modernising the council's technology were not being incurred in the way outlined above, it is likely that alternative significant investment on aged on-premise infrastructure would be required instead.

#### Ongoing costs

It is anticipated there will be approx. £7.5m of revenue budget with which to fund the post-split sovereign ICT service. That assumption is made up of the following:

<b>Budget</b>	<b>£m</b>
2023/24 ICT shared budget	£5m
2023/24 ICT non-shared budget	£1m
2024/25 growth; shared budget	£1m
2024/25 growth; centrally held ICT contingency	£0.3
Total net controllable revenue budget available to fund sovereign service	<b>£7.3m</b>

It is likely there will be ongoing revenue impacts associated with the splitting of ICT services. These centre around:

- Additional connectivity and storage costs associated with the move to cloud;
- Reduction in on-premise data centre type costs;
- Closer alignment of spend and delivery as a result of existing the current oneSource cost sharing arrangement; and
- Potential outsourcing of the teams mentioned in 3.5.3

Although the detailed costings pertaining to each of the considerations outlined above are not fully known at this stage, there is a commitment to engineering outcomes so that they are containable within the aforementioned budgetary envelope.

At this stage, it is not yet known whether there will be any redundancy and/or TUPE costs or how much those costs might be.

#### **Legal implications and risks:**

The proposals in respect of outcomes for Havering are relatively general at this stage. Therefore, this advice aims to set out implication and risks in similarly broad terms.

It is possible that some Havering staff might transfer under TUPE to an external provider procured to deliver transactional or specialist IT services. It is also possible that this will not be the case where new services are being provided that were not being provided previously.

Where TUPE does not apply there might be redundancies, if there are no roles for those staff to take up in the new structure. Where staff have been providing a service to both councils and not being dedicated to one specific council prior to transfer, they might not be deemed to be covered by the TUPE regulations. In those circumstances, the cost of their redundancy would be met by their home borough.

It is possible that there might be more staff that are employed by Havering than there are appropriate roles for. This would lead to a risk of redundancies although where staff can be slotted into roles to mitigate against risk of redundancies this would assist.

In line with the Council's policy and the law, where there is a risk of redundancy the employer has a duty to consult with affected staff. If the proposed number of redundancies is more than twenty employees in a period of ninety days there is a requirement to consult staff collectively. Failure to consult correct

It is possible that there are some Newham staff who will TUPE to Havering following the decoupling.

Under the TUPE regulations the employer has a duty to inform employee of the transfer and consult in relations to any "measures" proposed to be taken long enough before the transfer for a consultation to take place. Employees who are not consulted may claim compensation under Regulations 15 and 16 TUPE.

### **Human Resources implications and risk**

The Human Resources implications will depend on the detail of the hybrid IT model Havering Council adopts, therefore, an accurate workforce impact assessment cannot be determined at the present time.

A hybrid model, whereby, some services may be delivered by a partner managed service will mean that TUPE could apply for those employees currently delivering those services. If TUPE does not apply, this could lead to redundancies.

For those services that will return to Havering there will be the potential of a restructure to align these teams with Havering Council's Target Operating Model. The Council will take a collaborative approach with Newham to ensure it safeguards against workforce risks, in order to seek to retain sufficient numbers in each Council and mitigates against associated redundancy costs where possible.

Havering's Organisational Change policy and associated procedures will be followed for workforce issues.

### **Equalities implications and risks:**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants..

Any decisions which need to be taken in furtherance of the IT service decoupling will be undertaken in accordance with the duty set out in Section 149 of the Equality Act 2010 and where appropriate full Equality Assessments will be undertaken and form part of the decision making process.

### **Health and Wellbeing Implications and Risks**

There is potential for the health and wellbeing of individuals to be impacted by these proposals, particularly around the mental health impacts of stress through uncertainty in times of change. The programme team are very aware of this and will work with the IT leadership team, HR and Trade Unions to engage with staff positively and transparently.

When the proposals are implemented, all affected employees will be engaged in the process and fully consulted in line with the organisational change policy. There will be support available through the councils Employee Assistance Programme and if necessary mental health first aiders. Trade Union representatives will be engaged and available to support their members in meetings and individually.

The council will also ensure that any opportunities for training and education are available to employees who are affected by the changes or will be displaced to enable redeployment where possible.

### **ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

Moving our systems to cloud-based solutions will help Havering towards the goal of becoming carbon neutral by 2040.

For example, moving to virtual servers hosted in the public cloud would see a 90% reduction in carbon emission over our on-site data centre's current physical server estate.

Based on the size of our current server estate, we are creating approximately 87,660 kg of CO<sub>2</sub> each year (this figure does not include climate control systems in the data centre). The equivalent number of servers hosted in the public cloud would be @8,766 KGs per year.

That is a net reduction of 78,894 KGs per year or the equivalent of:

- The annual energy use by about 29 average-sized homes in the UK.
- The annual emissions generated from 121 Electric Vehicles travelling 12k miles.
- The amount of CO<sub>2</sub> generated from charging 172,320 mobile phones for a year.

Figures used for this calculation:

**Carbon Intensity of Electricity:** The amount of CO<sub>2</sub> emitted per kilowatt-hour (kWh) of electricity used, on average, carbon intensity in the UK is between 0.2 kg and 0.25 kg CO<sub>2</sub> per kWh.

**Power consumption:** We currently have @5 fully populated server racks using an estimated 8 kW of electricity daily.

## **BACKGROUND PAPERS**

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## CABINET

### Subject Heading:

Havering Combating Substance Misuse Strategy 2024- 2029

### Cabinet Member:

Councillor Gillian Ford

### SLT Lead:

Mark Ansell, Director for Public Health

### Report Author and contact details:

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### Policy context:

The combating substance misuse strategy and the priority areas highlighted within the report will support the people and place objectives and in particular the following policies and strategies: Joint Health and Wellbeing Strategy, Serious Violence Strategy, Licensing Policy, Prevention of Homelessness and Rough Sleeping Strategy 2020 - 2025, Housing Services Domestic Abuse Policy and Safeguarding Risk Assessment Policy.

### Financial summary:

The implementation of the strategy will be supported by an annual investment of £1.44 million from public health grant and a three - year supplementary grant (2022-25) that totals just under £1 million from the central government.

### Is this a Key Decision?

Yes - Expenditure or saving (including anticipated income) of £500,000 or more  
Significant effect on two or more Wards

**When should this matter be reviewed?** Not applicable

**Reviewing OSC:** Not applicable

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

People - Things that matter for residents - X

Place - A great place to live, work and enjoy - X

Resources - A well run Council that delivers for People and Place.

## **SUMMARY**

A final draft of the Havering Substance Misuse Strategy 2023 has been completed and is now ready for approval. This strategy was produced jointly with all key stakeholders and has been produced in response to the national strategy and to replace the existing local strategy which expired in 2019.

Havering had a similar strategy called the “Drug and Alcohol Harm Reduction Strategy 2016-19,” the revision of which was delayed due to the COVID-19 pandemic. In addition, a new 10- year national drugs strategy called ‘From Harm to Hope: A 10-year Drugs Plan to Cut Crime and Save Lives’ was published by the government in December 2021. The national strategy was accompanied by a three year supplementary grant to increase capacity in the local treatment system. The grant requires local partnerships to produce a new strategy. Thus Havering Combating Drugs Partnership (“CDP”) drafted this strategy in response to the national drugs strategy thereby renewing the previous Havering strategy.

Our strategy covers all substances which have the potential for abuse and addiction, except tobacco. It treats addiction as a chronic (long-term) health condition and requires all relevant local agencies to work together to provide effective long-term support. It aims to tackle the stigma around addiction to encourage individuals and families who are affected to get support, and to minimise community violence towards those with substance-misuse problems.

The draft strategy describes some key findings from the needs assessment; for example, it is estimated that 1 in 5 adults (around 41,000 people) in Havering drink excessive amount of alcohol and 14,000 16 to 74-year-olds use illicit drugs. Two workshops with local and regional partners and people with lived experience followed by direct communication with delivery partners informed the set of actions in the strategy.

Substance misuse and addiction affect more than just the person with dependency problems – they can affect the family and wider community in many ways. Substance misuse can lead to criminal behaviour including domestic violence, assaults, antisocial behaviour, theft and burglaries, sexual exploitation, slavery and gang violence. This is why the partners in Havering will work together to:

- break drug supply chains;
- deliver a world-class treatment and recovery system;
- achieve a generational shift in the demand for drugs; and
- reduce risk and harm to individuals, families and communities.

A plan to address these four key areas was developed through working with all key stakeholders such as the National Health Service (NHS), drug and alcohol treatment services, voluntary care sector, schools, Police, trading standards, licensing, Department for Work and Pensions (DWP), children services, adult services etc. To achieve our intended outcomes of reducing drug use and drug-related crime, harm

and deaths, Havering CDP will monitor progress using the national and local outcome frameworks.

This strategy will be implemented over a five-year period commencing from the date of publication and will be reviewed at least annually by the Havering Combating Drugs Partnership and amendments made where necessary. Feedback from the consultation and engagement with service users has been incorporated into the final draft and the Equality Health impact Assessment report is also included. Havering Combating Drugs Partnership has signed off the final draft and allowed submission for approval by Cabinet. The draft strategy has also been presented at the Health and Wellbeing Board and Place-based Partnership meetings and adopted.

### **RECOMMENDATIONS**

Approve and adopt the Havering Combating Substance Misuse Strategy 2024-2029

### **REPORT DETAIL**

1. Below is the executive summary of the Havering Combating Substance Misuse strategy 2014 -2029:
2. Substance misuse is the abuse of alcohol, drugs and other substances that affect perception, consciousness, understanding, mood or emotion. It is a worldwide public health issue. Substance misuse not only harms the individual, but also their family, communities and society. The UK is one of the European countries most affected by drugs. Demand for drugs across the population is very high – over three million adults reported using drugs in England and Wales in 2021.
3. Drug use increases crime, damages people's health, puts children and families at risk and reduces productivity. It affects everyone, with the most deprived areas facing the greatest burden. The UK Government estimates that drug use costs society nearly £20 billion a year. In England and Wales, nearly 3000 deaths a year are related to drug use.
4. In Havering, statistics show that substance misuse is still an issue which needs to be prioritised, and that to tackle it we need a long-term approach where relevant agencies work in partnership. Latest statistics show an increase in the number of crime incidents that are related to substance misuse each year. Cases nearly tripled between 2016 and 2022, from 388 to 1084. There were 938 'possession of drugs' crimes and 146 'drug trafficking' crimes reported in Havering in 2022.

5. Alcohol-related deaths among males have also been rising in the last three years. The latest data (2020) showed that for every 100,000 deaths in Havering, 57 were related to alcohol. This was higher than the London average where 51 out of every 100,000 deaths were related to alcohol. In 2020 and 2021, 528 adults in Havering were in drug treatment services. The number has not changed significantly in the last five years, suggesting that there are still many people who need treatment but are not accessing it.
6. Across 2020 and 2021, only 18% of people known to be dependent on alcohol contacted alcohol treatment services. In Havering, it is estimated that more than 67% of people aged 15 to 64 who use opiates or crack (or both) are not in treatment. It is also concerning that out of 364 adults accessing treatment for substance misuse for the first time during 2019 and 2020, 21% were parents or adults living with children.
7. This strategy has been drafted in response to the UK's national 10-year drugs strategy ([From harm to hope: A 10-year drugs plan to cut crime and save lives](#)), which was published in December 2021. The national strategy sets out how the government will try to:
  - fight illegal drug use;
  - cut off the supply of drugs by criminal gangs;
  - give people with a drug addiction a route to a productive and drug-free life;
  - offer a world-class treatment and recovery system; and
  - change attitudes in society about the perceived acceptability of illegal drug use (with education and being tougher on those in possession of illegal drugs).
8. It has three overarching priorities, namely:
  - breaking drug supply chains;
  - delivering a world-class treatment and recovery system; and
  - achieving a generational shift in the demand for drugs (to reduce number of people wanting to use drugs).
9. To help us meet the aims of this plan, Councils including Havering are being supported by a three year supplementary substance misuse grant (2022-25) that totals just under £1 million. We are using the additional money to strengthen local treatment services and joint working, increase the local workforce and increase the numbers in treatment over this three year period. The Havering Combating Drugs Partnership (Havering CDP) was fully formed in August 2022 to lead the local response set out in this strategy. To benefit local residents, our strategy has been guided by a detailed local-needs

assessment and builds on many existing activities and policies across a range of areas, including enforcement, treatment, recovery and prevention.

10. Our strategy covers all substances which have the potential for abuse and addiction, except tobacco. It treats addiction as a chronic (long-term) health condition and requires all relevant local agencies to work together to provide effective long-term support. It aims to tackle the stigma around addiction to encourage individuals and families who are affected to get support, and to minimise community violence towards those with substance-misuse problems.
11. The strategy acknowledges that although addiction problems can be seen across all communities, some people and communities are more affected than others so need more support and personalised solutions. These include veterans, rough sleepers, people from the LGBTQ+ community and the children of people with addiction problems.
12. There is a well-established range of specialist treatment services in Havering, but investment in these services is relatively low as the Public Health Grant and Supplementary Grant (2022-25) received by the Council are themselves low. There is still a need for new and cost-effective approaches to treatment, to allow a wide partnership of agencies to do the following:
  - Increase the rate of recovery of people who are receiving treatment for drug or alcohol dependency (or both).
  - Support the residents with the most complex needs (including poor physical and mental health, homelessness, unemployment and contact with the criminal justice system) who need help in many areas of their lives to address their substance misuse, reduce harm and support recovery.
  - Support parents with substance-misuse problems, to minimise the harm to children (including the increased risk that they will experience similar problems later in life).
13. Substance misuse and addiction affect more than just the person with dependency problems – they can affect the family and wider community in many ways. Substance misuse can lead to criminal behaviour including domestic violence, assaults, antisocial behaviour, theft and burglaries, sexual exploitation, slavery and gang violence. This is why the partners in Havering will work together to:
  - break drug supply chains;
  - deliver a world-class treatment and recovery system;

- achieve a generational shift in the demand for drugs; and
  - reduce risk and harm to individuals, families and communities.
14. A plan to address these four key areas was developed through working with all key stakeholders such as the National Health Service (NHS), drug and alcohol treatment services, voluntary care sector, schools, Police, trading standards, licensing, Department for Work and Pensions (DWP), children services, adult services etc. A detailed plan is available in appendix 2 of the full report.
15. Our vision is that by local agencies working together to tackle the supply chain and reduce demand, we will further reduce substance misuse in Havering. This, along with providing useful information and advice when it is needed, will mean we can protect the users, families and communities from the harms of addiction.
16. To achieve our intended outcomes of reducing drug use and drug-related crime, harm and deaths, we need to be clear about the current situation, our goals and how we will meet them. In May 2023 the UK Government published the National Combating Drugs Outcomes Framework to help local partnerships monitor their progress towards achieving the outcomes. You can read this framework at [GOV.UK](https://www.gov.uk/government/publications/national-combating-drugs-outcomes-framework)
17. The framework sets out three strategic outcomes of reducing drug use, drug-related crime and drug-related harm and deaths. It also includes medium-term goals of reducing drug supply, increasing engagement in treatment and improving outcomes for recovery, as well as 22 supporting measures. The supporting measures allow partnerships to monitor their progress towards meeting the outcomes through two key aims:
- Putting in place more timely, interim and proxy measures which can tell us about the progress towards meeting the strategic and shorter-term outcomes.
  - Having a wider picture of the progress, allowing us to monitor the overall effect of the strategy and to see unexpected trends.
18. The intended outcomes (and the methods we are putting in place to meet them) which are set out in this document are aimed at all partners who are involved in implementing our five-year strategy. Our strategy emphasises the importance of shared responsibility for each outcome, with the aim of avoiding the problem of individual organisations being pulled in different directions by competing outcomes and targets. The Havering CDP board will organise and monitor progress towards the intended outcomes. This will involve making

sure local partners are accountable to the UK Government, each other and local residents.

19. Considering different groups and people with protected characteristics is a key part of this strategy as it aims to promote equality and meet the needs of people from all communities, particularly those who have often not received an effective service in the past (including women and people from ethnic minority backgrounds).
20. The Havering Senior Responsible Officer (SRO) represents the Havering CDP as they have overarching responsibility for implementing this strategy in local areas. The SRO (on behalf of the Havering CDP) will report and answer to the UK Government and will monitor local areas' progress towards meeting the intended outcomes set out in national and local frameworks. Progress will be monitored in the context of the whole system. This means, we will be aware that in the short term, we could expect improvements in some areas as a result of more planned activity and services meeting demand. However, in the longer term, the number of improvements might slow down as we successfully implement our strategy and the underlying problems are reduced.
21. This strategy will be implemented over five years from the date it is published. We will review it at least once a year and make amendments as necessary.

## **REASONS AND OPTIONS**

### **Reasons for the decision:**

Havering had a similar strategy called "Drug and Alcohol Harm Reduction Strategy 2016- 19," the revision of which was delayed due to the COVID-19 pandemic. In addition, a new 10- year national drugs strategy called 'From Harm to Hope: A 10-year Drugs Plan to Cut Crime and Save Lives' was published by the government in December 2021. The national strategy was accompanied by a three year supplementary grant to increase capacity in local treatment system. The grant requires local partnerships to produce a new strategy. Thus Havering CDP drafted this strategy in response to the national drugs strategy thereby renewing the previous Havering strategy.

### **Other options considered:**

None to consider as it is a [UK government requirement](#).

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

The receipt of the supplementary grant for drug treatment puts a condition on the local authorities to continue existing investment in substance misuse treatment services.

### **Legal implications and risks:**

The Health and Social Care Act 2012 transferred statutory responsibility for the commissioning of public health services, including drug and alcohol services, to local authorities.

The non-statutory Government Guidance for local delivery partners called “From harm to hope: A 10-year drugs plan to cut crime and save lives” 2022 requests local Combating Drugs Partnerships to be set up, to analyse the local data and draft strategy and frameworks to combat drugs misuse and then to report to the national team and continue to review performance on an annual basis.

The proposed strategy complies with the guidance and there are no legal implications in approving this.

If any grant conditions apply then these will have to be complied with, however, this is not the subject of this Report.

### **Human Resources implications and risks:**

There are no implications or risks anticipated to Council staff as the employees involved in the delivery of the service are employed directly by the existing Supplier. The Strategy will align existing good work of the council teams and external partners to the strategy.

### **Equalities implications and risks:**

A comprehensive equality health impact assessment was completed and approved and is included in appendix 2 of the strategy document.

The Equalities business partner later raised two concerns which were addressed as follows:

**Issue 1 raised:** Ways in which the Council/wider partnership(s) – will address experiences around intersectionality and lived experiences that impacts on residents and communities experiencing the most adverse experiences/ impact/contribute to substance misuse, and furthermore other forms of scrutiny on personal allowable use of treatments.

**Response:** In addition to the three national priorities on breaking supply chain, world-class treatment and recovery system and generational shift in demand, Havering's strategy includes one additional priority to reduce risk and harm to individuals, families and communities. Under this priority, multidisciplinary multiagency partners will collaborate in supporting those at higher risk or those who have suffered from harm of drugs and alcohol misuse, and raise awareness and training around neurodiversity.

**Issue 2 raised:** I feel there's a need to build in/ evidence greater diversity on provider/supplier/treatment panels and facilities that may potentially provide/handle immediate remedial support and support measures responding to the needs of our changing population, taking account of any accounts of discriminatory and detrimental treatments demographics.

**Response:** A needs assessment including demographics analysis was carried out and was used in drafting the strategy. The Council will regularly review its needs assessment and drugs strategy equalities impact assessment which will include the analysis of treatment service and wider demographic population data. In addition, the Council holds regular contract monitoring meetings with the local drugs service provider which includes reporting on and responding to the needs of the local treatment population. Also, following the recent cultural competency review, the Council and local provider are working on delivering a cultural competency action plan in 2024/25 to improve the local response to the needs of the local population.

### **Health and Wellbeing Implications and Risks**

The health and wellbeing implications are included as part of the equality health impact assessment report which is in appendix 2 of the strategy document. No risks have been identified in relation to the implementation of the strategy. Below is the summary:

The combating substance misuse strategy will have a positive impact on the health and wellbeing of all Havering residents. This impact is clearly outlined in the strategy document and includes an action plan and local strategic outcomes. These include:

- A greater collaboration among members in delivering services that will lead to improved multi-agency working arrangements including the formalisation of previous loose and informal arrangements
- Increased referrals from police, courts and probation into drug treatment
- Improved co-ordination of relevant local services leading to improved delivery of services including easier information sharing and access to information
- Involvement of service users and frontline professionals in the development of the local strategy and associated plans leading to a wider co-operation and ownership of local plans and services
- Service expansion to deliver new high-quality drug and alcohol treatment places

- More people recovering from addiction in sustained employment, stable and secure housing

**ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

The strategy has no direct impact on the environment and climate change.

*» [Climate Change Committee Guidance \(havering.gov.uk\)](https://www.havering.gov.uk/climate-change-committee-guidance)*

**BACKGROUND PAPERS**

- [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/review-of-drugs-part-two-prevention-treatment-and-recovery)
- [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)
- [Guidance for local delivery partners \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/guidance-for-local-delivery-partners-accessible-version)
- The Havering Combating Substance Misuse Strategy 2024-2029
- Havering Combating Substance Misuse Needs Assessment 2022
- Havering Combating Substance Misuse EHIA 2023 (see appendix 2 of strategy document)

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# Havering Combating Substance Misuse Strategy 2024 - 2029

Final Draft for Cabinet Approval  
v1.1

March 2024



## Document Control

Include document details, version history, approval history, and equality analysis record.

### Document details

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<b>Lead Officer</b>	Tha Han, Consultant in Public Health
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<b>V0.1</b>	Draft 1	23/12/2022	Havering CDP Working Group
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<b>V0.3</b>	Draft 3	11/07/2023	Havering CDP Working Group
<b>V0.4</b>	Draft 4	13/07/2023	Havering Combating Drugs Partnership
<b>V0.5</b>	Draft 5	31/08/2023	Havering CDP Core Working Group
<b>V0.6</b>	Draft 6	18/09/2023	Public Consultation
<b>V0.6</b>	Draft 7	05/12/2023	Havering CDP Approval
<b>V1.0</b>	Draft 8	13/12/2023	HWB Approval
<b>V1.1</b>	Draft 9	08/01/2024	Cabinet Approval

## Equality & Health Impact Assessment Record

1	Title of activity	Havering Combating Substance Misuse Strategy		
2	Type of activity	Multi-agency Strategy		
3	Scope of activity	<p>This is a five year local strategy that aims at working with all partners to:</p> <ul style="list-style-type: none"> <li>• Break drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims</li> <li>• Deliver a world-class treatment and recovery system, including; improving access to support by tackling stigma, delivering efficient and effective treatment and recovery system based on a multi-disciplinary multi-agency integrated approach.</li> <li>• Achieve a generational shift in the demand for drugs, including; preventing substance misuse and addiction. Supporting research, service audit, and evaluation.</li> <li>• Reduce risk and harm to individuals, families and communities, including; reducing harm related to substance misuse and safeguarding the vulnerable from abuse and harm. Ensuring care and support for other family members (a Think Family approach)</li> </ul>		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	If the answer to <u>any</u> of these questions is 'YES', Please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is 'NO', please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes		

4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes		
5	If you answered YES:	<p><b>Please complete the EqHIA in Section 2 of this document.</b> Please see Appendix 1 for Guidance.</p> <p>The equality health impact assessment was completed and approved and is included in appendix 2 of this strategy document.</p>		
6	<p>If you answered NO: (Please provide a clear and robust explanation on why your activity does not require an EqHIA. This is essential in case the activity is challenged under the Equality Act 2010.)</p> <p>Please keep this checklist for your audit trail.</p>			

Date	Completed by	Review date
15/11/2023	Anthony Wakhisi	April 2028

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## Foreword

Unfortunately, many of our residents are affected directly or indirectly by drug and alcohol misuse.

The reasons for this, and the related harm it causes are complex. Some individuals are more susceptible than others due to their genetic and environmental risks, and the harm from the misuse of alcohol and substances extends from the individual to the family, community, and society.

Therefore a strategy to tackle it must cut across the responsibilities of a range of different organisations represented in our combating drugs partnership.

The latest data shows substance misuse-related crime incidents have nearly tripled since 2016, from 388 to 1,084 in 2022, as community awareness and police response have increased. Alcohol-related mortality has also been rising in the last three years, with the latest data (2020) showing alcohol-related mortality among males in Havering (57 per 100,000 of the population) was higher than the London average (51/100,000). In 2020/21, it is estimated that more than two-thirds (67%) of opiate and /or crack users aged 15-64 in Havering are not in treatment. Also of concern is that 1 in 5 new adults coming forward for substance misuse treatment are parents or adults living with children.

This strategy has been drafted in response to the UK's 10-year drugs strategy, 'From Harm to Hope', published in December 2021.

Our vision is that by working in partnership through, prevention, supporting individuals and communities, tackling the supply chain and reducing demand, we will further reduce substance misuse in Havering and safeguard the users, families, and communities from the harms of addiction, including providing useful and timely information and advice.

In order to achieve the above ultimate strategic outcomes, there is a need to be clear about where we all are, where we are going and how to get there. To this end, key partners actively participated in two workshops and drafted Havering's five-year strategy and delivery plan, using the experience of people with lived experience.

The drugs strategy commits to promoting equality and meeting the needs of all vulnerable communities. I could not emphasise enough the shared accountability for all the outcomes to avoid the problem of individual organisations being pulled in different directions by competing outcomes and targets. The successful implementation of this five-year strategy will be dependent on the whole local partnership working together and sharing responsibility for creating a safer, healthier and more productive society.

I am writing to express my sincere gratitude to all partners who have played a key role in drafting this strategy and for your participation in developing a detailed delivery plan.

Councillor Gillian Ford  
January 2024

## List of abbreviations

Abbreviation	Meaning
AA	Alcoholics Anonymous
ASB	Anti-Social Behaviour
ATR	Alcohol Treatment Requirement
BAP	Behaviour and Attendance Partnership
BAU	Business as usual
BBV	Blood Borne Viruses
BCU	Basic Command Unit
BHC	Before Housing Costs
BHRUT	Barking, Havering & Redbridge University Trust
CAMHS	Children and adolescent mental health services
CCG	Clinical Commissioning Group
CEPN	Community Education Provider Networks
CDP	Combating Drugs Partnership
CDPB	Havering Combatting Drugs Partnership Board
CGL	Change Grow Live
CI	Confidence Interval
CLDT	Community Learning Disability Team
CJS	Criminal Justice System
CMT	Corporate Management Team
CPOMS	Child Protection Online Management System
CSB	Community Safety Board
CSCA	Country Signing Certificate Authority
CSC	Children Social Care
CST	Complex Safeguarding Teams
D&A	Drugs and Alcohol
DCLG	Department for Communities and Local Government
DHSC	Department of Health and Social Care
DIP	Drug Intervention Programme
DOMES	Diagnostic and Outcome Measure Executive Summary
DPO	Data Protection Officer
DRR	Drug Rehabilitation Requirement
DSL	Designated Safeguarding Lead
DV	Domestic Violence
DWP	Department for Work and Pensions
ESOL	English for Speakers of Other Languages
EUPD	Emotionally unstable personality disorder
FTEs	First-Time Entrants
GLA	Greater London Authority

Abbreviation	Meaning
GP	General Practitioner
HA	Havering Association
HRVA	Hazard, Risk and Vulnerability Analysis
HASP	Health and Safety Plan
HCV	Hepatitis C virus
HES	Hospital Episode Statistics
HJTF	Havering Joint Taskforce
HIV	Human Immunodeficiency Virus
HMPPS	His Majesty Prison and Probation Service
HSAB	Havering Safeguarding Adults Board
HSCB	Health and Social Care Board
HSCP	Havering Safeguarding Children's Partnership
HSL	Healthy Schools London
HSSW	Home school support workers
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IDVA	Independent domestic violence advocate
IMD	Index of Multiple Deprivation
IOM	Integrated Offender Management
ISA	International Standards on Auditing
JCU	Joint Commissioning Unit
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAPE	Local Alcohol Profiles for England
LBH	London Borough of Havering
LFB	London Fire Brigade
LGA	Local Government Association
LGBTQ	Lesbian, Gay, Bi-sexual, Transgender, Queer/Questioning
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LSD	Lysergic acid Diethylamide
LSOA	Lower Super Output Areas
LTC	Long-term conditions
MARAC	Multi-Agency Risk Assessment Conference
MACE	Multi Agency Child Exploitation Meeting
MASH	Multi-Agency Safeguarding Hub
MDMA	Methyl enedioxy methamphetamine
MH	Mental Health
MOPAC	Mayor's Office for Policing and Crime
MOJ	Ministry of Justice
MPS	Metropolitan Police Service
NA	Needs Assessment
NCC	National Collaborating Centres

Abbreviation	Meaning
NDTMS	National Drug Treatment Monitoring System
NEL	North East London
NELFT	North East London Foundation Trust
NHS	National Health Service
NIDA	National Institute on Drug Abuse
NRM	National Referral Mechanism
NTA	National Treatment Agency for Substance Misuse
OCU	Opiate and Crack users
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PBP	Place Based Partnership
PCC	Police Crime Commissioner
PCN	Primary Care Networks
PH	Public Health
PHE	Public Health England
PHI	Public Health Intelligence
PSHE	Personal, Social, Health, and Economic education
PWID	Persons Who Inject Drugs
PYLL	Potential Years of Life Lost
SGV	Sexual and Gender-based Violence
SPOC	Single Point of Contact
SRO	Senior Responsible Officer
TBA	To be announced
TBC	To be confirmed
TOPS	Treatment Outcome Profile
TOR	Terms of Reference
TTCG	Tactical Tasking and Coordination Group
UK	United Kingdom
VAWG	Violence Against Women and Girls
VCS	Voluntary Community Sector
VOLT	Victims, Offenders, Locations and Trends
WAY	What About Youth
YJB	Youth Justice Board
YJS	Youth Justice Service
YP	Young People

## Executive Summary

Substance misuse is the abuse of alcohol, drugs and other substances that affect perception, consciousness, understanding, mood or emotion. It is a worldwide public health issue. Substance misuse not only harms the individual, but also their family, communities and society. The UK is one of the European countries most affected by drugs. Demand for drugs across the population is very high – over three million adults reported using drugs in England and Wales in 2021.

Drug use increases crime, damages people's health, puts children and families at risk and reduces productivity. It affects everyone, with the most deprived areas facing the greatest burden. The UK Government estimates that drug use costs society nearly £20 billion a year. In England and Wales, nearly 3000 deaths a year are related to drug use.

In Havering, statistics show that substance misuse is still an issue which needs to be prioritised, and that to tackle it we need a long-term approach where relevant agencies work in partnership. Latest statistics show an increase in the number of crime incidents that are related to substance misuse each year. Cases nearly tripled between 2016 and 2022, from 388 to 1084. There were 938 'possession of drugs' crimes and 146 'drug trafficking' crimes reported in Havering in 2022.

Alcohol-related deaths among males have also been rising in the last three years. The latest data (2020) showed that for every 100,000 deaths in Havering, 57 were related to alcohol. This was higher than the London average where 51 out of every 100,000 deaths were related to alcohol. In 2020 and 2021, 528 adults in Havering were in drug treatment services. The number has not changed significantly in the last five years, suggesting that there are still many people who need treatment but are not accessing it.

Across 2020 and 2021, only 18% of people known to be dependent on alcohol contacted alcohol treatment services. In Havering, it is estimated that more than 67% of people aged 15 to 64 who use opiates or crack (or both) are not in treatment. It is also concerning that out of 364 adults accessing treatment for substance misuse for the first time during 2019 and 2020, 21% were parents or adults living with children.

This strategy has been drafted in response to the UK's national 10-year drugs strategy ([From harm to hope: A 10-year drugs plan to cut crime and save lives](#)), which was published in December 2021.

The national strategy sets out how the government will try to:

- fight illegal drug use;
- cut off the supply of drugs by criminal gangs;
- give people with a drug addiction a route to a productive and drug-free life;
- offer a world-class treatment and recovery system; and
- change attitudes in society about the perceived acceptability of illegal drug use (with education and being tougher on those in possession of illegal drugs).

It has three overarching priorities, namely:

- breaking drug supply chains;
- delivering a world-class treatment and recovery system; and
- achieving a generational shift in the demand for drugs (to reduce number of people wanting to use drugs).

To help us meet the aims of this plan, we are supported by a government grant of roughly £300,000 a year for three years. We will use the money to strengthen local treatment services that offer a range of evidence-based interventions.

The Havering Combating Drugs Partnership (Havering CDP) was fully formed in August 2022 to lead the local response set out in this strategy. To benefit local residents, our strategy has been guided by a detailed local-needs assessment and builds on many existing activities and policies across a range of areas, including:

- enforcement;
- treatment;
- recovery; and
- prevention.

Our strategy covers all substances which have the potential for abuse and addiction, except tobacco. It treats addiction as a chronic (long-term) health condition and requires all relevant local agencies to work together to provide effective long-term support. It aims to tackle the stigma around addiction to encourage individuals and families who are affected to get support, and to minimise community violence towards those with substance-misuse problems.

The strategy acknowledges that although addiction problems can be seen across all communities, some people and communities are more affected than others so need more support and personalised solutions. These include:

- veterans;
- rough sleepers;
- people from the LGBTQ+ community; and
- the children of people with addiction problems.

There is a well-established range of specialist treatment services in Havering, but investment in these services is relatively low as the Public Health Grant received by the Council is itself low. There is still a need for new and cost-effective approaches to treatment, to allow a wide partnership of agencies to do the following:

- Increase the rate of recovery of people who are receiving treatment for drug or alcohol dependency (or both).

- Support the residents with the most complex needs (including poor physical and mental health, homelessness, unemployment and contact with the criminal justice system) who need help in many areas of their lives to address their substance misuse, reduce harm and support recovery.
- Support parents with substance-misuse problems, to minimise the harm to children (including the increased risk that they will experience similar problems later in life).

Substance misuse and addiction affect more than just the person with dependency problems – they can affect the family and wider community in many ways. Substance misuse can lead to criminal behaviour including domestic violence, assaults, antisocial behaviour, theft and burglaries, sexual exploitation, slavery and gang violence. This is why the partners in Havering will work together to:

- break drug supply chains;
- deliver a world-class treatment and recovery system;
- achieve a generational shift in the demand for drugs; and
- reduce risk and harm to individuals, families and communities.

A plan to address these four key areas was developed through working with all key stakeholders such as the National Health Service (NHS), drug and alcohol treatment services, voluntary care sector, schools, Police, trading standards, licensing, Department for Work and Pensions (DWP), children services, adult services etc. The table below summarises the different parts of the agreed delivery plan. A more detailed plan is available in appendix 2 of the full report.

Priority	Why	How	Who
<b>Breaking drug supply chains</b>	<ul style="list-style-type: none"> <li>• Supplying illicit drugs is a crime in itself, and it often involves exploitation and slavery.</li> <li>• COVID restrictions facilitated vigilance resulting in many arrests.</li> </ul>	<ul style="list-style-type: none"> <li>• Local agencies collecting and sharing knowledge and information</li> <li>• Local agencies working together to disrupt county lines and modern-day slavery</li> <li>• Following the money gained from drug sale.</li> <li>• Targeting dealers and the middlemen</li> <li>• Limiting alcohol outlets where there is a high level of alcohol misuse problems</li> </ul>	<ul style="list-style-type: none"> <li>• Metropolitan Police</li> <li>• Community safety teams</li> <li>• Trading standards and licensing committees</li> <li>• Residents</li> <li>• The NHS</li> <li>• Social care agencies</li> </ul>

Priority	Why	How	Who
		<ul style="list-style-type: none"> <li>Community vigilance and street policing</li> <li>Keeping an eye on emerging markets for example, vapes</li> </ul>	
<b>Delivering a world-class treatment and recovery system</b>	<ul style="list-style-type: none"> <li>Addiction is a chronic condition with stages of remission, relapse and recovery.</li> <li>Tough enforcement action must be combined with a high-quality treatment and recovery system to break the cycle of addiction.</li> <li>Reducing the stigma of addiction is the key to improving access to, and the success of, treatment.</li> <li>Increasing the confidence individuals have in treatment services to encourage them to get support and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring the effects of the treatment system</li> <li>Working closely with mental health professionals</li> <li>Working with all partners (including NHS trusts, GPs, community pharmacies, housing support, social care and the voluntary sector)</li> <li>Offering information and advice to the public about access to treatment and self-care</li> <li>Sharing data between services</li> <li>Working with prisons, detention centres and probation services to put treatment in place</li> <li>Introducing needle exchange programmes and having facilities for supervised consumption</li> <li>Reducing the stigma of substance misuse</li> <li>Making sure access to recovery systems for marginalised communities is culturally sensitive</li> </ul>	<ul style="list-style-type: none"> <li>Members of the Havering Combatting Drugs Partnership</li> <li>Change Grow Live (CGL) (provider of drug and alcohol treatment)</li> <li>North East London Foundation Trust (NELFT)</li> <li>The voluntary care sector</li> <li>London Borough of Havering communication team</li> <li>Community pharmacies working with CGL</li> <li>All front-line services</li> <li>Housing support</li> <li>DWP</li> <li>Voluntary sector</li> </ul>
<b>Achieving a generational shift in the demand for drugs and alcohol</b>	<ul style="list-style-type: none"> <li>Some children are more at risk than others of misusing substances in later life, due to the genetic predisposition for</li> </ul>	<ul style="list-style-type: none"> <li>Offering information, awareness and staff training</li> <li>Putting school-based prevention and early intervention in place to reduce the chances of</li> </ul>	<ul style="list-style-type: none"> <li>Schools and education providers</li> <li>Children services</li> <li>Public health services</li> </ul>

Priority	Why	How	Who
	<p>addiction and exposure to drug and alcohol use.</p> <ul style="list-style-type: none"> <li>21% of people using treatment services were living with their children.</li> </ul>	<p>children using and abusing alcohol, drugs and other substances</p> <ul style="list-style-type: none"> <li>Supporting young people and families who are most at risk of substance misuse or criminal exploitation</li> <li>Reviewing and regulating the alcohol retail sector</li> <li>Creating links to the treatment system and breaking the supply chain</li> <li>Collecting and sharing knowledge and information between partnership services</li> </ul>	<ul style="list-style-type: none"> <li>Metropolitan Police</li> <li>Youth justice services</li> <li>London Borough of Havering Licensing team</li> <li>London Borough of Havering communication team</li> </ul>
<b>Reducing risk and harm to individuals, families and communities</b>	<ul style="list-style-type: none"> <li>Substance misuse is involved in antisocial behaviour, domestic violence, exploitation, violent crime, theft and burglary.</li> <li>21% of people in Havering using illegal drugs are aged between 16 and 24.</li> <li>People who inject drugs are most at-risk of getting a blood-borne virus.</li> </ul>	<ul style="list-style-type: none"> <li>Providing information and advice for the public about ways to reduce harm and risk and where to find help</li> <li>Making sure agencies work together to support those at higher risk or those who have suffered harm because of substance misuse</li> <li>Training staff from different services together on the same issues</li> <li>Improving opportunities to those in treatment i.e. volunteering, employment and fixed accommodation</li> <li>Introducing needle exchange services and facilities for supervised consumption</li> <li>Carrying out research, service audits and surveillance</li> <li>Increasing awareness and training around neurodiversity (for example</li> </ul>	<ul style="list-style-type: none"> <li>CGL</li> <li>NELFT</li> <li>Safeguarding boards (Havering Safeguarding Adults Board and Havering Safeguarding Children's Partnership)</li> <li>Social services</li> <li>Community safety groups for example, domestic violence support group</li> <li>DWP</li> <li>Public health services</li> <li>London Borough of Havering communication team</li> </ul>

Priority	Why	How	Who
		Autism, Attention deficit hyperactivity disorder (ADHD), Dyslexia)	<ul style="list-style-type: none"> <li>Community pharmacies working with CGL</li> <li>Trading standards and public protection</li> <li>London Fire Brigade</li> </ul>

Our vision is that by local agencies working together to tackle the supply chain and reduce demand, we will further reduce substance misuse in Havering. This, along with providing useful information and advice when it is needed, will mean we can protect the users, families and communities from the harms of addiction.

To achieve our intended outcomes of reducing drug use and drug-related crime, harm and deaths, we need to be clear about the current situation, our goals and how we will meet them.

In May 2023 the UK Government published the National Combating Drugs Outcomes Framework to help local partnerships monitor their progress towards achieving the outcomes. You can read this framework at [GOV.UK](https://gov.uk)

The framework sets out three strategic outcomes of reducing:

- drug use;
- drug-related crime; and
- drug-related harm and deaths.

It also includes medium-term goals of reducing drug supply, increasing engagement in treatment and improving outcomes for recovery, as well as 22 supporting measures. The supporting measures allow partnerships to monitor their progress towards meeting the outcomes through two key aims:

- Putting in place more timely, interim and proxy measures which can tell us about the progress towards meeting the strategic and shorter-term outcomes.
- Having a wider picture of the progress, allowing us to monitor the overall effect of the strategy and to see unexpected trends.

The intended outcomes (and the methods we are putting in place to meet them) which are set out in this document are aimed at all partners who are involved in implementing our five-year strategy. Our strategy emphasises the importance of shared responsibility for each outcome, with the aim of avoiding the problem of individual organisations being pulled in different directions by competing outcomes and targets. The Havering CDP board will organise and monitor progress towards the intended outcomes. This

will involve making sure local partners are accountable to the UK Government, each other and local residents.

Considering different groups and people with protected characteristics is a key part of this strategy as it aims to promote equality and meet the needs of people from all communities, particularly those who have often not received an effective service in the past (including women and people from ethnic minority backgrounds).

The Havering Senior Responsible Officer (SRO) represents the Havering CDP as they have overarching responsibility for implementing this strategy in local areas. The SRO (on behalf of the Havering CDP) will report and answer to the UK Government and will monitor local areas' progress in towards meeting the intended outcomes set out in national and local frameworks. Progress will be monitored in the context of the whole system. This means, we will be aware that in the short term, we could expect improvements in some areas as a result of more planned activity and services meeting demand. However, in the longer term, the number of improvements might slow down as we successfully implement our strategy and the underlying problems are reduced.

This strategy will be implemented over five years from the date it is published. We will review it at least once a year and make amendments as necessary.

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# 1 Introduction

## 1.1 Purpose

The use and abuse of alcohol and psychoactive substances is a worldwide public health issue with harms extending from the level of the individual to the family, community, and society. Recent data published by the United Nations<sup>1</sup> put the global estimate of people who inject drugs in 2021 at 13.2 million, 18 per cent higher than previously estimated. Globally, over 296 million people used drugs in 2021, an increase of 23 per cent over the previous decade. The number of people who suffer from drug use disorders, meanwhile, has skyrocketed to 39.5 million, a 45 per cent increase over 10 years. The UK is among the countries in Europe most affected by drugs and demand for them across the population is very high: over three million adults reported using drugs in England and Wales in the last year and one in three 15-year-olds said they took drugs in 2018, up from one in four in 2014.<sup>2</sup>

People use substances including alcohol and drugs for a variety of reasons:<sup>3</sup>

- to relax, for enjoyment
- to be part of a group
- experiment out of a sense of curiosity
- rebellion
- to avoid physical and/or psychological pain
- to cope with problems
- to relieve stress

Some people are more vulnerable to initial use and addiction due to environmental and genetic factors. Drug and alcohol dependence often co-exists with other health disparities, like poor mental health and homelessness, so the local partners need to make sure the physical and mental health needs of people with drug addictions are addressed, to reduce harm and support recovery.<sup>4</sup> Moreover, most people who drink alcohol and/or use legal or illegal drugs do not become dependent on any of these substances. Addictions to cocaine, opiates, caffeine, alcohol, and tobacco are moderate to highly heritable.<sup>5</sup> In most people with addiction, their opioid receptors, dopamine transporters, cannabinoid receptor, and nicotinic receptors respond differently to opiates, stimulants, cannabinoids, and nicotine respectively from the general population in expressing a sense of reward. Environmental factors such as stress can interact with genes to exhibit drug addiction. In drug addiction especially with alcohol and opioids, not only there is psychological attachment to the substance our body develops physiological dependence, which makes treatment necessary.

Therefore, it is crucial that the drug market is disrupted so vulnerable people are not exposed to substances, or exploited and targeted; an evidence-based, world-class

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<sup>1</sup> [World Drug Report 2023 - Special Points of Interests \(unodc.org\)](https://www.unodc.org/drug-report-2023/)

<sup>2</sup> Drug misuse in England and Wales: year ending March 2020 (Office for National Statistics).

<sup>3</sup> [Why do people use alcohol and other drugs? - Alcohol and Drug Foundation \(adf.org.au\)](https://www.adf.org.au/why-do-people-use-alcohol-and-other-drugs/)

<sup>4</sup> [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/90444/From_harm_to_hope_a_10-year_drugs_plan_to_cut_crime_and_save_lives.pdf)

<sup>5</sup> [The genetics of addiction—a translational perspective | Translational Psychiatry \(nature.com\)](https://www.nature.com/articles/npp12010)

treatment system is there to manage addiction; information, advice and relevant support are there to eliminate the demand, and a supporting system is there to reduce the risk and prevent the harm of substance misuse and addiction to the individuals, families and the community.

In addition to health impacts, drug use drives crime, damages people's health, puts children and families at risk and reduces productivity – it impacts all of the country, with the most deprived areas facing the greatest burden. According to the UK Government estimates, drugs misuse costs society nearly £20 billion a year. Nearly 3,000 people tragically lose their lives through drug misuse related deaths in England & Wales each year.<sup>6</sup>

Alcohol is a factor in many drug-related deaths alongside drugs including heroin and methadone. In the night-time economy, drugs such as cocaine and MDMA are frequently used alongside alcohol. Moreover, specialist treatment and recovery services tend to be integrated for alcohol and other drugs. Therefore, local partnerships are asked to ensure that their plans sufficiently address alcohol dependence and wider alcohol-related harms. This should include considering the multiple complex needs of people who use alcohol as well as other drugs, and including alcohol in relevant activity and performance monitoring, considering deaths, hospital admissions and treatment for alcohol as well as other drugs.

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and £21 billion annually for society as a whole. Neighbourhoods blighted by the presence of illegal drugs cannot prosper or provide the happy, healthy environment that people deserve.

## 1.2 National Strategy

In December 2021, the UK government published a new 10-year drugs strategy, 'From Harm to Hope', backed by record levels of funding of over £3 billion to be spent from 2022 to 2025 on addressing the substance misuse problem. The national strategy sets out how the government will combat illegal drug use; cut off the supply of drugs by criminal gangs, give people with a drug addiction a route to a productive and drug-free life, deliver a world-class treatment and recovery system and change attitudes in society around the perceived acceptability of illegal drug use. It has three overarching priorities, namely:

- breaking drug supply chains
- delivering a world-class treatment and recovery system
- achieving a generational shift in the demand for drugs

For ease and brevity, the strategy document will use the term 'substance' to collectively describe alcohol, illegal drugs, psychoactive substances, over the counter drugs and prescription only medicines. However 'substance misusers' do not form one homogenous group. Therefore, where there are specific aspects of alcohol or drugs to

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<sup>6</sup> [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

be considered, more precise terminology will be used, e.g. alcohol misuse, drug use, problematic use of over the counter drugs and prescription only medicines.

### 1.3 Local Strategy

The national strategy is supported by provision of a supplementary grant and guidance for local authorities on how to establish partnerships for defined areas. Havering received nearly £300,000 in 2022/23 which will be repeated for two further years. The grant will be used to strengthen the capacity of local treatment service that offers a full range of evidence-based interventions.<sup>7</sup>

Guidance for implementation of the national strategy at local level was published on 15 June 2022. Local areas are expected to define their geographical footprint which should be at least Lower Tier Local Authority, identify a Senior Responsible Officer (SRO) to chair a partnership board and lead the local strategy. The partnership board should bring together the different individuals and organisations with responsibility for delivering the strategic priorities of the drug strategy – breaking supply, treatment and recovery and reducing demand.

The Havering Combating Drugs Partnership (CDP) was established in August 2022 to lead on the implementation of the national drugs strategy at local level. Below is the list of member organisations and representatives:

**Table 2: Member organisations / representatives of the Havering Combating Drugs Partnership, 2023**

<ul style="list-style-type: none"> <li>• LB Havering Public Health</li> <li>• LB Havering Elected member representatives for adults and children services</li> <li>• LB Havering Public Involvement Lead &amp; Communities</li> <li>• Community Safety Partnership and Crime Prevention</li> <li>• Police and Crime Commissioner</li> <li>• Metropolitan Police</li> <li>• Probation Service Representative</li> <li>• Integrated Offender Management and Serious Group Violence</li> <li>• CGL</li> <li>• NELFT</li> <li>• BHRUT A&amp;E</li> <li>• Healthwatch</li> </ul>	<ul style="list-style-type: none"> <li>• LB Havering Housing</li> <li>• Jobcentre Plus / DWP</li> <li>• LB Havering Adult Social Care</li> <li>• LB Havering Children Services</li> <li>• LB Havering Early Help</li> <li>• Schools and Education</li> <li>• Safeguarding Board</li> <li>• NHS NEL ICB</li> <li>• Local Pharmaceutical Committee</li> <li>• GP Representative</li> <li>• Voluntary Care Sector</li> <li>• Youth Justice Board</li> <li>• Service User with Lived Experience</li> <li>• Independent Domestic Violence Advocate</li> <li>• LB Havering Licensing Team</li> <li>• LB Havering Communications</li> </ul>
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<sup>7</sup> [Guidance for local delivery partners \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

### Management team of the Havering CDP (Unpaid roles)

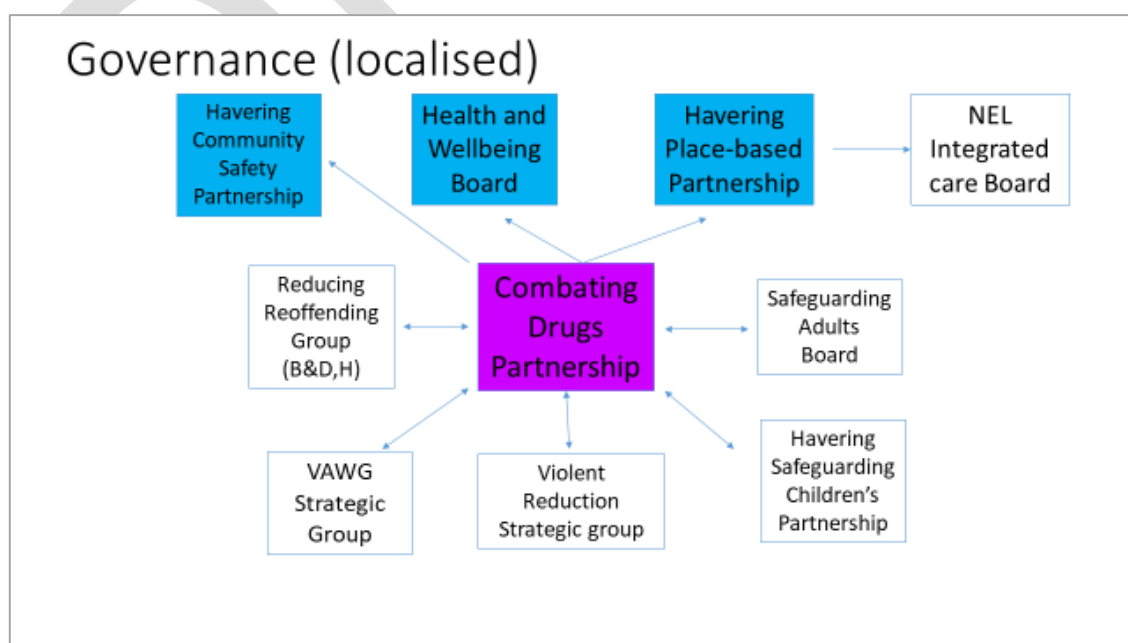
- SRO and Chair
- Partnership Lead
- Strategy Development Lead.
- Commissioner Lead
- Programme Manager
- Data Lead

In Havering, NEL sub-region and London, there are many synergistic plans and strategies that interact with combating substance misuse strategy. These include:

- Community Safety Plan, 2022-2025
- Community Safety Strategic Assessment, 2022
- Integrated Offender Management (IOM), pan-London Framework, 2022
- Serious Group Violence and Knife Crime Strategy, 2017-2021 (new version expected by January 2024).
- Violence Against Women and Girls (VAWG) Strategy, 2019-2022
- Knife Crime and Violence Reduction Action Plan, 2022
- The London Reducing Reoffending Strategy, 2022-2025

Due to the cross-cutting nature of substance misuse and co-existing circumstances including health issues, the partnership will report to or work with Health and Wellbeing Board, Havering Place-based Partnership Board, Havering Community Safety Partnership and Safeguarding Boards. The partnership governance can be seen as below.

**Figure 1: The combating drugs partnership governance structure**



The partnership will be putting in place structures and processes through which we should work together to reduce drug-related harm, and to implement co-ordinated actions across a range of areas including enforcement, treatment, recovery and prevention.

A key task of the local partnership board has been to facilitate a joint needs assessment through the review of local drug data and evidence and using this to agree a local drugs strategy and action plan, including developing data recording and sharing mechanisms. This new strategy will replace Havering Drug and Alcohol Harm Reduction Strategy 2016-19, the review of which was delayed due to the COVID-19 pandemic.

Drug and alcohol addiction, homelessness, and contact with the criminal justice system are often experienced in combination. It is important to break a vicious cycle of harm to individual users, their families, and communities. Therefore, locally, we added another priority which is **to reduce the harm to individuals with substance misuse, their families, and their communities** through multiagency partnership efforts to safeguard all those vulnerable, to reduce the risk, and to prevent the harm from substance misuse.

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## 2 Where We Are Now

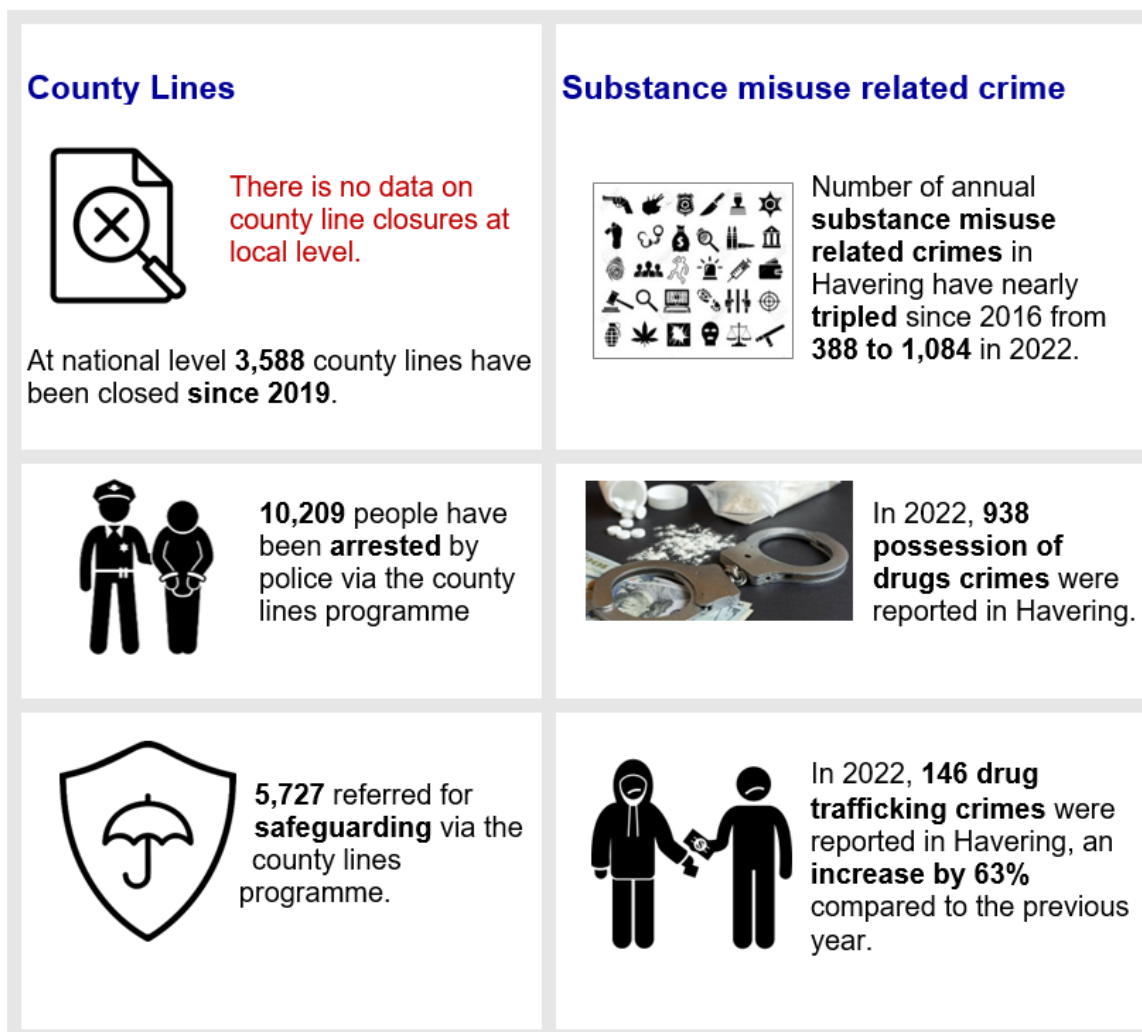
To enable understanding of our current status as regards substance misuse in Havering and current interventions and also to facilitate the development of the Havering local strategy, a joint needs assessment was carried out by the CDP between May and December 2022. This involved collation and analysis of relevant local data from treatment services and published data on prevalence, treatment and recovery from resources such as OHID Fingertips, National Drug Treatment Monitoring System (NDTMS), Metropolitan Police Service Crime Dashboard and London SafeStats. The needs assessment also drew from other relevant partnership pieces of work, such as the Local Drugs Market Profiles, Community Safety Strategic Assessments and the Havering Joint Strategic Needs Assessment (JSNA). Below is a summary of key findings from the needs assessment reported according to the four priority areas.

### 2.1 Breaking Drug Supply Chains

This priority area aims at levelling up neighbourhoods by ridding them of drugs, making them safe and secure places and enabling all areas to prosper and grow. This can only be achieved by prioritising cutting off the drug supply that is causing the most harm. Given the scale of the threat and the rise of the violent county lines distribution model, breaking drug supply chains and 'rolling up' county lines should be a priority for everyone, the police and all law enforcement partners.

Currently in Havering, the Met Police and relevant members of the Community Safety Partnership (CSP) share intelligence reports including VOLT intelligence, information on operations to enable the Multi-agency Safeguarding Hub (MASH), ASB and rescue and response referrals. Community Safety Partnership effectively apply the Crime and Disorder Act through its members. Youth Justice Board (YJB) and MASH use National Referral Mechanism (NRM) to identify young people involved in County lines and also monitor exploitation data. CSP also publishes Serious Violence Duty and Strategic Assessment annually. There are also a suite of activities around community vigilance, street policing and enforcement such as Neighbourhood Watch, Ward panel meetings with the Met, Community Safety Roadshows, Operation Yamhill, Drugs Dog operations, diversionary mentoring and enforcement drones.

### 2.1.1 Key findings from needs assessment



## 2.2 Delivering a World-Class Treatment & Recovery System

Tough enforcement action must be coupled with a high-quality treatment and recovery system to break the cycle of addiction. We must tackle the stigma to addiction and must treat **addiction as a chronic health condition**, and where people who need it are provided with long-term support. NHS and the local substance misuse provider are working together to ensure effective pathways and better integration, including improving the skills of the workforce in relation to drugs and alcohol.

The Havering council drug and alcohol service is delivered by Change Grow Live (CGL), a health and social care charity with services across England, Scotland and Wales. They offer support to young people, adults, those in the criminal justice system and anyone looking to live a healthier happy life. The government has recently (February 2023) provided a supplementary grant to all local authorities across England to improve drug and alcohol addiction treatment and recovery.<sup>8</sup> The funding will enable local authorities to:

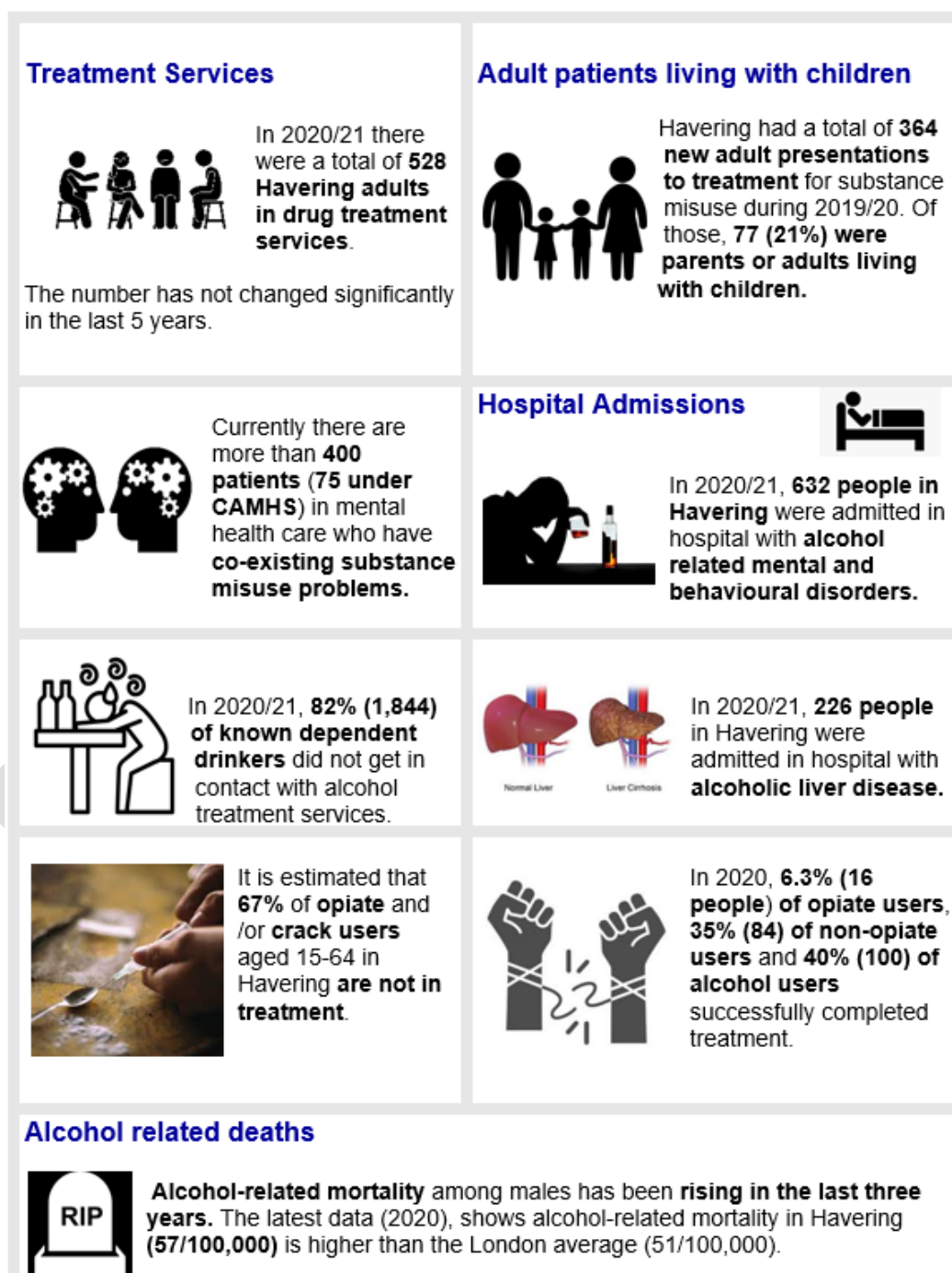
- recruit more staff to work with people with drug and alcohol problems

<sup>8</sup> [£421 million to boost drug and alcohol treatment across England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/421-million-to-boost-drug-and-alcohol-treatment-across-england)

- support more prison leavers into treatment and recovery services
- invest in enhancing the quality of treatment they provide - in turn helping make streets safer by getting people out of the addictions which are known to drive offending

The Havering local plan to utilise the supplementary grant is led by the combating drugs partnership board. Local services are delivered via a highly trained and motivated workforce offering a full range of evidence-based interventions.

## 2.2.1 Key findings from the needs assessment



## 2.3 Achieving a Generational Shift in the Demand for Drugs

A downward shift in the demand for drugs and alcohol addiction can be achieved by:

- ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug- and alcohol- related harm
- delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using / abusing alcohol, drugs and other substances
- supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

In addition, raising awareness among young people and adopting a risk reduction approach within higher-risk communities and families are crucial steps to reduce the demand for drugs. There is information for young people and their families and carers on **FRANK** at [www.talktofrank.com](http://www.talktofrank.com). FRANK also lists sources of help and advice, including local services.

The harms of the substances should be **communicated** across the population and high risk groups. This is because not many people know about the harms of both newer substances of abuse such as nitrous oxide (laughing gas) and more well-known ones such as opioids, cocaine, alcohol and cannabis.

NICE guidance 64 (NG64) recommends skills training be offered to children and young people and their carers or families, ensure it helps children and young people develop a range of personal and social skills, such as:

- listening
- conflict resolution
- refusal
- identifying and managing stress
- making decisions
- coping with criticism
- dealing with feelings of exclusion
- making healthy behaviour choices
- dealing with feelings of exclusion (especially for care leavers and look-after-children).

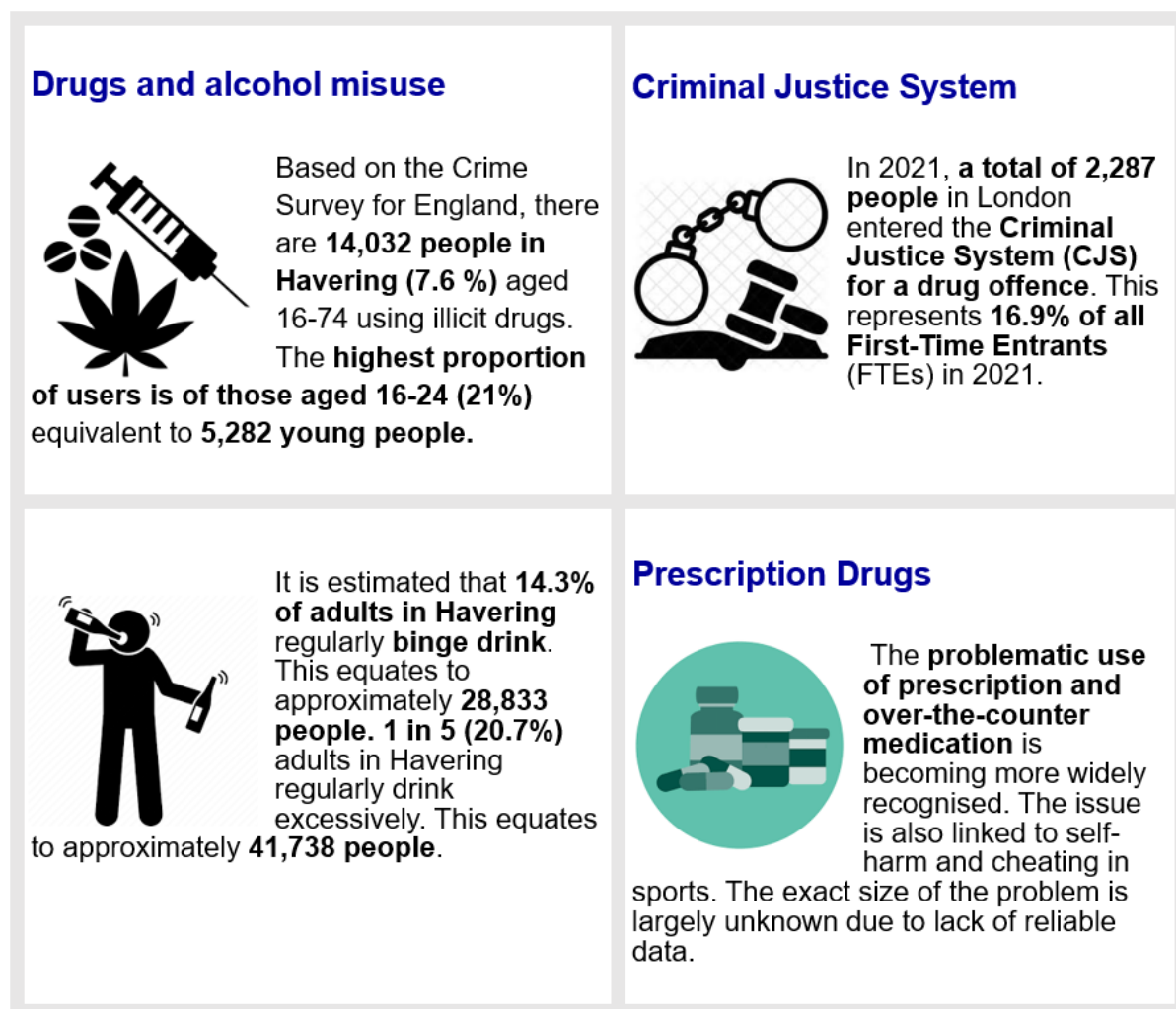
NG64 also recommends providing information in different formats, including web-based information (such as digital and social media) and printed information in the following settings where groups who use drugs or are at risk of using drugs may attend:

- nightclubs or festivals
- sexual health services and primary care
- people in temporary accommodation, supported accommodation or hostels
- gyms (to target people who are taking performance-enhancing drugs)

Currently, vulnerable siblings and children are identified through Integrated Offender Management (IOM), Sexual and Gender-based Violence (SGV) and Domestic

Violence MARAC for early support to **break cycles of substance misuse and trauma**. In addition, here is a lot being done in school, e.g. PSHE/RSE alongside awareness training on substances, modern day slavery and pastoral support to understand what is going on at home. Schools and colleges involve parents, carers, children and young people in initiatives to reduce drug and alcohol use. CGL's Wize-up and hidden harm work engage with a range of key partners in Havering. Criminal Justice (Probation) and Youth Justice Services also ensure treatment and continuity of care.

### 2.3.1 Key findings from needs assessment



## 2.4 Reducing Risk and Harm to Individuals, Families and Communities

Both **genetic predisposition** and environment factors such as **poverty, easy access to drugs and alcohol, social isolation, past trauma, family business and work demand** increase the risk of taking drugs and alcohol or involvement in trafficking activities. On the other hand, substance use can lead to other **adverse consequences**, such as unemployment, homelessness and poverty, which create a cycle of dependency and loss. It is crucial that risk assessment tools are used to

**identify and support** young people so that they are supported to resist addiction and to become less vulnerable for exploitation.

There are also other **marginalised groups** (NICE NG64) who may be at higher risk of taking drugs such as refugees; people with disability or those who have mental and chronic physical illness, veterans, the unemployed, the homeless, LGBTQ+ persons, young people under care or former looked-after children and other stigmatised groups (e.g., sex workers, people with severe mental illness). Bespoke solutions are required to reduce the risk, to improve access to services and to sustain remission.

**Physical activity** or **social support** behaviours produce epigenetic changes that prevent the development of addiction and can have a beneficial role in treatment when used in combination with other interventions, such as cognitive behavioural therapy and, for some people, medications. In the example of a stressful situation such as the death of a significant other or loss of a job, if a person engages in physical activity this can reduce their stress-induced epigenetic changes, which will decrease the risk of developing addiction or stress-induced relapse. Alcohol and other substances can cause vitamin deficiency and multiple organ damage. It is important that substance misuse services support the users to adopt positive health behaviours including physical activity, social integration and balanced diet, and to receive physical and mental health advice when required.

As a good practice, trading standards team is routinely carrying out checks to prevent the under-age sale of alcohol which is a NICE Quality Standard 83 (QS83) for local authorities. Other good practices include unannounced visits, mystery shopping, working with the businesses not selling alcohol to those who are already intoxicated, safety campaigns, Night Marshalls, Friday night briefings, street triage and joint patrol with police. Havering Housing demand is also piloting Housing First initiative to enable treatment and recovery of the eligible homeless people, while also investing in additional drug worker in the treatment system. Community Safety team applies antisocial behaviour legislation to improve engagement with treatment services. All services including housing, social services and voluntary care services support service users with fire risk reduction. CGL has a safeguarding coordinator and all drug workers identify, assess and refer domestic abuse victims and perpetrators to relevant pathways.

## 2.4.1 Key findings from needs assessment

### Substance misuse adults living with children



Havering had a total of **364 new adult presentations to treatment** for substance misuse during 2019/20. Of those, **77 (21%)** were parents or adults living with children.



There are **399 adults in Havering with alcohol dependence living with children**. Only **80 are in treatment** indicating the majority (**80%**) are **unattended to** and therefore potentially a **threat to child safety**. This rate is higher than the national benchmark of unmet treatment need (**75%**).



There are **189 adults in Havering with opiate dependence living with children**. Only **59 are in treatment** indicating the majority (**69%**) are **unattended to** and therefore potentially a **threat to child safety**. This is lower than the national benchmark of unmet treatment need (**72%**).

### Housing

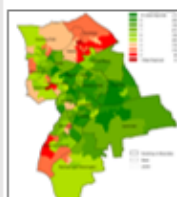
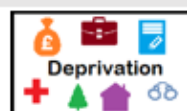


The number of patients with housing problems starting treatment has been increasing in the last 4 years.



In 2020/21 a total of **105 patients had housing problems**. This is equivalent to **2 in 10 patients (21%)**.

### Deprivation



The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation. **Ten LSOAs (6.7%) in Havering are in decile 1 and 2** i.e. most and second most deprived LSOA's nationally. These deprived areas are in the **north and south of the borough and along its western boundary**.

### Smoking



**More than half** of patients admitted for substance misuse treatment in Havering in 2022 were smokers.

### Antisocial behaviour



The majority of substance misuse persons are involved in antisocial behaviour. **Romford Town, Gooshays, Brooklands and Heaton** among Havering wards had the highest number of reported incidents in 2021.

## 3 Where We Want To Be

### 3.1 Vision

Reduced drug and alcohol misuse in Havering alongside effective local services that support and safeguard users, families, and communities from the harms of addiction.

### 3.2 Aim & Objectives

#### Aim

The Havering strategy aims at working with all partners to:

- Break drug supply chains
  - ✓ Disrupting the ability of gangs to supply drugs and seizing their cash.
  - ✓ Bringing perpetrators to justice, safeguarding and supporting victims
  - ✓ Through collaboration with cross border operations and raising awareness around exploitation.
- Deliver a world-class treatment and recovery system, including
  - ✓ Improving access to support by tackling the stigma
  - ✓ Delivering efficient and effective treatment and recovery system based on a multi-disciplinary multi-agency integrated approach
- Achieve a generational shift in the demand for drugs, including
  - ✓ Preventing substance misuse and addiction
  - ✓ Supporting research, service audit, and evaluation
- Reduce risk and harm to individuals, families and communities, including
  - ✓ Reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm
  - ✓ Ensuring care and support for other family members (a Think Family approach)

#### Objectives

Specific objectives include:

- To support more young people to resist drug and alcohol misuse
- To reduce drug dealing activities
- To find county lines in North East London and ensure they are closed.
- Increase the number of people seeking advice, support and treatment
- Increase treatment and recovery capacity
- Ensure there is a treatment place for every offender with an addiction
- Ensure support for dual diagnoses- substance misuse, alcohol misuse, learning difficulty or mental health concerns
- Reduce number of substance misuse related hospital admissions
- Ensure physical and mental health conditions of individuals with substance misuse problems are managed by relevant services without waiting to complete substance misuse treatment
- Ensure more people achieve long-term recovery from substance dependency

- Ensure more people recovering from addiction are in sustained employment and in stable and secure housing
- Ensure more families are supported; fewer children taken into care
- Reduce mortality due to substance misuse

### 3.3 Local Strategic Outcomes

Expected outcomes from the implementation of the new strategy include:

- A greater collaboration among members in delivering services that will lead to improved multi-agency working arrangements including the formalisation of previous loose and informal arrangements
- Increased referrals from police, courts and probation into drug treatment
- Improved co-ordination of relevant local services leading to improved delivery of services including easier information sharing and access to information
- Involvement of service users and frontline professionals in the development of the local strategy and associated plans leading to a wider co-operation and ownership of local plans and services
- Service expansion to deliver new high-quality drug and alcohol treatment places
- More people recovering from addiction in sustained employment, stable and secure housing

### 3.4 National Outcomes

In order to achieve the ultimate strategic outcomes of reducing drug use, crime, harms and deaths, there is a need to be clear about where we are, where we are going and how to get there. To help local partnerships monitor achievement of these outcomes, the government recently (May 2023) published the National Combating Drugs Outcomes Framework.<sup>9</sup>

The framework sets our three strategic outcomes of reducing drug use, reducing drug-related crime, and reducing drug-related deaths and harm. Also included are intermediate outcomes of reducing drug supply, increasing engagement in treatment and improving recovery outcomes. The document further outlines a set of additional 22 supporting measures which allow partnerships to monitor progress towards the outcomes, with two key aims:

- More timely, interim, and/or proxy measures, which can tell us about direction of travel towards the strategic and intermediate outcomes

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<sup>9</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1158290/National\\_Combating\\_Drugs\\_Outcomes\\_Framework\\_-\\_Supporting\\_metrics\\_and\\_technical\\_guidance\\_PDF\\_1\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1158290/National_Combating_Drugs_Outcomes_Framework_-_Supporting_metrics_and_technical_guidance_PDF_1_.pdf)

- A wider picture of the system allowing us to monitor the health of the whole system and to see unexpected trends or provide early warning.

The supporting measures are summarised in Figure 1 below. CDPs are expected to organise and monitor their work around progress towards these outcomes. All relevant local partners should contribute to all outcomes, and are accountable to central government, each other and local residents. For example, reduction of drug-related crime relies on increases in quality drug treatment and recovery, so it is crucial that local partners work together to increase referrals into treatment from the criminal justice system. We can only deliver this joined-up effort in reducing drug use and supply if each part of the system plays their role.

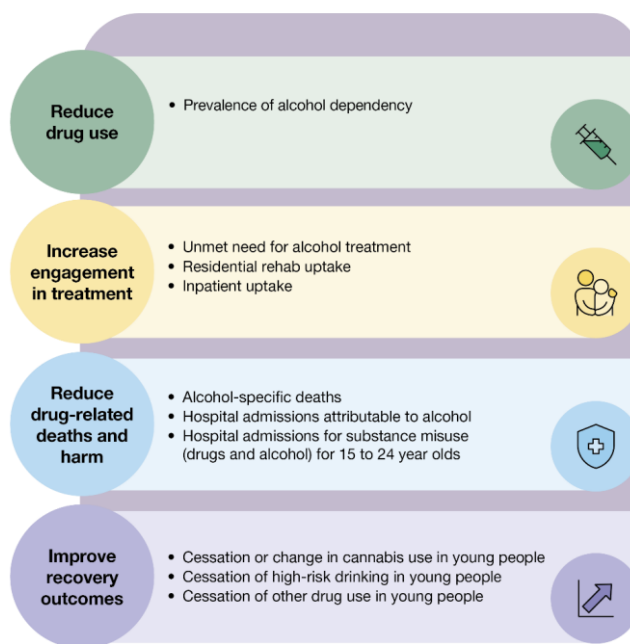
A new local outcomes framework dashboard is to be published by end of 2023 by OHID using data from NDTMS. This tool will provide local areas with key information to monitor local performance and activity against the aims of the local substance misuse. This will sit alongside a wider set of performance and data monitoring that emerged from our partner workshops held early in 2023.

**Figure 1: Full National Combating Drugs Outcomes Framework**

Strategic outcomes and metrics			Intermediate outcomes and metrics		
Reduce drug use	Reduce drug-related crime	Reduce drug-related deaths and harm	Reduce drug supply	Increase engagement in treatment	Improve recovery outcomes
<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>
<ul style="list-style-type: none"> <li>Proportion of individuals reporting use of drugs in the last year</li> <li>Estimated prevalence of opiate and/or crack cocaine use (OCU)</li> </ul>	<ul style="list-style-type: none"> <li>The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person</li> <li>The number of homicides that involve drug users or dealers, or have been related to drugs in any way</li> </ul>	<ul style="list-style-type: none"> <li>Deaths related to drug misuse</li> <li>Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug)</li> </ul>	<ul style="list-style-type: none"> <li>Number of county lines closed</li> <li>Number of major and moderate disruptions against organised criminal groups</li> </ul>	<ul style="list-style-type: none"> <li>Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults)</li> <li>The numbers in treatment for adults and young people</li> </ul>	<ul style="list-style-type: none"> <li>Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months</li> </ul>
<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>
<ul style="list-style-type: none"> <li>Number and proportion of households owed a homelessness duty with a drug dependency need</li> <li>Rate per population of children of referral and assessments by social services with drugs as a factor</li> <li>Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related</li> <li>Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week</li> </ul>	<ul style="list-style-type: none"> <li>Proven reoffending within 12 months</li> <li>Police recorded trafficking of drugs and possession of drugs offences</li> <li>Hospital admissions for assault by a sharp object</li> </ul>	<ul style="list-style-type: none"> <li>Hepatitis C prevalence (chronic infection) in people who inject drugs</li> <li>Number and percentage of people in treatment that have died during their time in contact with the treatment system</li> </ul>	<ul style="list-style-type: none"> <li>Volume and number of drugs seizures</li> <li>Number and proportion of National Referral Mechanism referrals with a county lines flag</li> </ul>	<ul style="list-style-type: none"> <li>Number of individuals in treatment in prisons and secure settings</li> <li>Number of community or suspended sentence orders with drug treatment requirements</li> <li>Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting)</li> <li>Unmet need for OCU treatment</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of people in treatment that have reported no housing problems in the last 28 days</li> <li>Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days</li> <li>Proportion of people in treatment reporting a mental health need who received treatment or interventions</li> <li>Proportion of parents that have received specific family or parental interventions</li> </ul>

In addition to the metrics in Figure 1 that will be used for monitoring the overall performance of the strategy nationally and locally across-central Government, OHID will be monitoring the treatment and recovery system both nationally and locally in greater detail with the additional outcomes metrics outlined in Figure 2. These metrics are also important for use by CDPs to monitor local treatment and recovery systems and will be included in local-facing reports produced by OHID.

**Figure 2: OHID local outcomes framework: additional metrics**



## 4 How We Will Get There: Key Actions

Two major workshops were organised by the Havering CDP to develop a delivery plan with actions that will ensure identified needs from the needs assessment are addressed and also that indicators from the national and local outcomes frameworks are incorporated to facilitate monitoring of progress. This was followed by direct engagement with individual lead organisations and officers resulting in a detailed delivery plan for each theme that outlines priority areas, actions, resources, timescales, strategic delivery and planning groups, lead organisations and officers and metrics for monitoring progress. A high level summary of key actions that will enable us achieve the strategy objectives and outcomes are presented below by theme. For the detailed delivery plan see appendix 3.

### 4.1 Breaking Supply Chains

- There are no gangs in Havering but we recognise that modern gangs are closely tied with the local drug trade so we will collect and share intelligence.
- **Working with regional tier** policing to share intelligence and jointly tackle trafficking into and around the UK.
- A **multi-agency approach** to intelligence sharing and development of interventions which: disrupts the supply of drugs and eliminates the exploitation of children and vulnerable people in drug trafficking and money laundry
- **Mapping** offenders, emerging groups and gangs linked to drug supply and exploitation
- Cultivating VOLT intelligence for the partnership – victims, offenders, locations and trends.
- Targeting street dealing with council **enforcement** assets
- Denial of criminal assets, taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply
- Reducing the opportunities for **money laundering**
- Identifying and taking action against **middle-tier offenders** and drug supply networks in our neighbourhoods – at every tier of policing.
- Protecting and redirecting young people through **diversionary mentoring**
- Surveillance of **emerging markets** e.g. vapes, xanax, lean
- Gathering intelligence and investigating substances of abuse in vapes by trading standards and community safety
- **Street policing**
- Detection and tackling of ‘**Cuckooing**’ which is a tactic where drug dealers use violence and coercion to occupy a property and use it as a base for dealing
- Licensing committee and trading standards work together with local intelligence to limit the number of **alcohol retailers** where alcohol related health and social burden is high.

## 4.2 Delivering a World-Class Treatment & Recovery System

- Tackling **stigma** to addiction and treatment of addiction as a chronic health condition, and providing long-term support where necessary.
- Delivering **world-class** treatment and recovery services – strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes
- Improving **clinical pathways** and joint care for co-existing mental health and physical health conditions
- Improving **coordination and partnership** working across sectors, especially between NHS mental health services, substance misuse services, GPs, community pharmacies, social services, education, and housing to ensure holistic care and a higher chance of treatment success
- Strengthening the **professional workforce** – developing and delivering a comprehensive substance misuse workforce strategy
- Local services will be delivered via a highly trained and motivated workforce offering a full range of **evidence-based interventions**
- Ensuring better **integration** of services – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery
- Improving access to **accommodation** alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
- Improving **employment** opportunities – linking employment support and peer support to Jobcentre Plus services
- Increasing referrals into treatment in the **criminal justice system** – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment
- Keeping people engaged in treatment after **release from prison** – improving engagement of people before they leave prison and ensuring better continuity of care in the community
- Putting the individual at the centre of everything we do, and by underpinning services with extensive and robust evidence to save lives, reduce harm and crime, and **stop the ‘revolving door’** in and out of prison.
- Continuously improving **information and advice** to promote self-help when possible and to seek advice when required.
- Engaging with service users to **understand factors** that contribute to both treatment success and attrition
- Addressing existing **inequalities** in substance misuse prevalence, access of treatment, **culturally sensitivity** and treatment outcomes
- Holding regular local multi-agency panels to identify, agree and embed learning from drug-related deaths in order to improve local response and **reduce deaths**.
- Working with other services to provide testing, safe injecting equipment and vaccination against **infections** including Hepatitis B.

### 4.3 Achieving a Generational Shift in the Demand for Drugs and Excessive Alcohol

- Ensuring there are local pathways to **identify and change the behaviour** of people involved in activities that cause drug- and alcohol- related harm
- **Supporting young people and families most at risk** of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk
- Reinforcing knowledge and **positive behaviour around healthy lifestyles** during key transitions
- Delivering **school-based prevention and early intervention** – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using and abusing alcohol, drugs and other substances
- **Clear messaging** to young people of **the realities** of drug use, county lines, and a life on the road (low wages, violent punishments, constant threat from rivals)
- Identifying siblings and children of substance users through IOM, SGV and DV MARAC for early support to break cycles
- Increased awareness among current and potential drug users:
  - ✓ Public information that recreational drug use enables a slave trade
  - ✓ Banning orders by pubs and clubs for users, in order to clean the night-time economy and reduce the local market
  - ✓ Proactive police action against drug users (stop and search, test on arrest)
  - ✓ Stricter action against those identified as buying drugs, and those buying drugs from individuals under 18
- Interagency working strategy is required to provide support to **marginalised members of the community** by addressing predisposing factors associated with social exclusion, rejection and severe mental health problems.
- Strengthen **community pharmacies** in their work on preventing prescription drug misuse.
- Review and limit the growth of number of alcohol retailers within legal powers

### 4.4 Reducing Risk and Harm to Individuals, Families and Communities

- Tackling stigma and improving **peer support** and health-seeking behaviour
- **Ensuring mental health access** of young people, victims of abuse, veterans, vulnerable communities and those who misuse drugs and alcohol is assured when they need it.
- Partnership work to reduce the level of risk to **the families** exposed to substance misuse and to reduce the harm through proportionate health and care support
- **Evaluating and researching** the service needs and outcomes, the cost-effectiveness of the approaches, and partnership working success factors

- **Collecting and analysing data regularly** from community safety, safeguarding, coroners and death registry to monitor drug-related violence, abuse, neglect and homicides
- **Cross-disciplinary training** in identification, signposting and first response to those with substance misuse and other co-existing needs such as mental health, physical help, employment support, social care etc.
- **Improving access to information** and awareness among young people and risk reduction approach with the higher risk communities and families to reduce demand for drugs
- Raising awareness of **foetal alcohol syndrome, sudden infant deaths** etc.
- **Needle exchange programme** and supervised consumption at community pharmacies
- Community Safety and Development Team and the MPS both routinely carrying out **unannounced swabbing** of licensed premises and other locations such as colleges, leisure facilities and shopping centres, to detect the presence of drugs.
- Council Licensing Officers regularly checking outside of office hours if premises are complying with their licences and to gain **compliance** with the legislation.
- Using of orders to tackle problem premises and create safer communities
- Working with LFB to identify people at risk of causing **fire** in their home due to alcohol or drug misuse
- Effectively **identifying and signposting** those with substance misuse problems including alcohol to other important existing programmes and services such as NHS Health Check, stop smoking, antenatal care etc.

## 5 Performance Measures

Measures will be based on the national and local outcomes framework as provided by the central government. The supplementary grant also has specific treatment priorities that need to be achieved in the next three years (See Table 3). These are summarised in section 5.1 by specific strategic and intermediate outcomes and where available includes the current status /baseline statistics for each indicator.

### 5.1 Supplementary Grant

**Table 3: Supplementary Grant: Agreed increase in treatment and residential rehab capacity**

Measure / Indicator	Baseline	Year 1: 2022-23	Year 2: 2023-24	Year 3: 2024-25
<b>Treatment</b>				
Total No of Adults in structured treatment	912	912	992	1075
Opiate Users	276	276	300	330
Non-opiate Users (combined non-opiate only and non-opiates and alcohol)	341	341	372	395
Alcohol Users	295	295	320	350
Young people in treatment	41	45	55	65
Adults with substance misuse problems who engage successfully in community based treatment following release from prison/ secure estate	35%	45%	55%	60%
<b>Residential Rehab</b>				
Proportion of adults in rehab as a proportion of all adults in treatment	1.2% (baseline average - 9)	11	13	15

## 5.2 Performance Measures: The National and Local Outcomes Framework

### 5.2.1 Strategic Outcome: Reducing drug use

Measure	Metric	Baseline Statistics	Source
Proportion of individuals using drugs in the last year	Proportion of individuals reporting use of drugs in the last year: 16 to 24 years, 16 to 59 years. Monitored by drug type (all, cannabis, cocaine), personal characteristics (gender, ethnicity, others as required)	Based on the Crime Survey for England, there are <b>14,032 people (7.6%) aged 16-74</b> using illicit drugs. The highest proportion of users is of those aged <b>16-24 (21%) equivalent to 5,282 people</b> in Havering (See NA for detailed breakdown)	Crime Survey for England and Wales,  Office for National Statistics
Proportion of individuals using drugs in the last year	Proportion of pupils aged 11 to 15 who took drugs in the last year. Monitored by drug type, personal characteristics (gender, ethnicity)	Example: Cannabis:  Havering (4%), London (5%), England (4.6%)	Smoking, drinking and drug use among young people in England.  Office for National Statistics
Prevalence of opiate and crack use	Estimated total number and prevalence rate of opiate and/or crack cocaine use at local authority, regional and England only. Monitored by drug type and age.	Havering 858 (5.4/1,000), London (9.3), England (8.9%)	Estimates of the prevalence of opiate use and/or crack cocaine use  Office for National Statistics
Additional supporting measure:  Prevalence of alcohol dependency	The estimated number of adults with an alcohol dependency.	Available only for England (1.4%) can model for Havering	Alcohol dependence prevalence in England  Office for National Statistics
Additional Supporting Measure:  Homeless with a drug dependency need	Number and proportion of households owed a Homelessness duty with a drug dependency need. Monitored by local authority	In 2020/21 a total of 105 patients had housing problems. This is equivalent to 1 in 5 patients (21%)	Official statutory homelessness statistics  The Department for Levelling Up, Housing and Communities
Additional Supporting Measure:  Children in need with drugs as an assessed factor	Rate per 1,000 population of children of referrals and assessments by social services with drugs as a factor. This is in respect of a case where the child is not	To be considered for inclusion when available	Characteristics of children in need  Department of Education

Measure	Metric	Baseline Statistics	Source
	previously known to the council, or where the case was previously open but is now closed. Monitored by parent, child, or other person, local authority		
Additional Supporting Measure:  Permanent exclusions and suspensions – drug and alcohol related	Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related. Monitored by local authority and proportion of pupil enrolments	To be considered for inclusion when available	Permanent exclusions and suspensions in England.  Department of Education
Additional Supporting measure:  Acceptability of drug use in children	Proportion of 11 to 15 year olds who think it is OK to try drugs to see what it is like, and the proportion who think it is OK to take drugs once a week. Monitored by drug type (all, cannabis, cocaine), age, gender.	To be considered for inclusion when available	Smoking, drinking and drug use among young people in England.  Department of Education

### 5.2.2 Strategic outcome: Reducing drug-related crime

Measure	Metric	Baseline Statistics	Source
Drug-related homicide	Homicides that involve drug users or dealers or have been related to drugs in any way. An offence is 'drug related' if any of the following variables are positive: victim is an illegal drug user, victim is an illegal drug dealer, suspect is an illegal drug user, suspect is an illegal drug dealer, victim has taken a drug, suspect has taken a drug, suspect had motive to obtain drugs, suspect had motive to steal drug proceeds, or drug related.	Havering reported fewer homicides in the last 2 years (9 cases) compared to other London boroughs but nonetheless a significant number that appear to be on an upward trend	Homicide in England and Wales  Office for National Statistics
Neighbourhood crime	Neighbourhood crime, made up of domestic burglary, personal robbery, vehicle offences and theft from the person.	In the last 12 months (ending October 2022) 1084 drug related crimes were reported in Havering.	Crime Survey for England and Wales  Office for National Statistics

Measure	Metric	Baseline Statistics	Source
Additional Supporting measure: Proven reoffending	Proven reoffending within 12 months. Monitored by Adult/juvenile, all, index offences – drug and theft, local authority.	Havering (22.5%) England (25.4%)	Proven reoffending statistics Office for National Statistics
Additional Supporting measure: Trafficking and possession	Police recorded trafficking of drugs and possession of drugs offences. Monitored by adult/juvenile national and police force area.	In 2022, 146 drug trafficking crimes were reported in Havering, an increase by 63% compared to the previous year.	Crime Survey in England and Wales Office for National Statistics
Additional Supporting measure: Hospital admissions for assault by sharp object	Hospital admissions for assault by a sharp object. Monitored by age: 16 to 24, over 25, local authority.	Local data not available, to be included.	Monthly hospital admissions for assault by sharp object. NHS Digital

### 5.2.3 Strategic outcome: Reducing drug-related deaths and harm

Measure	Metric	Baseline Statistics	Source
Deaths from drug misuse	Deaths related to drug misuse. Monitored by English region, LA, date of death and date of registration	Local data not available, to be included.	Deaths related to drug poisoning, England and Wales. Office for National Statistics
Hospital admissions for drug misuse	Hospital admissions for drug poisoning and drug related mental health and behavioural disorders (primary diagnosis of selected drugs). Monitored by national, local authority, and age group (16 to 24, over 25).	The latest data (2020), shows alcohol-related mortality in Havering (57/100,000) is higher than the London average (51/100,000).	NHS Digital
Additional Supporting measure: Deaths in treatment	The number and percentage of people in treatment who have died during their time in contact with the treatment system. Monitored by local authority.	An average of 5 deaths in treatment annually have occurred in Havering in the last 3 years	OHID.
Additional Supporting measure: Alcohol-specific deaths	The rate per population of registered deaths where alcohol is the primary cause. Monitored by local authority.	The latest data (2017-19) shows Havering has a lower rate (5/100,000) than both London and England.	Local alcohol profiles for England, OHID

Measure	Metric	Baseline Statistics	Source
Additional Supporting measure: Hospital admissions attributable to alcohol	Admissions to hospital where the primary reason for admission was attributable to alcohol, and admissions to hospital where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol. Monitored by local authority.	In 2020/21, 2862 people in Havering were admitted in hospital with alcohol related conditions.	Alcohol-related hospital admissions  OHID
Additional Supporting measure: Hospital admissions for substance misuse (young people)	Admissions to hospital where the primary or secondary reason was due to substance misuse in those aged 15 to 24). Monitored by local authority	To be considered for inclusion when available	Public health profiles, OHID.
Additional Supporting measure: Hepatitis C prevalence in people who inject drugs	Hepatitis C prevalence (chronic infection) in people who inject drugs	In 2021, 36 patients in Havering attending treatment were diagnosed with Hepatitis C while 3 had HIV.	Unlinked anonymous monitoring survey of HIV and viral hepatitis among people who inject drugs

#### 5.2.4 Intermediate outcome 1: Reducing drug supply

Measure	Metric	Baseline Statistics	Source
Number of county lines closed	Number of county lines closed through the County Lines Programme.	No local data available, to included when available	Home Office
Organised crime group disruptions	Number of moderate and major drug disruptions against organised criminals. Major: Significant disruptive impact on an organised crime group, individual or vulnerability, with significant or long-term impact on the threat. Moderate: As above but with noticeable and/or medium-term impact on the threat.	No local data available, to included when available	National Crime Agency
Number and volume of drug seizures	Number and volume of drugs seizures. Monitored by source of seizures (National Crime Agency, police forces, Regional Organised Crime Units, Border Force) and drug types (all, class A, other).	No local data available, to included when available	Home Office

Measure	Metric	Baseline Statistics	Source
	England and Wales. National Crime Agency seizures to capture UK, at sea and international seizures.		
Number and volume of drug seizures	Number of incidents of drug finds in prisons. Monitored by drug types (all, class A, other).	No local data available, to included when available	HMPPS annual digest
Additional Supporting measure:  National Referral Mechanism referrals	National Referral Mechanism referrals (county lines flagged).	No local data available, to included when available	Modern slavery National Referral Mechanism.  Home office

### 5.2.5 Intermediate outcome 2: Increasing engagement in drug treatment

Measure	Metric	Baseline Statistics	Source
Numbers in treatment	Numbers in treatment for adults and young people. Monitored by: protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol,	In 2020/21 there were a total of 528 adults in treatment services	Alcohol and drug treatment statistics: adults and young people.  OHID
Prison continuity of care	Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	In 2020/21, only 14 adults with substance misuse treatment need successfully engaged in community-based structured treatment following release from prison.	Alcohol and drug treatment in secure settings.  Ministry of Justice
Additional Supporting measure:  Community sentence treatment requirements	Number of community or suspended sentence orders with drug treatment requirements	No local data available, to included when available	Offender management statistics  Ministry of Justice

Measure	Metric	Baseline Statistics	Source
Additional Supporting measure:  Unmet need for OCU treatment	Unmet need for OCU treatment, based on a comparison of the opiate and crack use prevalence and numbers in treatment measures	It is estimated that there are more than two thirds (67%) opiate and /or crack users aged 15-64 in Havering not in treatment.	OHID.
Additional Supporting measure:  Unmet need for alcohol treatment	Unmet need for alcohol treatment, based on a comparison of the alcohol prevalence and numbers in treatment measures	It is estimated that there are 82% alcohol misusers in Havering who are not in treatment.	OHID
Additional Supporting measure:  Number in prison treatment	Number of individuals in treatment in prisons and secure settings. Monitored by age (under 18, over 18).	To be considered for inclusion when available	Alcohol and drug treatment in secure settings.  Ministry of Justice
Additional Supporting measure:  Proportion starting treatment within three weeks of arrival	Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting).	To be considered for inclusion when available	Alcohol and drug treatment in secure settings.  Ministry of Justice
Additional Supporting measure:  Residential rehab uptake	The number and percentage of adults in treatment accessing residential rehab provision during the year.	To be considered for inclusion when available	OHID.
Additional Supporting measure:  Inpatient uptake	The number and percentage of adults in treatment accessing inpatient provision during the year.	To be considered for inclusion when available	OHID.

### 5.2.6 Intermediate outcome 3: Improving drug recovery outcomes

Measure	Metric	Baseline Statistics	Source
Treatment progress	Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having	To be considered for inclusion when available	OHID

Measure	Metric	Baseline Statistics	Source
	substantially reduced use of their problem substances, measured over the preceding 12 months.		
Supporting measure: Proportion in treatment in stable accommodation	The percentage of people in treatment who have reported no housing problems or issues in the last 28 days.	To be considered for inclusion when available	OHID.
Supporting measure: Proportion in treatment in paid work	The percentage of people in treatment who have reported at least one day of paid work in the last 28 days.	To be considered for inclusion when available	OHID
Supporting measure: Proportion in treatment in voluntary work	The percentage of people in treatment who have reported at least one day of voluntary work in the last 28 days	To be considered for inclusion when available	OHID.
Supporting measure: Proportion in treatment in training or education	The percentage of people in treatment who have reported at least one day in training or education in the last 28 days.	To be considered for inclusion when available	OHID.
Supporting measure: Mental health interventions and treatment provided (adults and young people)	Adults: the percentage of adults in treatment who reported a mental health need and received mental health treatment or interventions. Young people: the percentage of young people who had an unmet mental health need at treatment start who still have an unmet mental health need at treatment exit.	To be considered for inclusion when available	OHID
Supporting measure: Parental and family interventions delivered	The percentage of parents who have received specific family or parental interventions.	To be considered for inclusion when available	OHID

Measure	Metric	Baseline Statistics	Source
Additional supporting measure:  Cessation or change in cannabis use in young people	Cessation: the percentage of young people who were using cannabis at treatment start who have stopped using at treatment exit. Change: the reduction in days of cannabis use of young people who were using cannabis at treatment start and are still using at treatment exit.	To be considered for inclusion when available	OHID.
Additional supporting measure:  Cessation of high-risk drinking in young people	The percentage of young people who were drinking alcohol at a high-risk level at treatment start who have stopped drinking at a high-risk level at treatment exit. High-risk level drinking is defined as more than 140 units over 28 days.	To be considered for inclusion when available	OHID.
Supporting measure:  Cessation of other drug use in young people	The percentage of young people who were using other drugs at treatment start and have stopped using other drugs at treatment exit. Other drugs refers to all drugs except cannabis, and does not include alcohol or nicotine.	To be considered for inclusion when available	OHID.

## 6 Whole-System Accountability

The drivers of drug use and drug-related harm are complex and cut across the responsibilities of a range of different organisations. The successful implementation of this 5-year strategy is dependent on the whole local partnership working together and sharing the responsibility for creating a safer, healthier and more productive society.

The single set of outcomes and metrics outlined in this strategy are aimed at all partners getting involved in delivering the 5-year drugs strategy. It emphasises shared accountability for all outcomes to avoid the problem of individual organisations being pulled in different directions by competing outcomes and targets.

The Havering CDP will organise and monitor its work around progress towards the outlined outcomes, ensuring local partners are accountable to central government, each other and local residents. The outcomes will run through all the CDP outputs, from needs assessment to action plans and regular progress reports. Further performance monitoring outcomes may be incorporated in future to address specific local needs.

Monitoring and consideration of different demographics and protected characteristics will be a key part of this work. The drugs strategy commits to promoting equality and meeting the needs of all communities, particularly those who have often not received an effective service in the past, including people from ethnic minority backgrounds and women.

The Havering SRO represents the whole CDP through holding overarching responsibility for local delivery of the strategy. Reporting and accountability into national government central government will monitor local delivery against the metrics outlined above. The measures will be monitored in the context of the whole system, with an awareness that the direction of travel may change over the course of the strategy. In the short term, we could expect initial increases in some metrics, due to more planned activity and services better meeting demand, but in the longer term these might decrease due to effective activity and reduction in the underlying problematic issues.

## 7 Timescales

This strategy will be implemented over a five-year period from the date of publication and will be reviewed at least annually and amendments made as necessary.

## 8 Related Documents

In drafting this strategy the following government reports and guidance have been key references. This was to ensure this local strategy is consistent with the national strategy and related policies. Our local needs assessment report has also been a key resource providing required baseline intelligence that has informed the development of the performance and monitoring system for the strategy.

- [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/review-of-drugs-part-two-prevention-treatment-and-recovery)
- [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)
- [Guidance for local delivery partners \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/guidance-for-local-delivery-partners-accessible-version)
- Havering Combating Drugs Needs Assessment 2022

## 9 Consultation

As per the council regulations, this strategy was subjected to a public consultation for 6 weeks commencing October to November 2023. This involved uploading the draft strategy on the Havering Council's Consultation and Engagement Hub (Citizen Space) and a structured survey.<sup>10</sup> The consultation was promoted via the council social media platforms and newsletters. Direct engagement with key stakeholders and service users was carried out over the same period in form of focus group discussions and arranged plenary sessions. The summary report is included in appendix 1.

## 10 Authorisation and Communication

The final strategy document was presented to the Combating Drugs Partnership, the Health and Wellbeing Board, Borough Place Based Partnership and will be submitted for signed off by the LB Havering Cabinet in February 2024. The approved strategy will be published on the council website and a copy circulated to all partners.

## 11 Implementation and Monitoring

### 11.1 Action Plan

A detailed delivery plan is included in [appendix 3](#).

### 11.2 Monitoring Actions and Performance

The Combating Drugs Partnership will be responsible for monitoring actions and performance using the delivery plan and list of outcomes derived from the national and local outcomes frameworks. Lead organisations and named officers have been identified for each performance area. They will update the partnership board on a quarterly basis on progress and receive appropriate feedback and support. An analytics working group will be created to develop a performance dashboard to facilitate monitoring and reporting of progress over time.

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<sup>10</sup> [London Borough of Havering Council - Citizen Space](#)

### **11.3 Evaluation and Review**

The strategy and related action plans will be reviewed annually by the Combating Drugs Partnership. Any changes or adjustments will require approval by the board.

### **11.4 Further Information**

Partnership Lead for Havering Combating Drugs Partnership:

[Tha.Han@haverling.gov.uk](mailto:Tha.Han@haverling.gov.uk)

DRAFT

# **Havering Combating Substance Misuse Strategy 2024 – 2029**

## **Public Consultation Report December 2023**

DRAFT

## Executive Summary

### Citizen Space Survey

There were 38 respondents to the Citizen Space Survey. Respondents to the Citizen Space survey were from a range of backgrounds, with the majority representation from professionals with an interest in substance misuse (43%). 28% of respondents were Havering residents not using substances. 22% of respondents were Havering residents impacted by substance misuse personally, and 22% had been impacted by substance misuse through a family member.

A range of organisations and backgrounds of respondents were reported, and listed below:

- Havering council
- Mind in Havering, Barking & Dagenham
- CCC-FAITHVERSES
- NHS
- Myplace Harold Hill
- London South Bank University
- Nurse
- Former user of substance misuse in another borough, now living in Havering
- Ex-police officer

The majority of respondents were heterosexual/straight (84%), white British (68%). 39% were male, and 50% female. Ages of respondents varied from 18-84 years. The majority were of age bracket 55-64 (24%).

A range of Havering wards were represented, but some professional respondents lived outside of Havering, contributing to a high “Not Answered” rate (21%). 29% of respondents reported a long term health issue or disability status.

The majority of respondents have agreed with the strategy, it's priorities and suggested actions. Substance misuse is recognised by all respondents as a serious issue in society and within Havering. Among those in agreement, is an appreciation for the strategy's focus on the wider determinants of substance misuse and dependence/addiction; with priorities focused on harm reduction and having world leading treatment and recovery programmes. The systems approach and partnership working is recognised as effective by a majority of respondents, and an encouraging step to tackling substance misuse within Havering.

There is agreement across respondents that education of young people is vital in order to prevent starting to use substances in the first place, with an emphasis on exposure to the consequences of substance misuse and addiction.

Themes across the survey from a minority of respondents are that the strategy is ambiguous with unclear actions that need more detail for respondents to feel confident that they would be positive. A further concern is that there are too many organisations involved in the partnership for effective and efficient decision making to occur.

However, the majority of respondents agreed all organisations were included, but a similar number were unable to tell or didn't know. Suggested organisations to join were:

- Voluntary sector, for a non-statutory voice/perspective
- Alcohol industry
- Religious/spiritual institutions – due to the active support offered by them to those using substances
- A general public representative – particularly from the perspective of families
- Local Medical Council – recognition that NEL ICB was included as a partner, but unclear how Primary Care/GPs were represented
- Drinkware

There was concern of how we could ensure we are engaging effectively, including with those less able to engage. Respondents shared their uncertainty about how this could be monitored and evaluated within the strategy. A proportion of respondents (14%) expressed that we should take an individual focused and whole population approach, not prioritising any specific group within the cohort of those affected by substance misuse.

Financial concerns and a lack of resource across the partnership organisations were highlighted throughout the responses to the survey, and were a cause of concern for a large proportion of respondents as to whether the strategy was realistically achievable. A lack of faith was expressed that effective action is ever undertaken. Specifically highlighted were the:

- NHS, and concern of its capacity to deliver on effective care for those affected by substance misuse
- Police and trading standards, to be able to deliver on local enforcement and disrupting the supply chain
- Council's current financial situation, and whether it will be able to fund services and actions
- The education sector, and capacity to engage with young people

A minority of respondents (5%) expressed concern that council and public money should not be spent on substance misuse, as they perceived it as self-inflicted.

A lack of focus on spiritual/religious institutions in the strategy was highlighted within the survey, as well as these institutions current involvement and capacity to assist in the issues around substance misuse.

## Focus Groups

Within the focus groups, the lived experiences of those who have misused substances were captured - highlighting the challenges that they face, where best practice exists, and what they think would lead to improvements. The focus groups were run in two sessions, with four former rough sleepers, and eight substance misuse service users.

In terms of challenges, there is a perceived lack of knowledge and awareness in staff, across services working with substance misusers, of the needs and available support. In line with this are experienced delays in early intervention services, stigma and Access to Recovery (ATR) and Drug Rehabilitation Requirements (DRR). Barriers to Housing, Primary Care and Mental Health services were also highlighted.

Feedback highlighted that the lack of awareness amongst staff led to truncated care, and a lack of a joined up approach. Mental Health services were highlighted as a specific issue, as a need to be sober was a barrier to access the service, penalising those having dual diagnosis.

Current good practice was highlighted at Farringdon House, in the form of multiple outreach services (with information on how to access), literacy/numeracy support, peer support and a positive social environment.

When asked what would be helpful, cross-sector training on addiction, stigma, the services available and how to refer were highlighted. Multiple points on how to improve services and enforcement included easier access, better integration and personal connections – as well as through training.

New forms of campaigning and communication through social media and by using less formal written communication were suggested. This would be alongside a better visibility of services available. Peer support and buddying were emphasized, alongside improvement in the available housing/hostel support (including segregation of those with a history of violence).

A community and person centered approach were valued, with youth centers highlighted as important in prevention.

## Introduction

Havering is refreshing its substance misuse strategy (covering alcohol and drugs). This is in response to the UK's national 10-year drugs strategy (From harm to hope: A 10-year drugs plan to cut crime and save lives), which highlighted three overarching priorities:

- Breaking drug supply chains.
- Delivering a world-class treatment and recovery system.
- Achieving a generational shift in the demand for drugs (to make fewer people want to use drugs.)

The Combating Drugs Partnership (CDP) group was formed to create the strategy and organise the actions to be taken based on it. It has formed the substance misuse strategy and actions around these key priorities, whilst including a fourth priority of "reduce risk and harm to individuals, families and communities".

A public consultation has been done in line with statutory requirements, to ensure residents and service providers not directly involved with the creation of the strategy have input before it is published. This consultation was conducted through an online survey, with additional insights from focus groups with those with lived experience.

The results of the consultation are discussed below, and the themes highlighted are described. A response will be formed to the concerns raised, and the feedback from the focus groups, with the strategy being updated as needed.

## Methodology

The public consultation was run through Citizen Space – an online survey platform used by the London Borough of Havering. It was run online from 18/09/2023 to 05/11/2023; with four additional hard copy answers being uploaded manually.

Questions were created by Havering's Substance Misuse Working Group, and approved by the Combating Drugs Partnership (see Appendix for full set of questions and answer options). A whitespace section was included for respondents to expand on why they made their choice, or to give further information, for all questions except those asking about demographics (questions 11-16).

Two focus groups were conducted to have direct engagement with those with lived experience to contribute their thoughts in more detail. One focus group was through Change Grow Live (CGL) (a service provider to substance misusers) and another through Havering's Housing service.

Citizen Space generated the quantitative results from the survey, creating charts and tables detailing the number of respondents. These were re-formatted to remove absolute counts and suppress values to prevent identification of respondents.

Themes from answers to the whitespace part of the questions were captured and written out for each question, and then overall themes were captured in the executive summary.

Two focus groups were conducted. Themes from the focus group were captured under the categories of “The Main Challenges”, “Current Good Practice”, and “What Would Be Helpful”.

## Results

### Citizen Space Consultation

The Citizen Space software has auto-generated a quantitative summary of responses. This section of the report will demonstrate the response counts to each question and then share the themes highlighted in responses to the whitespace section, summarising themes for each question.

39 responses were received to the Citizen Space survey. On review of the whitespace answers, one response was judged to have been submitted twice. Exact free-typed responses were submitted within three minutes of each other, but with some answers being different in the multiple-choice part. The conclusion drawn was that one respondent had submitted twice, as they wished to change their responses, creating a duplicate response. To avoid bias and unfair weighting, the earlier response has been discarded, with the auto-generated charts and tables adjusted for this.

It is taken that the total number of respondents to this survey is 38.

<https://consultation.havering.gov.uk/public-health/havering-combating-substance-misuse-strategy>

This report was created on Tuesday 07 November 2023 at 09:52

The activity ran from 18/09/2023 to 05/11/2023

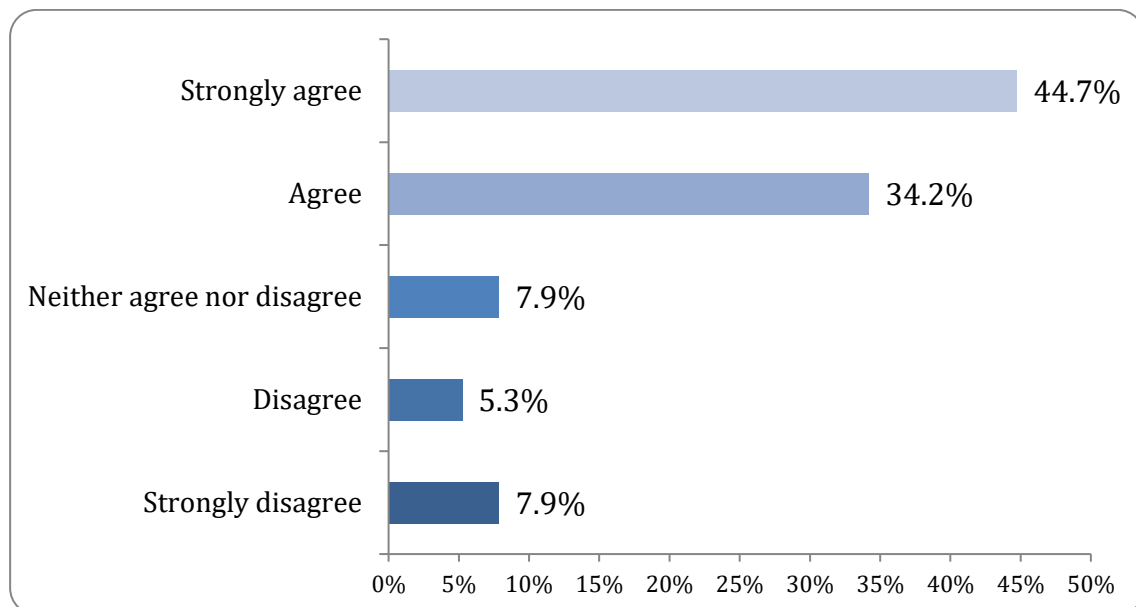
Responses to this survey: 39

**Figure 1 – Details of Combating Substance Misuse Consultation Auto-Report from Citizen Space**

## Questions

### 1: How far do you agree with the scope of the substance misuse strategy in Havering?

100% of respondents answered this part of the question.



#### Themes in those who strongly agree:

- Addiction is recognised as a serious problem in society
- Impacts not only on users but those around them, including children
- Encouraging to see it focus not only on substances, but on the behaviours/circumstances leading to it, the harm caused and need for treatment/support of those affected
- Legal and illegal substances are both an issue

#### Themes in those who agree:

- Continue themes from strongly agree, but adds:
- Crime is funded by addiction, and substance misuse is a factor in anti-social behaviour/healthcare costs
- More focus on transition to adulthood, particularly in dual diagnosis

#### Themes in those who are neither agree nor disagree:

- Strategy seems ambiguous and actions are unclear
- There should be more focus on spiritual interventions

### Themes in those who disagree:

- Too much emphasis on enforcement, that it is not effective in stopping addiction, and there is not enough detail on actions for recovery
- Addressing tobacco use should have been included in this strategy

### Themes in those who strongly disagree:

- Concern that the council cannot afford the strategy actions.
- We should pay to treat self-inflicted problems

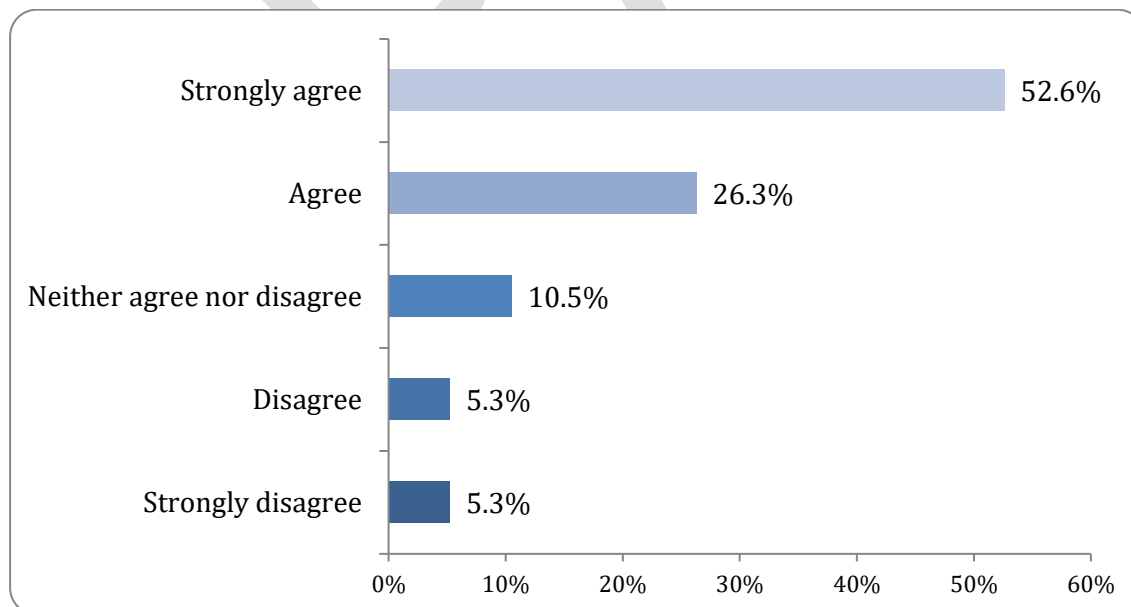
### Summary

The majority of respondents agree with strategy and its priorities – particularly with the focus on harm reduction for all those affected by substance misuse, and on treating it as a complex health and social problem.

Concerns that the strategy is ambiguous with unclear actions, and that the council cannot afford the actions in its current financial situation.

## 2: How far do you agree with the four areas of priority aims of the substance misuse strategy?

100% of respondents answered this part of the question.



### **Themes in those who strongly agree:**

- Tackling substance misuse should be a priority
- Substance misuse contributes greatly to criminal activity and make a Havering feel unsafe – this is changing over time, and making Havering more like inner London boroughs in terms of crime/substance use
- The approach is targeted correctly, particularly with focus on holistic treatment of substance misuse and systems approach

### **Themes in those who agree:**

- Largely agree with priorities, but may be too ambitious
- More detail on actions is required to know if will be successful or not

### **Themes in those who are neither agree nor disagree:**

- The priorities are implausible to be achieved
- The focus should be on preventing individuals starting substances in the first place
- There should be more emphasis on spiritual support

### **Themes in those who disagree:**

- There is too much emphasis on enforcement
- Lack of understanding how the strategy addresses those unable to engage with services

### **Themes in those who strongly disagree:**

- Concern about the council's financial situation, and question if it should pay for the services

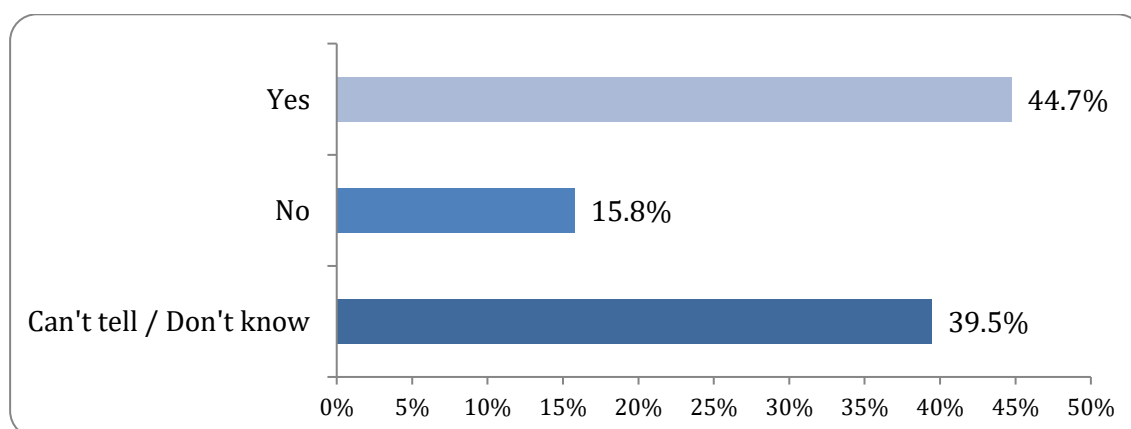
### **Summary**

Agreement by the majority of respondents that the strategy addresses the needs of the individuals and takes a systems approach to address the multiple factors related to substance misuse.

Continued themes of concern from the remaining respondents about the ability of the council to fund these services, whether it should, and that the strategy should be more detailed about the actions that will be taken to achieve priorities.

### 3: Did we involve all relevant organisations and services in drafting the strategy?

100% of respondents answered this part of the question.



#### Free-typed answers from those who responded Yes:

- There should be a role for education and training providers
- There are too many organisations involved to reach consensus on topics

#### Free-typed answers from those who responded No:

Suggestions included:

- Voluntary sector for non-statutory voice/perspective
- Alcohol industry
- Religious/spiritual institutions
- General public and consultation with children/families
- Local Medical Council – recognition NEL ICB was included, but unclear how primary care/GPs were represented

#### Free-typed answers from those who responded Can't tell/Don't know:

- Drinkware

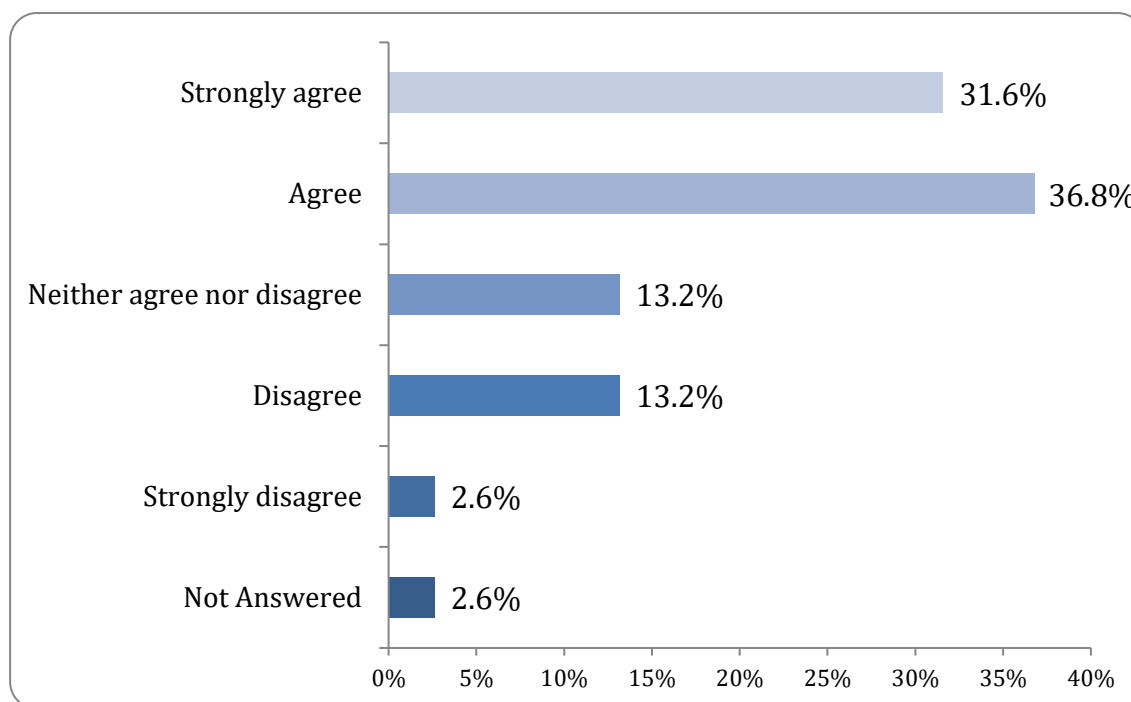
#### Summary:

45% of respondents think all organisations were included. 39% stated they were not able to tell or didn't know if enough had been included.

16% stated they did not think all relevant organisations were included. Suggestions from all respondents are listed above.

**4: Havering Combating Drugs Partnership (Havering CDP) will be monitoring the progress of the delivery plan quarterly, sharing with other partnership boards listed below and publishing an annual report for the public. How far do you agree with this approach?**

97% of respondents answered this part of the question.



**Themes in those who strongly agree:**

- Transparency and sharing information among organisations with a variety of experience is key to an effective response
- Concern that too many organisations can paralyse decision making

**Themes in those who agree:**

- Monitoring with key metrics and partners for accountability will be effective

**Themes in those who are neither agree nor disagree:**

- Concern of too many organisations involved for effective decision making

**Themes in those who disagree:**

- Continued theme of too many organisations being involved

### Themes in those who strongly disagree:

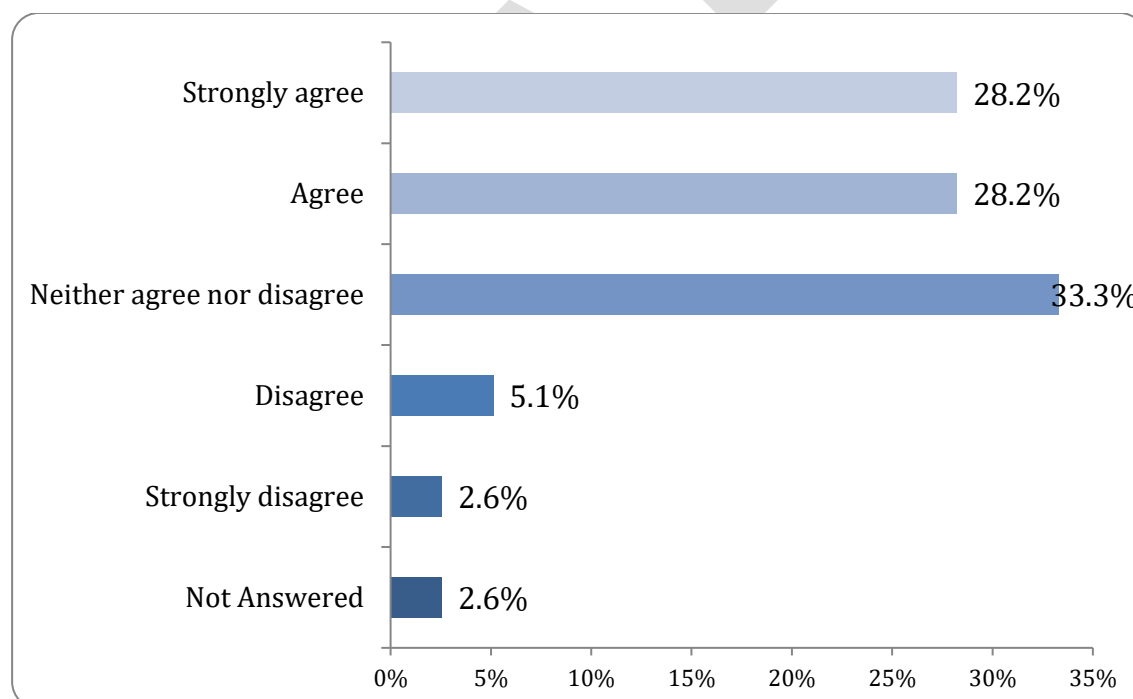
- The CDP should be terminated

### Summary

Agreement between some respondents that a partnership group will lead to more effective working. However, multiple respondents are concerned that the partnership group is too large for decisions to be made effectively.

### 5: Havering Substance Misuse Strategy commits to promoting equality and meeting the needs of all communities, particularly those who have often not received an effective service in the past, including people from ethnic minority backgrounds and women. How far do you agree that this approach is reflected in the strategy?

97% of respondents answered this part of the question.



### Themes in those who strongly agree:

- Anyone of any background can be affected by substance misuse
- Those who are most affected are often the ones not addressed by services, but this strategy does consider them

**Themes in those who agree:**

- Concern of missing those who are less able to engage, and need to have a robust evaluation to ensure we are actually including those less represented

**Themes in those who are neither agree nor disagree:**

- Concern of how will this be evaluated and actioned
- We should focus on each individual and the total population rather than prioritising any single group

**Themes in those who disagree:**

- Need for generational shift

**Themes in those who strongly disagree:**

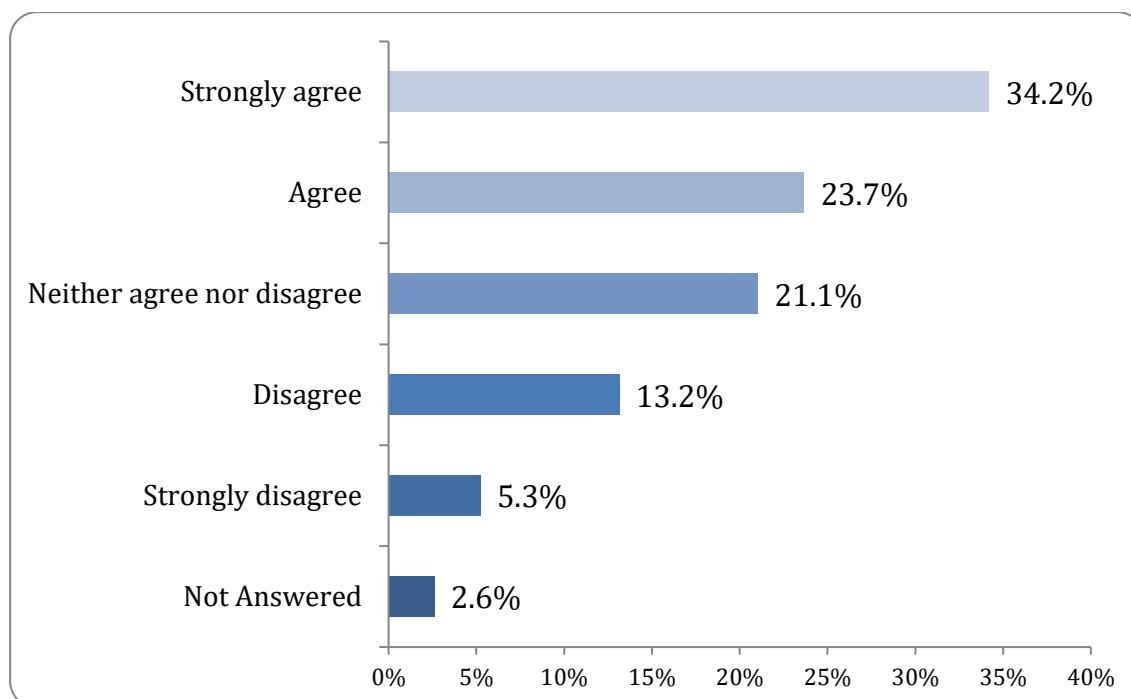
- Concern that strategy is waste of resources

**Summary**

Multiple responses indicate concern of how this could be monitored and evaluated within the strategy; while other respondents share their view that we need a whole population and individual focused approach rather than prioritising an individual group.

## 6: Considering the proposed delivery plan of local and regional organisations working together to tackle the drug supply chains and problematic drinking, how far do you agree that this would be effective?

97% of respondents answered this part of the question.



### Themes in those who strongly agree:

- Cross agency working is vital to success
- Combining budgets or working between boroughs to ensure effective action
- Emphasis on importance of enforcement and adequate police presence to support local people/businesses

### Themes in those who agree:

- Cross agency working is vital to success, but needs proper support

### Themes in those who are neither agree nor disagree:

- Concern that enforcement will be impossible with current resources
- Appropriate funding and support needed to ensure effectiveness

### Themes in those who disagree:

- Concern strategy will not effectively target supply chains
- Enforcement does not lead to reduction in substance misuse

### Themes in those who strongly disagree:

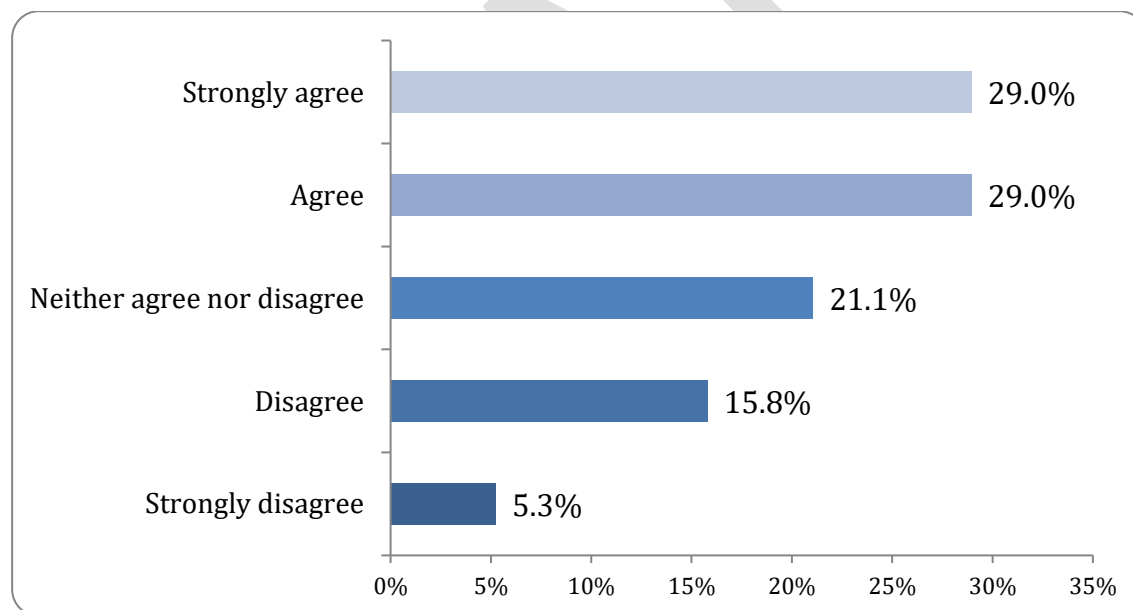
- Continued concern about funding capacity of council
- Concern that enforcement will not be effective

### Summary

Those in agreement with the strategy state that cross agency working is vital, but there is concern from across multiple respondents that enforcement may be ineffective, mainly due to a lack of resource.

### 7: Considering the proposed delivery plan of partners working together to deliver a world class treatment and recovery system, how far do you agree that this would be effective?

100% of respondents answered this part of the question.



### Themes in those who strongly agree:

- Cross agency and partnership working will be effective
- We need to ensure service are well advertised
- Concern that partnership model can be difficult in practice
- Concern that we need to be monitoring and receptive to underserved populations

**Themes in those who agree:**

- Cross agency and partnership working will be effective
- Concern that mental health needs specific focus

**Themes in those who are neither agree nor disagree:**

- Concern that strategy does not consider the true complexity of the problem
- Value prevention, and stopping young people from starting
- Need to put resource into direct working, rather than advertising what council is doing
- Continued theme that model may be ineffective

**Themes in those who disagree:**

- Over ambitious, lack of resource for enforcement and for delivering service
- Lack of detail on how the system will be achieved
- Need to address wider determinants in order to truly create a positive impact

**Themes in those who strongly disagree:**

- Disagreement that wider determinants contribute to engagement with substance misuse; that becoming addicted is a choice

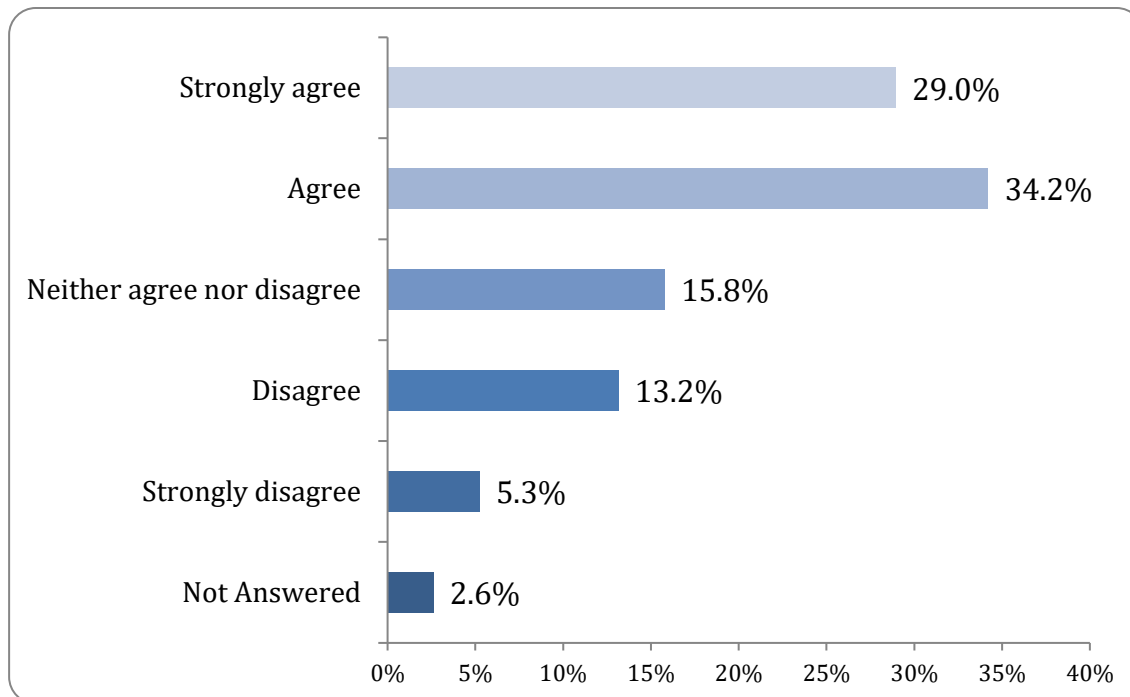
**Summary**

Continued theme that some believe partnership working is likely to be effective, but needs to be done appropriately with adequate resourcing and organisation.

Concern that accomplishing a world class treatment and recovery system is over ambitious, and that we do not have the appropriate resource to accomplish the strategy aims.

**8: Considering the proposed delivery plan of local and regional organisations working together to achieve a generational shift in the demand for drugs and alcohol misuse, how far do you agree that this would be effective?**

97% of respondents answered this part of the question.



**Themes in those who strongly agree:**

- Benefit in partnership working
- Education is vital on consequences of substance misuse and emotional regulation
- Resource needed for support needed to young people affected by crime and substance misuse in their family and environment

**Themes in those who agree:**

- Agreement that education and support for young people is vital

**Themes in those who are neither agree nor disagree:**

- Concern that actions defined in strategy are never carried forward

**Themes in those who disagree:**

- Unlikely to shift a generations view on substance misuse

### Themes in those who strongly disagree:

- Need for inclusion of spiritual institutions/support

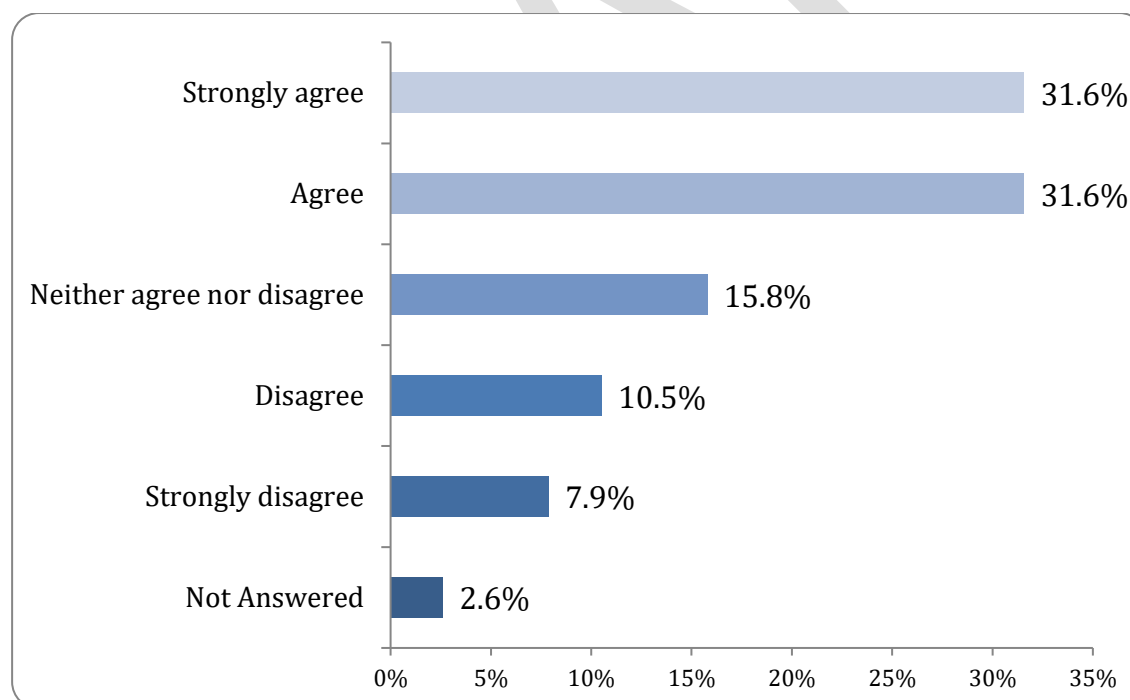
### Summary

Agreement on benefit of partnership working from a majority of respondents. Importance of education and exposure to young people's development and perceptions.

Concern that lack of resource will make this impossible to deliver, and a lack of faith expressed by a few respondents that effective action is ever undertaken.

### 9: Considering the proposed delivery plan of partners working together to reduce substance misuse risk and harm to individuals, families and communities, how far do you agree that this would be effective?

92% of respondents answered this part of the question.



### Themes in those who strongly agree:

- Partnership working and listed actions will be effective, but that we need to ensure the actions are actually taken with individual organisations taking ownership and action

### Themes in those who agree:

- Need to ensure partnership working embeds all organisations, and that there is cross-working/joint posts

### Themes in those who are neither agree nor disagree:

- Agree with strategy, but lack of confidence that this will actually lead to meaningful action

### Themes in those who disagree:

- Too many organisations involved for meaningful decision making

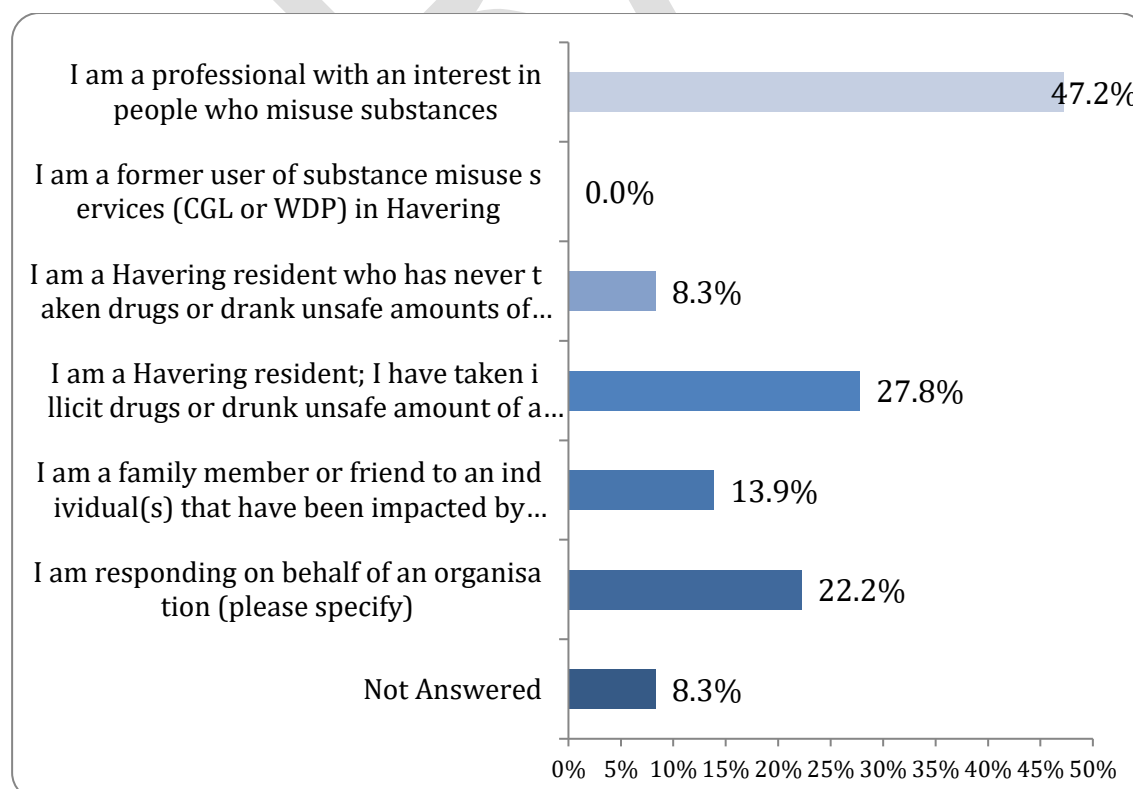
### Themes in those who strongly disagree – No comments left with response

#### Summary

Themes from those who agree that partnership working is necessary, but needs appropriate resource and execution. Lack of confidence that strategy will be put into effective practice.

### 10: Which of the following applies to you? (please select all that apply)

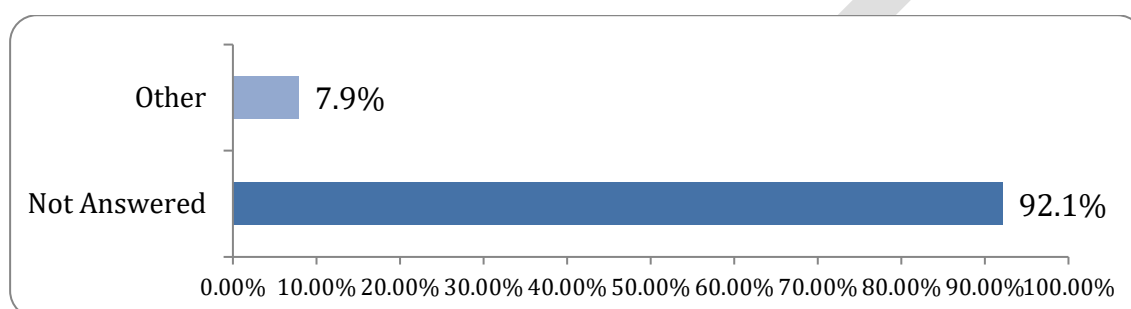
95% of respondents answered this part of the question.



Organisations listed were:

- Havering council
- Mind in Havering, Barking & Dagenham
- CCC-FAITHVERSES
- NHS
- Myplace Harold Hill
- London South Bank University

### Other origin

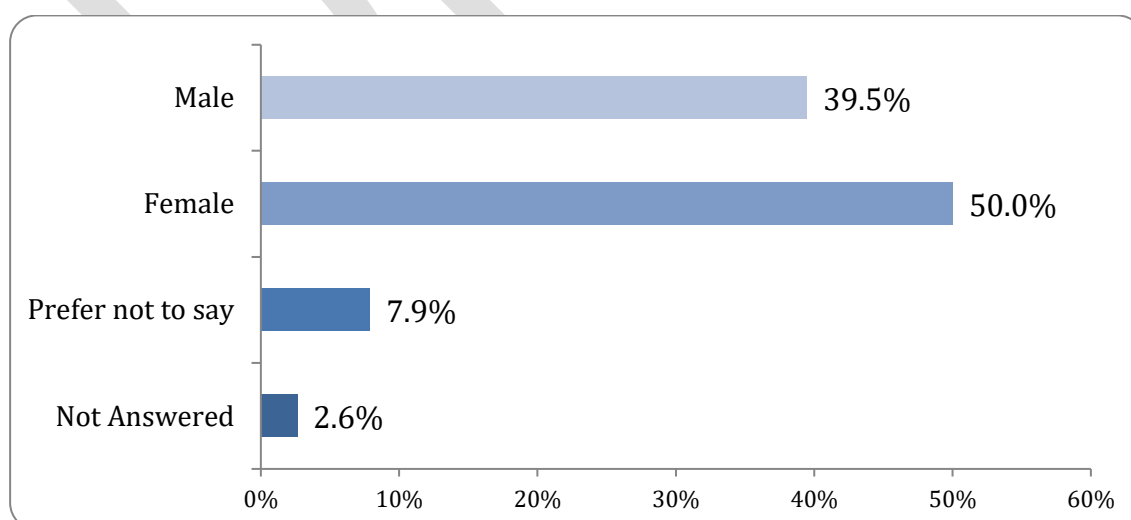


Other origins listed were:

- Nurse
- Former user of substance misuse in another borough, now living in Havering
- Ex-police officer

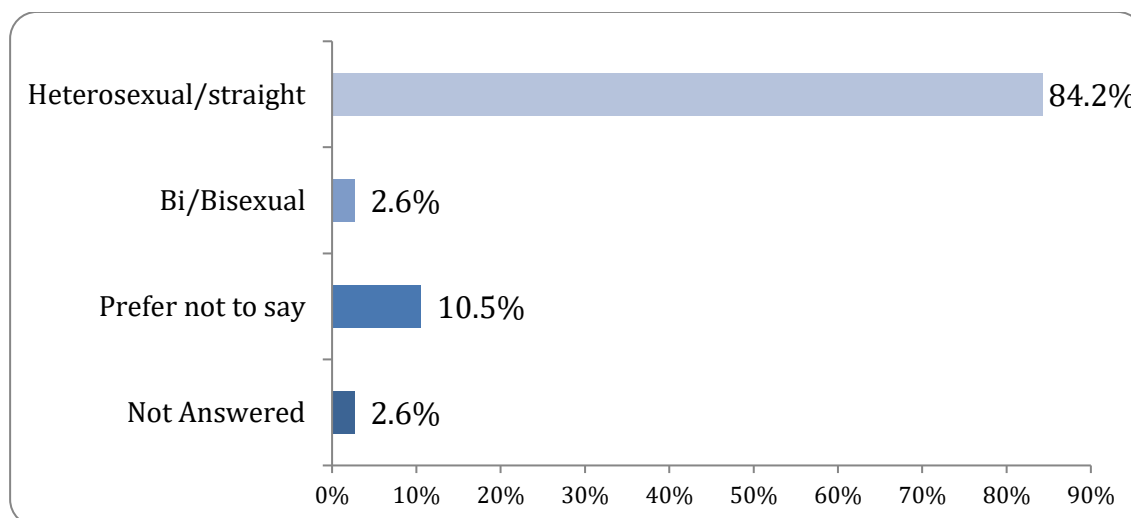
### 11: Are you / do you identify as

97% of respondents answered this part of the question.



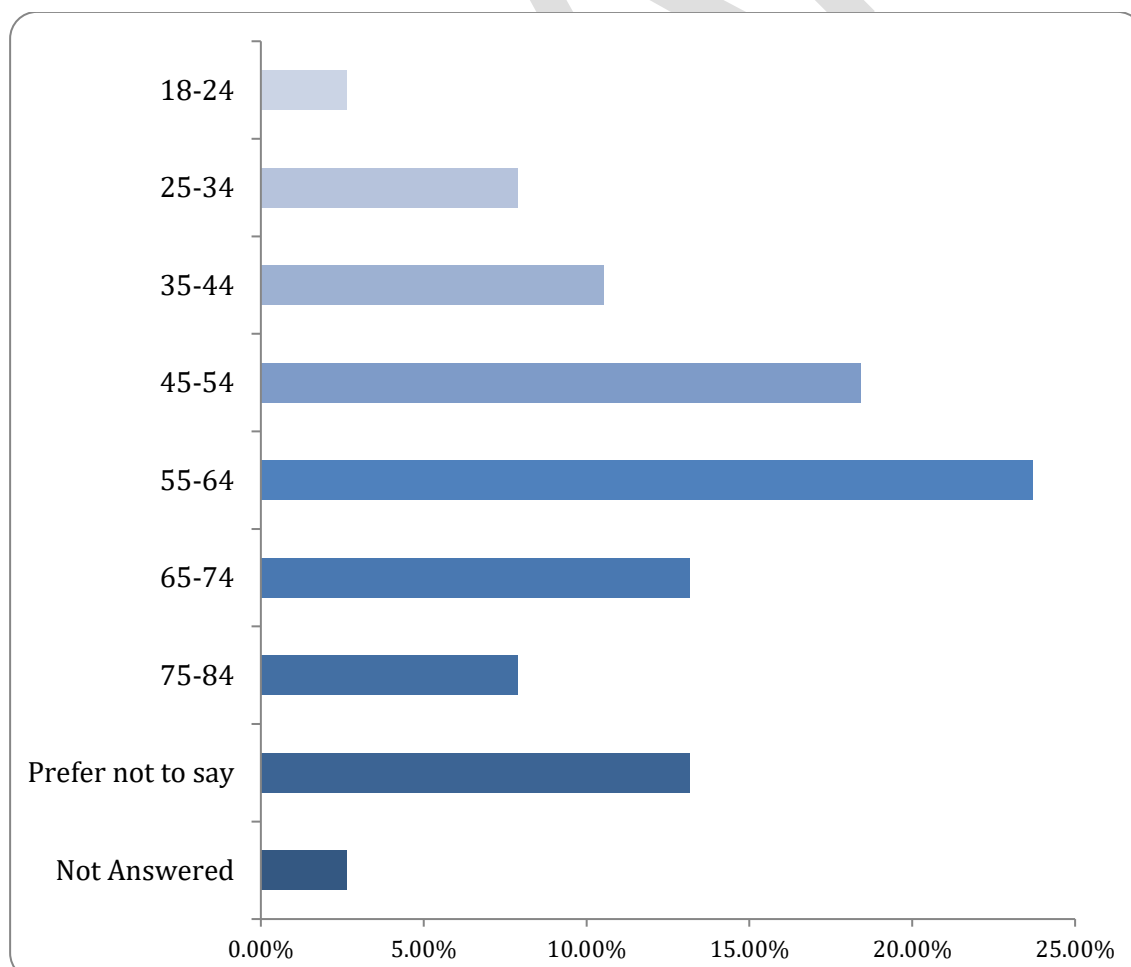
## 12: How would you describe your sexual orientation?

97% of respondents answered this part of the question.



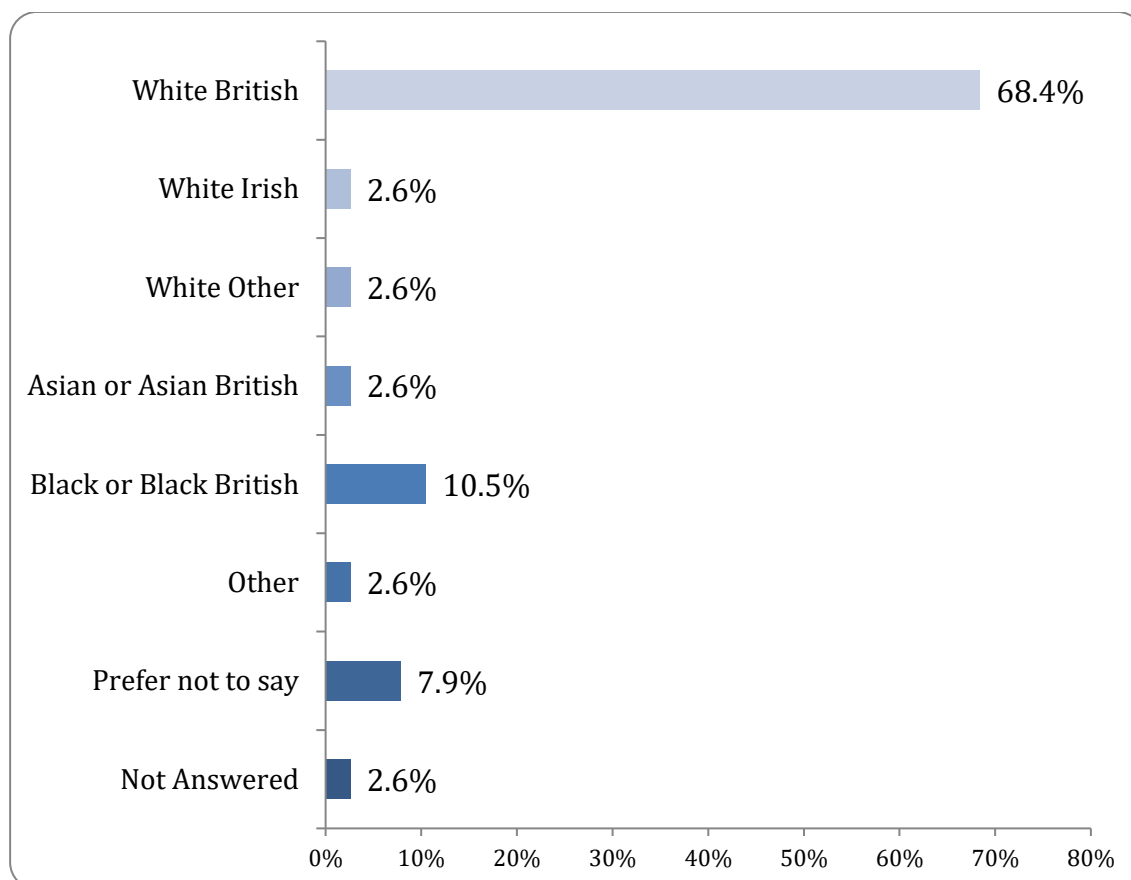
## 13: What is your age group?

97% of respondents answered this part of the question.



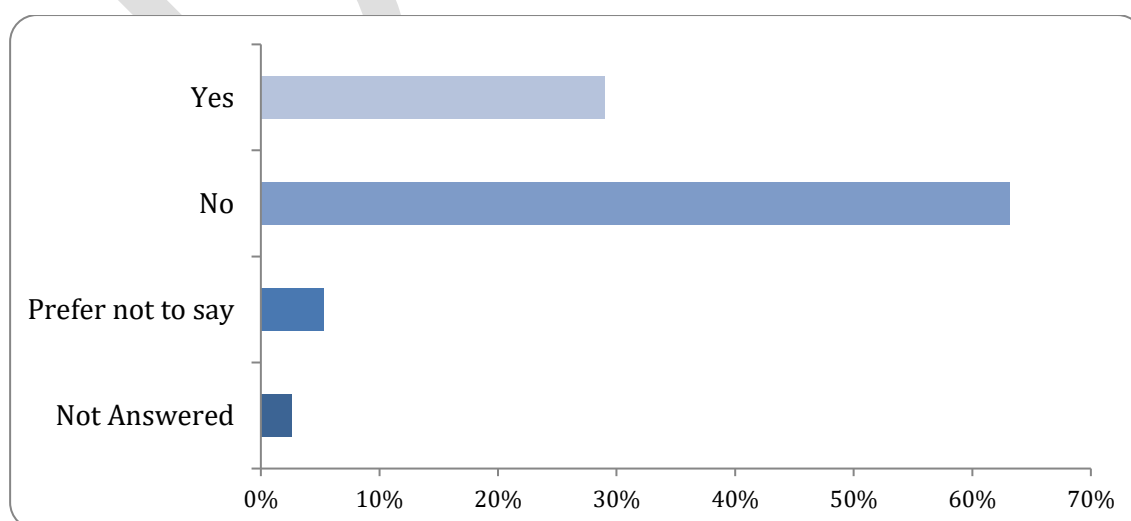
#### 14: How would you describe your ethnic origin?

97% of respondents answered this part of the question.



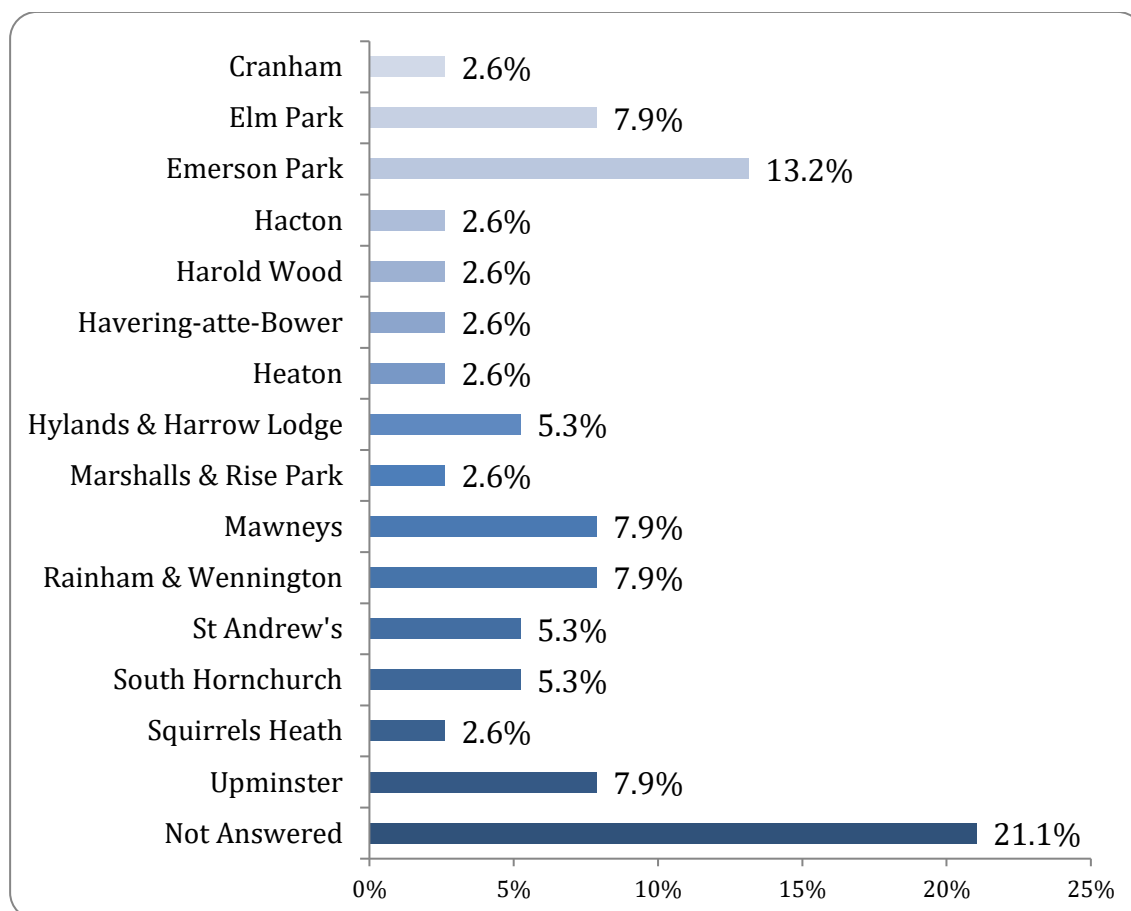
#### 15: Do you consider yourself to have a long-term illness, disability or health problem?

100% of respondents answered this part of the question.



## 16: Where do you live?

79% of respondents answered this part of the question.



## Focus Groups

Two focus groups were carried out; consisting of people with lived experience of substance misuse. Four former rough sleepers and eight current substance misuser service users were included over the two groups, for a total of 12 participants.

These were carried out to ensure those less able to engage with the online survey, and those who are currently using services, had their views captured for the consultation.

The following points were collated from both groups and headed under the themes of “The Main Challenges”, “Current Good Practice”, and “What Would Be Helpful”, in order to give an overall view of the feedback:

### The Main Challenges

- **Awareness** of support services by professionals, employers and agencies
  - Lack of knowledge across all sectors that engage with substance misusers about what services are available and how to signpost
- **Access to Mental Health** services
  - There is a requirement to be sober before accessing mental health services, which acts as a barrier when substance misuse and mental health are often interdependent
  - No coordinated support arrival at Farringdon House
- **Stigma**
  - Lack of empathy from officers and support workers
  - Stereotyping, labelling and stigma towards the users
  - Fear of having children taken away or getting into trouble with the police if seek help for substance misuse
- **Delay in early interventions**
- **Barriers to housing and Primary Care**
  - It is important to have a fixed abode for stability, security and motivation to make positive choices
  - Not having this makes GP registration a challenge
  - The complex needs accommodation panel takes a lot of time

- **Access to Recovery (ATR) and Drug Rehabilitation Requirements (DRR)**
  - Many referrals were made without true motivation or proper vetting, resulting in breaches

## Current Good Practice

- **Farringdon house**
  - Multiple professional outreach
  - Social environment which allows peer support
  - Info and support on how to access useful services
  - Farringdon staff help with illiteracy or poor numeracy

## What Would Be Helpful

- **Training** across the agencies on addiction, stigma, who needs urgent referral, what services are available and how to signpost/refer
  - Should be included in the induction of relevant services for all involved staff, suggested were
    - Social services
    - Housing
    - Staff managing benefits system
    - NHS Receptionists
    - A&E staff
    - Job Centre
  - Managers in large employers should have training to identify and support employees/colleagues with substance misuse issues
- **Improvement in services and enforcement:**
  - Better integration and coherency of services in their approach – across treating services, social services, and voluntary sector
  - Personal interaction at assessments to make it meaningful and useful
  - Effective use of criminal behaviour order
  - Effective assessment of mental competency
  - Easier GP access

- Better working between police and rehabilitation services to reduce attrition
- Improve dual diagnosis care and access to mental health support
- Focus on early intervention services to reduce burden on already stretched services
- **Campaigning and communication**
  - Using social media messaging to highlight available support
  - Coloured envelopes instead of council logo to be friendlier
  - Improve visibility of services generally
  - Repeat “Just Say No” campaigns
- **Peer support and buddying**
- **Improvements in housing support:**
  - Segregation at homeless hostels to contain incidents early, with separate areas for ex-arsonists, ex-rapists and violent ex-convicts
  - Smaller housing units e.g. 4 beds at Farringdon house – 25 beds too large for effective care
  - Mental health service focused in Farringdon house
- **Taking community and person centered approaches**
  - There should be facilities to keep young people occupied, and help to prevent uptake of substances

## Conclusion

Overall, there is broad agreement with the strategy, but there are several areas of concern which will be responded to by the CDP, and the strategy will be updated where needed.

There were a relatively small number of responses to the survey, so to consider the feedback as representative of all residents is not possible. Throughout development of the strategy and implementation of its actions, there is a need to continue to engage with key stakeholders and be transparent to residents in the CDP’s working. This should continue through the lifecycle of the strategy, to ensure the CDP continues to focus on the right initiatives.

## Appendix – Consultation Questions

**1: How far do you agree with the scope of the substance misuse strategy in Havering?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

**2: How far do you agree with the four areas of priority aims of the substance misuse strategy?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

**3: Did we involve all relevant organisations and services in drafting the strategy?**

- Yes
- No
- Can't tell / Don't Know

If no, please name organisation(s) or group(s) missing and explain why you have chosen them.

**4: Havering Combating Drugs Partnership (Havering CDP) will be monitoring the progress of the delivery plan quarterly, sharing with other partnership boards listed below and publishing an annual report for the public. How far do you agree with this approach?**

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree

Please tell us why you made this choice

**5: Havering Substance Misuse Strategy commits to promoting equality and meeting the needs of all communities, particularly those who have often not received an effective service in the past, including people from ethnic minority backgrounds and women. How far do you agree that this approach is reflected in the strategy?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

**6: Considering the proposed delivery plan of local and regional organisations working together to tackle the drug supply chains and problematic drinking, how far do you agree that this would be effective?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

**7: Considering the proposed delivery plan of partners working together to deliver a world class treatment and recovery system, how far do you agree that this would be effective?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

**8: Considering the proposed delivery plan of local and regional organisations working together to achieve a generational shift in the demand for drugs and alcohol misuse, how far do you agree that this would be effective?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

**9: Considering the proposed delivery plan of partners working together to reduce substance misuse risk and harm to individuals, families and communities, how far do you agree that this would be effective?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please tell us why you made this choice

**10: Which of the following applies to you? (please select all that apply):**

- I am a professional with an interest in people who misuse substances
- I am a former user of substance misuse services (CGL or WDP) in Havering
- I am a Havering resident who has never taken drugs or drunk unsafe amounts of alcohol
- I am a Havering resident; I have taken illicit drugs or drunk unsafe amount of alcohol but did not need or use treatment services
- I am a family member or friend to an individual(s) that have been impacted by drugs and/or alcohol
- I am responding on behalf of an organisation (please specify)
- Other

Your organisation details

If other origin, please specify

**11: Are you / do you identify as**

- Male
- Female
- Other
- Prefer not to say

**12: How would you describe your sexual orientation?**

- Heterosexual/straight
- Bi-Bisexual
- Gay man
- Gay woman/Lesbian
- Other
- Prefer not to say

**13: What is your age group?**

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or older
- Prefer not to say

**14: How would you describe your ethnic origin?**

- White British
- White Irish
- White Other
- Mixed
- Asian or Asian British

- Black or Black British
- Other
- Prefer not to say

**15: Do you consider yourself to have a long-term illness, disability or health problem?**

- Yes
- No
- Prefer not to say

**16: Where do you live?**

- Beam Park
- Cranham
- Elm Park
- Emerson Park
- Gooshays
- Hacton
- Harold Wood
- Havering-atte-Bower
- Heaton
- Hylands & Harrow Lodge
- Marshalls & Rise Park
- Mawneys
- Rainham & Wennington
- Rush Green & Crowlands
- St Alban's
- St Andrew's
- St Edward's
- South Hornchurch
- Squirrels Heath
- Upminster

## Appendix 2: Equality Analysis



### Equality & Health Impact Assessment (EHIA)

Document control red **text (including this note) is for guidance and should be deleted from the actual EqHIA report.**

Title of activity:	<i>Combating Substance Misuse Strategy</i>
Lead officer:	<i>Anthony Wakhisi, Principal Public Health Specialist</i>
Approved by:	<i>Mark Ansell, Director of Public Health</i>
Version Number	<b>V0.2</b>
Date and Key Changes Made	<i>06/12/2023, Transfer of content to this new template</i>
Scheduled date for next review:	<i>April 2028</i>

Did you seek advice from the Corporate Policy & Diversity team? Please note that the Corporate Policy & Diversity and Public Health teams require at least <b>5 working days</b> to provide advice on EqHIAs.	Yes
Did you seek advice from the Public Health team?	Yes
Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website? See Publishing Checklist.	No

Please note that EqHIAs are **public** documents and unless they contain confidential or sensitive commercial information must be made available on the Council's [EqHIA webpage](#).

**Please submit the completed form via e-mail to [READI@havering.gov.uk](mailto:READI@havering.gov.uk) thank you.**

# 1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact [READI@havering.gov.uk](mailto:READI@havering.gov.uk) for advice from either the Corporate Diversity or Public Health teams. Please refer to [this Guidance](#) on how to complete this form.

## About your activity

1	Title of activity	<i>Havering Combating Substance Misuse Strategy</i>		
2	Type of activity	<i>Multi-agency Strategy</i>		
3	Scope of activity	<p><i>This is a five year local strategy that aims at working with all partners to:</i></p> <ul style="list-style-type: none"> <li><i>• Break drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims</i></li> <li><i>• Deliver a world-class treatment and recovery system, including; improving access to support by tackling stigma, delivering efficient and effective treatment and recovery system based on a multi-disciplinary multi-agency integrated approach.</i></li> <li><i>• Achieve a generational shift in the demand for drugs, including; preventing substance misuse and addiction. Supporting research, service audit, and evaluation.</i></li> <li><i>• Reduce risk and harm to individuals, families and communities, including; reducing harm related to substance misuse and safeguarding the vulnerable from abuse and harm. Ensuring care and support for other family members (a Think Family approach)</i></li> </ul>		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	<p>If the answer to <u>either</u> of these questions is 'YES', please continue to question 5.</p> <p>If the answer to <u>all</u> of the questions (4a, 4b &amp; 4c) is 'NO', please go to question 6.</p>	
4b	Does this activity have the potential to impact (either positively or negatively) upon people from different backgrounds?	Yes		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes		
			<p>Please use the <a href="#">Screening tool</a> before you</p>	<p>If you answer 'YES', please continue to</p>

			<i>answer this question.</i>	question <b>5.</b>	
<b>5</b>	<b>If you answered YES:</b>	<b>Please complete the EqHIA in Section 2 of this document.</b> Please see Appendix 1 for Guidance.			
<b>6</b>	<b>If you answered NO:</b>	<p><i>Please provide an explanation on why your activity does not require an EqHIA. This is essential, in case the activity is challenged under the Equality Act 2010.</i></p> <p><i>Please keep this checklist for your audit trail.</i></p>			

<b>Completed by:</b>	<i>Anthony Wakhisi, Principal Public Health Specialist, Public Health, London Borough of Havering</i>
<b>Date:</b>	<i>06/12/2023</i>

## 2. The EHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

### Background/context:

Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity – it impacts all, with the most deprived areas facing the greatest burden. According to the UK Government estimates, drugs misuse costs society nearly £20 billion a year. Nearly 3,000 people tragically lose their lives through drug misuse related deaths in England & Wales each year.

In Havering, statistics show substance misuse remains a priority issue that requires a sustained integrated approach to tackle. Latest data show an increase of annual substance misuse related crime incidents. Cases have nearly tripled since 2016 from 388 to 1,084 in 2022. In 2022, 938 possession of drugs crimes and 146 drug trafficking crimes were reported in Havering.

Alcohol-related mortality among males has also been rising in the last three years with the latest data (2020) showing alcohol-related mortality in Havering (57/100,000) was higher than the London average (51/100,000).

It is estimated that there are more than two thirds (67%) opiate and /or crack users aged 15-64 in Havering not in treatment. Of concern also is that out of a total of 364 new adult presentations to treatment for substance misuse during 2019/20, 77 (21%) were parents or adults living with children.

The Havering Combating Substance Misuse Strategy has been drafted in response to the UK 10 year drugs strategy, [‘From harm to hope: A 10-year drugs plan to cut crime and save lives’](#) published in December 2021. It is based on best practice guidelines as outlined by the national strategy and includes specific performance indicators that will be monitored locally and reported to the central government. The strategy also utilises findings and recommendations from a comprehensive local drug and alcohol needs assessment carried out in 2022. This new strategy will replace Havering Drug and Alcohol Harm Reduction Strategy 2016-19, the review of which was delayed due to the COVID-19 pandemic.

### Vision

The five year strategy's vision is; *reduced drug and alcohol misuse in Havering alongside effective local services that support and safeguard users, families, and communities from the harms of addiction.*

### Aim

The aim is to work with all partners to:

- Break drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims

- Deliver a world-class treatment and recovery system, including; improving access to support by tackling stigma, delivering efficient and effective treatment and recovery system based on a multi-disciplinary multi-agency integrated approach.
- Achieve a generational shift in the demand for drugs, including; preventing substance misuse and addiction. Supporting research, service audit, and evaluation.
- Reduce risk and harm to individuals, families and communities, including; reducing harm related to substance misuse and safeguarding the vulnerable from abuse and harm. Ensuring care and support for other family members (a Think Family approach)
- Reduce drug and alcohol misuse in Havering alongside effective local services that support and safeguard users, families, and communities from the harms of addiction.

## **Objectives**

Specific objectives include:

- To support more young people to resist drug and alcohol misuse
- To reduce drug dealing activities
- To find county lines in North East London and ensure they are closed.
- Increase the number of people seeking advice, support and treatment
- Increase treatment and recovery capacity
- Ensure there is a treatment place for every offender with an addiction
- Ensure support for dual diagnoses- substance misuse, alcohol misuse, learning difficulty or mental health concerns
- Reduce number of substance misuse related hospital admissions
- Ensure physical and mental health conditions of individuals with substance misuse problems are managed by relevant services without waiting to complete substance misuse treatment
- Ensure more people achieve long-term recovery from substance dependency
- Ensure more people recovering from addiction are in sustained employment and in stable and secure housing
- Ensure more families are supported; fewer children taken into care
- Reduce mortality due to substance misuse

## **Local Strategic Outcomes**

Expected outcomes from the implementation of the new strategy include:

- A greater collaboration among members in delivering services that will lead to improved multi-agency working arrangements including the formalisation of previous loose and informal arrangements
- Increased referrals from police, courts and probation into drug treatment
- Improved co-ordination of relevant local services leading to improved delivery of services including easier information sharing and access to information
- Involvement of service users and frontline professionals in the development of the local strategy and associated plans leading to a wider co-operation and ownership of local plans and services
- Service expansion to deliver new high-quality drug and alcohol treatment places
- More people recovering from addiction in sustained employment, stable and secure housing

## Stakeholders

The implementation of the strategy will be overseen by representatives of key stakeholders who have been active participants in the development process. This is group is known as the Havering Combating Drugs Partnership (CDP) which was established in August 2022. Below is the list of member organisations and representatives:

### Member organisations/representatives of the Havering Combating Drugs Partnership

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• LB Havering Public Health</li> <li>• LB Havering Elected member representatives for adults and children services</li> <li>• LB Havering Public Involvement Lead &amp; Communities</li> <li>• Community Safety Partnership and Crime Prevention</li> <li>• Police and Crime Commissioner</li> <li>• Metropolitan Police</li> <li>• Probation Service Representative</li> <li>• Integrated Offender Management and Serious Group Violence</li> <li>• CGL</li> <li>• NELFT</li> <li>• BHRUT A&amp;E</li> <li>• Healthwatch</li> </ul> | <ul style="list-style-type: none"> <li>• LB Havering Housing</li> <li>• Jobcentre Plus / DWP</li> <li>• LB Havering Adult Social Care</li> <li>• LB Havering Children Services</li> <li>• LB Havering Early Help</li> <li>• Schools and Education</li> <li>• Safeguarding Board</li> <li>• NHS NEL ICB</li> <li>• Local Pharmaceutical Committee</li> <li>• GP Representative</li> <li>• Voluntary Care Sector</li> <li>• Youth Justice Board</li> <li>• Service User with Lived Experience</li> <li>• Independent Domestic Violence Advocate</li> <li>• LB Havering Licensing Team</li> <li>• LB Havering Communications</li> </ul> |
|---|--|

## Who will be affected by the activity?

All Havering residents including those directly or indirectly affected by substance misuse and service providers

*\*Expand box as required*

## Protected Characteristic - Age: Consider the full range of age groups

Please tick (✓) the relevant box:		Overall impact:
Positive	✓	The impacts of substance misuse and resultant addiction are multigenerational and multidimensional, cut across all age groups and go beyond the relatively small cohort with dependency problems.
Neutral		
Negative		Substance misuse drives criminal behaviour, from domestic violence, antisocial behaviour and acquisition crime to sexual exploitation, slavery and gang violence.

		<p>Hence, the partners in Havering will work together to implement programmes that consider unique risk factors and treatment needs at various life stages and age groups (children and young people, working age group and older adults).</p> <p>These broadly include; breaking drug supply chains, delivering a world-class treatment and recovery system, achieving a generational shift in the demand for drugs and reducing risk and harm to individuals, families and communities</p>
		<p><i>*Expand box as required</i></p>
<p><b>Evidence:</b></p> <p>According to the latest census report (2021), Havering's resident population is estimated to be 262,000. This represents a growth by approximately 24,800 (10.4%) since the last census in 2011. Compared to the last census done a decade ago (2011), the 2021 Census shows the number of children aged under 18 in Havering has seen an increase of 15.2% (from 50,827 to 58,550), greatly outpacing the 4.8% and 3.9% increases in London and England, respectively.</p> <p>Havering now has a higher proportion of children aged 0-17 (22.3%) than 80% of local authorities in England. The ONS predicts that the 0-17 population will grow to 61,350 by 2031. This is a vulnerable group at high risk of engaging in substance misuse due to their increased interaction with social media some of which appear to promote substance misuse and facilitate easy access.</p> <p>Furthermore, Havering still has one of the highest proportions of older people aged 65+ in London (second after Bromley). The combined impact of having both a large older population and now a large (and growing) young population is that Havering now has the lowest proportion of working-age adults in London.</p> <p>Evidence shows there is a growing trend of substance misuse especially alcohol among older people. Furthermore, chronic health conditions tend to develop as part of aging, and older adults are often prescribed more medicines than other age groups, leading to a higher rate of exposure to potentially addictive medications.</p>		
<p><i>*Expand box as required</i></p>		
<p><b>Sources used:</b></p> <p>Havering Substance Misuse Needs Assessment 2022</p> <p>Havering Intelligence Hub – Population Intelligence Briefings</p> <p><a href="https://ons.gov.uk">Census - Office for National Statistics (ons.gov.uk)</a></p> <p><a href="#">The Influence of Social Media on Teen Drug Use - Addiction Center</a></p> <p><a href="https://nida.nih.gov">Substance Use in Older Adults DrugFacts   National Institute on Drug Abuse (NIDA) (nih.gov)</a></p>		
<p><i>*Expand box as required</i></p>		

Protected Characteristic - Disability: Consider the full range of disabilities; including physical, mental, sensory and progressive conditions		
Please tick (✓) the relevant box:		<b>Overall impact:</b>
Positive	✓	The strategy through its defined priority areas will work with other partners to ensure people living with disability are aware of and can easily access available substance misuse services.
Neutral		
Negative		<p>The strategy has prioritised improvement of dual diagnosis care pathways in implementation of the strategy which includes holistic provision of care for mental and physical health needs alongside substance use.</p> <p>One of the key aims of the Havering CSM strategy is to reduce risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including people living with disability.</p> <p>Through collaboration with partners, social, economic, and health factors associated with disability which are also risk factors for substance misuse and addiction will be addressed.</p> <p>Disability stigma and stereotypes that are common around substance use by disabled people and their ability to engage in treatment and recovery have also been highlighted and are included in the joint action plans.</p> <p><i>*Expand box as required</i></p>
<b>Evidence:</b> <p>According to census 2021, there are an estimated 38,449 residents living with mental and physical disability. This is equivalent to 15.3%, of the total Havering population. This is slightly lower than London (15.6%) and England (17.7%) averages.</p> <p>In 2021 and 2022, a total of 379 adults with dual diagnosis (mental illness and substance misuse) were referred to the Havering treatment service (CGL) from NELFT.</p> <p>Disabilities and addiction can tragically be a common pair. People with disabilities are substantially more likely to suffer from substance use disorders (SUDs) than the general population, and they are also less likely to receive treatment for them. The inverse can also be true. People with an addiction are also more likely to become disabled, either through accidental injury or through long-term side effects of substance abuse.</p> <p>A disability and lack of support can easily discourage someone's happiness and sense of purpose in life, creating depressing states. Co-occurring disorders, like depression, anxiety, and unhealed trauma, are especially common among disabled persons, leading many to seek a false sense of comfort with harmful substances.</p> <p>Individuals with mental and physical disabilities battle unique stressors, such as social perspectives that see them as outsiders, an inability to qualify for certain careers, access to certain benefits, and an inability to participate in a number of activities to the extent that they would like.</p>		

Individuals with disabilities are more likely to be unemployed; disabled adults 25 and older are less likely to have completed high school and more likely to live in poverty. They are more likely to be victims of violent crimes and struggle with health conditions like obesity and smoking. All of these factors contribute to the high rates of substance use seen in the disabled community.

The complex interplay of social, economic, and health factors associated with disability are also risk factors for substance use, unhealthy use, and addiction. Disability stigma and stereotypes are common around substance use by disabled people and their ability to engage in treatment and recovery.

Attitudes, discriminatory policies or practices, communications, and physical constraints reflect ableism and affect the ability of people with disabilities to enter addiction treatment. Once treatment is initiated, success can be maximized by meeting specific disability-related needs. For people with physical and sensory disabilities, if physical accessibility and communications accommodations are met, success in addiction treatment presumably should parallel that of people without these disabilities. For people with intellectual, developmental, and cognitive disabilities, success may require additional adaptations.

Promising approaches exist but cross-systems training and collaboration is essential. By reducing ableism, misbeliefs, and stigma and offering flexible treatment approaches along with the required accommodations, people with disabilities who also have addiction should be supported in reducing unhealthy substance use and in their paths to recovery.

*\*Expand box as required*

#### **Sources used:**

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

[Census - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

[Aspire - Havering | Change Grow Live](#)

[Health inequalities substance misuse \(2\).pdf](#)

[Intersection of Disability With Substance Use and Addiction | Oxford Research Encyclopedia of Global Public Health](#)

NDTMS, the national monitoring system: <https://www.ndtms.net/>

*\*Expand box as required*

Protected Characteristic - Sex/gender: Consider both men and women		
Please tick (✓) the relevant box:		<b>Overall impact:</b>
Positive	✓	Evidence shows the prevalence of substance misuse is higher among males than females. However, the impacts of substance misuse cut across all genders and go beyond the relatively small cohort with dependency problems.
Neutral		
Negative		<p>Substance misuse drives criminal behaviour, from domestic violence, antisocial behaviour and acquisition crime to sexual exploitation, slavery and gang violence.</p> <p>Through partnership working agreed actions will be implemented that address gender specific risk factors and treatment needs.</p> <p>The four priority areas designed to guide this process include; breaking drug supply chains, delivering a world-class treatment and recovery system, achieving a generational shift in the demand for drugs and reducing risk and harm to individuals, families and communities</p>
<i>*Expand box as required</i>		
<p><b>Evidence:</b></p> <p>According to the 2021 Census, there are approximately 262,052 people living in Havering. Of this, 52% (135,668) are females and 48% (126,384) are males.</p> <p>Evidence shows the prevalence of substance misuse is higher among males than females. For example, CGL data shows in 2022 there were 277 adult males in treatment as compared to 172 women.</p> <p>Latest data also shows in 2020/21 the Havering rate of male hospital admissions due alcohol related conditions (1931/100,000) was nearly four times that of females (562/100,000).</p> <p>Evidence also shows men are more likely than women to use almost all types of illicit drugs and illicit drug use is more likely to result in emergency department visits or overdose deaths for men than for women. However, the impacts of substance misuse cut across all gender and go beyond the relatively small cohort with dependency problems.</p>		
<i>*Expand box as required</i>		
<p><b>Sources used:</b></p> <p>Havering Substance Misuse Needs Assessment 2022</p> <p>Havering Intelligence Hub – Population Intelligence Briefings</p> <p><a href="https://ons.gov.uk">Census - Office for National Statistics (ons.gov.uk)</a></p> <p><a href="#">Aspire - Havering   Change Grow Live</a></p> <p><a href="https://phe.org.uk">Public health profiles - OHID (phe.org.uk)</a></p> <p><a href="#">Substance Use in Women Research Report: References   NIDA (nih.gov)</a></p>		
<i>*Expand box as required</i>		

Protected Characteristic - Ethnicity/race: Consider the impact on different ethnic groups and nationalities																				
Please tick (✓) the relevant box:		<b>Overall impact:</b> <p>The strategy through its defined priority areas will work with other partners to ensure people of all ethnic backgrounds are aware of and can easily access available substance misuse services without feeling discriminated on racial basis.</p> <p>One of the key aims of the Havering CSM strategy is to reduce risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm.</p> <p>Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any ethnic group which are also risk factors for substance misuse and addiction.</p> <p>The strategy as specified in action plans, will also identify and address substance misuse related stigma and stereotypes that may be prevalent in some ethnic groups to enhance their ability to engage in treatment and recovery.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>																		
Positive	✓																			
Neutral																				
Negative																				
<b>Evidence:</b> <p>According to the 2021 Census, there are approximately 262,052 people living in Havering. White British remains the most common ethnic group in Havering, with 66.5% (174,232) of the population identifying in this group. The next most common ethnic group is Asian, accounting for 10.7% (28,150). Table below shows the ethnic breakdown in Havering according to 2021 census.</p> <table border="1"> <thead> <tr> <th>Ethnic Group</th> <th>Havering ( Number)</th> <th>Havering (%)</th> </tr> </thead> <tbody> <tr> <td>Asian, Asian British or Asian Welsh</td> <td>28150</td> <td>10.7</td> </tr> <tr> <td>Black, Black British, Black Welsh, Caribbean or African</td> <td>21567</td> <td>8.2</td> </tr> <tr> <td>Mixed or Multiple ethnic groups</td> <td>9747</td> <td>3.7</td> </tr> <tr> <td>White</td> <td>197314</td> <td>75.3</td> </tr> <tr> <td>Other ethnic group</td> <td>5274</td> <td>2.0</td> </tr> </tbody> </table> <p>As of September 2022 the majority of patients in CGL treatment were White (298) followed by Black (22) and Asian (15). This is consistent with the Havering ethnic demographic profile.</p> <p>Evidence shows drug use is generally proportionally greater amongst white communities than minority ethnic groups in the UK but this may change as young people become more absorbed into predominant national culture with the potential for increasing drug problems in these communities. The extreme social stigma associated with drug use in some ethnic groups may also lead to under-estimation of problems and inhibit service provision.</p>			Ethnic Group	Havering ( Number)	Havering (%)	Asian, Asian British or Asian Welsh	28150	10.7	Black, Black British, Black Welsh, Caribbean or African	21567	8.2	Mixed or Multiple ethnic groups	9747	3.7	White	197314	75.3	Other ethnic group	5274	2.0
Ethnic Group	Havering ( Number)	Havering (%)																		
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Mixed or Multiple ethnic groups	9747	3.7																		
White	197314	75.3																		
Other ethnic group	5274	2.0																		

Evidence shows that ethnicity influences health outcomes via multiple routes. For example, experiences of discrimination and exclusion as well as the fear of such negative incidents, can have a significant impact on mental and physical health.

Health-related practices, including healthcare-seeking behaviours, also vary between ethnic groups. Just as importantly, there are marked ethnic differences regarding the wider determinants of health. Taken together these factors result in a complex picture such that some minority ethnic groups appear to have better health status than the White British population and some much worse; with the pattern differing with life stage, disease and risk factor.

Hence, it is difficult and potentially misleading to make generalisations. Nonetheless some groups, notably individuals identifying as Gypsy or Irish Traveller, and to a lesser extent those identifying as Bangladeshi, Pakistani or Irish, stand out as having poor health across a range of indicators.

*\*Expand box as required*

#### **Sources used:**

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

[Census - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

[Aspire - Havering | Change Grow Live](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730917/local_action_on_health_inequalities.pdf)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/730917/local\\_action\\_on\\_health\\_inequalities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730917/local_action_on_health_inequalities.pdf)

[Policy report - Drugs and diversity ethnic minority groups \(policy briefing\).pdf \(ukdpc.org.uk\)](https://www.ukdpc.org.uk/policy-report-drugs-and-diversity-ethnic-minority-groups-policy-briefing.pdf)

*\*Expand box as required*

**Protected Characteristic - Religion/faith:** Consider people from different religions or beliefs including those with no religion or belief

Please tick (✓)  
the relevant box:

**Positive**

✓

**Neutral**

**Negative**

#### **Overall impact:**

The impacts of substance misuse and resultant addiction are multidimensional and cut across all religions going beyond the relatively small cohort with dependency problems.

Through the combating substance misuse partnership, the strategy is committed to working with all faith groups in Havering in prevention of substance misuse, treatment, recovery and rehabilitation of affected persons.

The strategy as specified in action plans, will also identify and address stigma and stereotypes that may be prevalent in any religious groups to enhance their ability to engage in treatment and recovery.

*\*Expand box as required*

**Evidence:**

According to Census 2021, the most commonly reported religion in Havering is Christian, with 52.2% of the total population in 2021 describing themselves as Christian. This is a reduction from 65.6% in 2011. No religion was the second most common response, with 30.6% identifying in this category, up from 22.6% in 2011. Other religions Accounted for 11.7% of the total Havering population.

Religion and Faith's relationship with substance misuse largely point to the instrumental contribution of these groups to substance abuse prevention and recovery. A large majority of cases show that religious and spiritual beliefs and practices lead to lower levels of substance abuse, including reduced likelihood of using various drugs, in the course of a lifetime.

Among people recovering from substance abuse, some evidence shows that higher levels of religious faith and spirituality are associated with several positive mental health outcomes, including more optimism about life and higher resilience to stress, which may help contribute to the recovery process.

Addiction recovery doesn't have to include religious elements to be effective. However, spiritual practices can be beneficial to many people in recovery.

*\*Expand box as required*

**Sources used:**

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

[Census - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

[Belief, Behaviour, and Belonging: How Faith is Indispensable in Preventing and Recovering from Substance Abuse - PMC \(nih.gov\)](#)

[Religious faith and spirituality may help people recover from substance abuse \(apa.org\)](#)  
[Is Religion A Necessary Part of Drug and Alcohol Addiction Recovery? \(therecoveryvillage.com\)](#)

*\*Expand box as required*

**Protected Characteristic - Sexual orientation:** Consider people who are heterosexual, lesbian, gay or bisexual

Please tick (✓)  
the relevant box:

**Positive** ✓

**Neutral**

**Negative**

**Overall impact:**

Evidence shows the prevalence of substance misuse is higher among lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) persons. However, the impacts of substance misuse cut across all sexual orientations and go beyond the relatively small cohort with dependency problems.

Through partnership working agreed actions will be implemented that that will address identified risk factors and barriers to treatment and recovery associated with members of LGBTQ+ community.

Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by the LGBTQ+ community as this are known risk factors for substance misuse and addiction.

The strategy as specified in action plans, will also identify and address sexual orientation related stigma to enhance LGBTQ+ person's ability to engage in treatment and recovery.

*\*Expand box as required*

## Evidence:

There are approximately 4,000 people in Havering identifying as either gay, lesbian or bisexual. This a significant number but proportionately less than the London and England averages.

Table: Estimated number and percentage of persons by sexual orientation, Havering, London and England

Sexual Orientation	Number	%	London	England
Heterosexual or straight	201,700	97.2%	88.9%	93.3%
Gay or lesbian	2,800	1.3%	2.6%	1.6%
Bisexual	1,100	0.5%	1.2%	1.1%
Other	-		0.7%	0.7%
Don't know or refuse	1,200	0.6%	6.5%	3.3%

According to the Havering CGL records 22 people in treatment identified themselves as LGBTQ+ in 2022. Evidence shows substance misuse is a significant problem among members of the LGBTQ+ community. From alcohol abuse and binge drinking to the use of harder drugs like methamphetamines, heroin, and opioids, many people in the sexual minority struggle with addiction.

Statistics show that LGBTQ+ adults are more than twice as likely as their heterosexual counterparts to use illicit drugs and almost twice as likely to suffer from a substance abuse disorder. There are many contributing factors to the high prevalence. These include; discrimination and social stigma, bullying, harassment and being victims of hate crimes. They also lack support as many choose to keep their sexual identity secret to avoid discrimination. Living this type of double life can create feelings of loneliness and anxiety.

LGBTQ+ persons who do choose to come out often face rejection from family and friends, and as a result often turn to substance abuse to help dull the pain. For those suffering from internalized homophobia, alcohol and drugs serve as a mechanism for silencing negative thoughts.

*\*Expand box as required*

**Sources used:**

Havering Substance Misuse Needs Assessment 2022

Office for National Statistics: Annual Population Survey

[Aspire - Havering | Change Grow Live](#)

Medley, G., Lipari, R.N., Bose, J., Cribb, D.S., Kroutil, L.A., &McHenry, G.. (2016). Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health

*\*Expand box as required*

**Protected Characteristic - Gender reassignment:** Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓)  
the relevant box:

**Positive**

✓

**Neutral**

**Negative**

**Overall impact:**

Gender reassignment is not currently captured in local drug and alcohol treatment data, but evidence shows it is a major risk factors for substance use.

To ensure substance use treatment services are inclusive, gender identity will be recorded and targeted interventions implemented.

Through partnership working identified risk factors and barriers to treatment and recovery associated with transgender persons will be addressed.

Through collaboration with partners the social, economic, and health inequalities experienced by transgender persons will be identified and tackled as these are known risk factors for substance misuse and addiction.

The strategy as specified in action plans, will also identify and address any gender reassignment stigma within services to enhance their ability to engage in treatment and recovery.

*\*Expand box as required*

**Evidence:**

According to Census 2021 data there are over 1,000 residents aged over 16 in Havering who can be classified as transgender.

Detailed breakdown of gender identity in Havering for residents aged 16 and over is shown in table below.

Gender Identity	Number	Percentage
Gender identity the same as sex registered at birth	196,462	93.67%
Gender identity different from sex registered at birth but no specific identity given	528	0.25%
Trans woman	228	0.11%
Trans man	212	0.10%
Non-binary	60	0.03%
All other gender identities	39	0.02%
Not answered	12,201	5.82%
Total	209,730	100.00%

Gender reassignment is not currently captured in local drug and alcohol treatment data, but evidence shows it is a major risk factor for substance use. Minority stress theories suggest that high rates of discrimination experienced by transgender people are precipitants of substance use. This risk is likely exacerbated by an inadequate provision of trans-inclusive substance misuse services.

*\*Expand box as required*

### Sources used:

[Census - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

[Prevalence and correlates of substance use among transgender adults: A systematic review - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/)

[Substance use is higher and more excessive in transgender people: evidence, limitations and gaps \(nationaelfservice.net\)](https://nationaelfservice.net/)

*\*Expand box as required*

### Protected Characteristic - Marriage/civil partnership: Consider people in a marriage or civil partnership

Please tick (✓) the relevant box:		<b>Overall impact:</b> Substance misuse in a marriage / civil partnership directly affects both spouses /partners and other family members including children where present. Substance is a major driver of domestic violence among spouses / partners.  The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm.  Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any individuals regardless of marital status.  The strategy as specified in action plans, will also identify and address stigma and stereotypes related to marital status e.g. civil partnerships that may disadvantage anyone and implement measures that will enhance their ability to engage in treatment and recovery.  <i>*Expand box as required</i>
Positive	✓	
Neutral		
Negative		

**Evidence:**

According to the 2021 census, 1 in 5 homes (21%) have a couple with dependent children while the percentage of households including a couple without children is 13.2%.

Havering had a total of 364 new adult presentations to treatment for substance misuse during 2019/20. Of those, 77 (21%) were parents or adults living with children.

There are approximately 399 adults in Havering with alcohol dependence living with children. Only 80 are in treatment indicating the majority (80%) are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (75%)

There are approximately 189 adults in Havering with opiate dependence living with children. Only 59 are in treatment indicating the majority (69%) are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (72%)

Numerous studies have been done to find trends in drug dependence within single and married groups, and it has been found that an individual's marital status can indeed affect the likelihood of them falling victim to drug abuse. Many studies have shown that marriage actually accelerates a decrease in drug use when compared to those who remain single. But some studies have found adverse results.

It is concluded that marriage may be a protective factor against drug use, but dependent on several factors, such as qualitative spare time, a more mature relationship, a sense of commitment and intimacy. In the case of a partner who uses drugs or drinks too much, the effect is felt by his or her partner, children, relatives, friends, and co-workers. There is consistent evidence of an association between substance misuse and parental conflict. Most longitudinal studies support the view that substance misuse increases the incidence of parental conflict though there are other studies that highlight how parental conflict can lead to substance misuse.

Children affected by both parental substance misuse and conflict are more at risk of presenting with mental health issues. A number of other stressors (including housing, financial instability, crime, schooling or parental mental health) can act cumulatively to increase a child's risk of negative outcomes.

*\*Expand box as required*

**Sources used:**

Havering Substance Misuse Needs Assessment 2022

[Census - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

[11043-A-2018.pdf \(recentscientific.com\)](https://www.recentscientific.com/11043-A-2018.pdf)

[Examination of the links between parental conflict and substance misuse and the impacts on children's outcomes - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/research-data/links-between-parental-conflict-and-substance-misuse)

[How Substance Abuse Affects Spouses/Marriage - Addiction Resource](https://www.addictionresource.com/2019/05/29/how-substance-abuse-affects-spouses-marriage/)

*\*Expand box as required*

Protected Characteristic - Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave		
Please tick (✓) the relevant box:		<b>Overall impact:</b> Substance use during pregnancy and motherhood is both a public health and criminal justice concern. Negative health consequences associated with substance use impact both the mother and the developing fetus.  A substance misusing male spouse is also a potential risk to both the mother and developing fetus especially where there is physical and emotional abuse.  Through partnership working pregnant mothers identified as misusing substance will be referred for timely and appropriate intervention. Risk factors and barriers to treatment and recovery associated with pregnant mothers and their spouses where applicable will also be addressed.  The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including pregnant mothers.  Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any individuals including pregnant mothers.
Positive	✓	
Neutral		
Negative		
<p style="text-align: right;"><i>*Expand box as required</i></p> <b>Evidence:</b> Data on pregnant women who misuse drugs and alcohol is not readily available and unreliable as many do not disclose this during their contact with health and social care services due to related stigma and fear of punishment. Havering CGL records show there was one pregnant mother in treatment in 2021 and 2022.  Illicit drugs, solvents or medicines should not be misused during pregnancy due to the risk of clinical and neonatal complications, including increased risk of mortality, and the risk of poor behavioural and developmental outcomes in drug-exposed children.  According to the NHS England Maternity records (2019), most women for whom substance misuse status was recorded (95.5%) reported at their booking appointment that they had never misused illicit drugs, solvents or medicines. Around 5,500 women (1.2%) reported that they were currently misusing illicit drugs, solvents or medicines; and over 15,000 women (3.3%) reported previously misusing these substances.  Substance misuse was most common in women aged under 25 with nearly 1,500 women (1.6%) reporting currently using and around 5,800 (6.4%) stating that they had misused illicit drugs, solvents or medicines in the past. For those living in the most deprived areas, 2.5% said they were currently misusing illicit drugs, solvents or medicines and 4.1% reported previously misusing these substances.		

Medical experts are still undecided exactly how much – if any – alcohol is completely safe during pregnancy, so the safest approach is not to drink at all. Drinking in pregnancy can lead to long-term harm to the baby, and the more you drink, the greater the risk.

Drinking heavily throughout pregnancy can cause the baby to develop a serious condition called [Fetal Alcohol Syndrome](#) (FAS) and other difficulties.

Drinking with a new-born baby is particularly risky at night for both parents. Parents are often unable to be as attentive to their infant and they can also fall asleep holding the baby which leaves them at greater risk of suffocation.

Using illegal or street drugs during pregnancy, including cannabis, ecstasy, cocaine and heroin, can have a potentially serious effect on the unborn baby. Medical advice is clear that all drug use should be stopped during pregnancy.

*\*Expand box as required*

#### Sources used:

Havering Substance Misuse Needs Assessment 2022

[Aspire - Havering | Change Grow Live](#)

[Parents with alcohol and drug problems: adult treatment and children and family services - GOV.UK \(www.gov.uk\)](#)

[Pregnant women and substance use: fear, stigma, and barriers to care | Health & Justice | Full Text \(biomedcentral.com\)](#)

[Alcohol and drug use – Homerton Health Visiting \(hackneyandcityhealthvisiting.nhs.uk\) https://www.bmj.com/content/bmj/369/bmj.m1627.full.pdf](#)

[https://assets.publishing.service.gov.uk/media/5dc00b22e5274a4a9a465013/Health\\_of\\_women\\_before\\_and\\_during\\_pregnancy\\_2019.pdf](https://assets.publishing.service.gov.uk/media/5dc00b22e5274a4a9a465013/Health_of_women_before_and_during_pregnancy_2019.pdf)

*\*Expand box as required*

**Socio-economic status:** Consider those who are from low income or financially excluded backgrounds

Please tick (✓) the relevant box:

**Positive**

✓

**Neutral**

**Negative**

#### Overall impact:

There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both alcohol and other drugs in the general population. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighborhood deprivation.

Substance misuse and dealing tends to thrive more among deprived communities. Through partnership working the strategy aims at identifying and breaking drug supply chains by disrupting the ability of

gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims.

Through partnership working, substance misuse risk factors and barriers to treatment and recovery associated with socioeconomic deprivation will be addressed.

The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including those from deprived communities

Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by social-economically deprived individuals and communities.

*\*Expand box as required*

## Evidence:

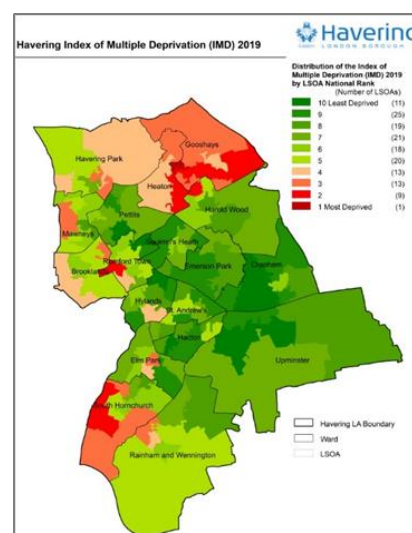
There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both alcohol and other drugs in the general population. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation.

Being in education or employment and being in good physical health can increase the chances of successful substance misuse treatment, whilst substance misuse can also impact on education, employment and health. Having housing problems or living in an area of higher deprivation can reduce the chances of successful treatment.

The Index of Multiple Deprivation (IMD) 2019 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The IMD ranks every small area (Lower Super Output Area) in England from 1 (most deprived) to 32,844 (least deprived). For larger areas the proportion of LSOAs within the area that lie within each decile can be compared.

Decile 1 represents the most deprived 10% of LSOAs in England while decile 10 shows the least deprived 10% of LSOAs. Ten LSOAs (6.7%) in Havering are in decile 1 and 2 i.e. most and second most deprived LSOA's nationally. These deprived areas are in the north and south of the borough and along its western boundary are shown in map below. Overall, Havering is among the least deprived areas in London and nationally.

Gooshays and Heaton wards which are relatively more deprived in Havering also had the highest number of reported **substance misuse related incidents** in 2021 (307 and 275 incidents respectively).



*\*Expand box as required*

**Sources used:**

Havering Substance Misuse Needs Assessment 2022

[Safestats \(london.gov.uk\)](https://safestats.london.gov.uk/)

[English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)

Advisory Council on the Misuse of Drugs (2018) What are the risk factors that make people susceptible to substance use problems and harm?

Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost Effectiveness of Alcohol Control Policies

PHE, Health matters: preventing drug misuse deaths (2017)

*\*Expand box as required*

**Health & Wellbeing Impact:** Please use the Health and Wellbeing Impact Tool on the next page to help you answer this question.

Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity?

Please tick (✓) all the relevant boxes that apply:

**Positive**

✓

**Neutral**

**Negative**

**Overall impact:**

The combating substance misuse strategy will have a positive impact on the health and wellbeing of all Havering residents. This impact is clearly outlined in the strategy document as local strategic outcomes. These include:

- A greater collaboration among members in delivering services that will lead to improved multi-agency working arrangements including the formalisation of previous loose and informal arrangements
- Increased referrals from police, courts and probation into drug treatment
- Improved co-ordination of relevant local services leading to improved delivery of services including easier information sharing and access to information
- Involvement of service users and frontline professionals in the development of the local strategy and associated plans leading to a wider co-operation and ownership of local plans and services
- Service expansion to deliver new high-quality drug and alcohol treatment places
- More people recovering from addiction in sustained employment, stable and secure housing

*\*Expand box as required*

		<p><b>Do you consider that a more in-depth HIA is required as a result of this brief assessment?</b> Please tick (✓) the relevant box</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Evidence:</b></p> <p>The use and abuse of alcohol and psychoactive substances is a worldwide public health issue with harms extending from the level of the individual to the family, community, and society. The UK is among the countries in Europe most affected by drugs and demand for them across the population is very high: over three million adults reported using drugs in England and Wales in the last year (2021).</p> <p>Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity – it impacts all, with the most deprived areas facing the greatest burden. According to the UK Government estimates, drugs misuse costs society nearly £20 billion a year. Nearly 3,000 people tragically lose their lives through drug misuse related deaths in England &amp; Wales each year.</p> <p>In Havering, statistics show substance misuse remains a priority issue that requires a sustained integrated approach to tackle. Latest data show an increase of annual substance misuse related crime incidents. Cases have nearly tripled since 2016 from 388 to 1,084 in 2022. In 2022, 938 possession of drugs crimes and 146 drug trafficking crimes were reported in Havering.</p> <p>Alcohol-related mortality among males has also been rising in the last three years with the latest data (2020) showing alcohol-related mortality in Havering (57/100,000) was higher than the London average (51/100,000). In 2020/21 there were a total of 528 Havering adults in drug treatment services. The number has not changed significantly in the last 5 years indicating there still many people who require treatment but are not accessing it.</p> <p>To achieve this outcomes the strategy includes four priority areas that aim at addressing the physical and mental wellbeing of Havering residents affected by substance misuse directly or indirectly. The four priority areas to be implemented over a five year period include:</p> <p>Breaking drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims</p> <p>Delivering a world-class treatment and recovery system, including; improving access to support by tackling stigma, delivering efficient and effective treatment and recovery system based on a multi-disciplinary multi-agency integrated approach.</p> <p>Achieving a generational shift in the demand for drugs, including; preventing substance misuse and addiction. Supporting research, service audit, and evaluation.</p> <p>Reducing risk and harm to individuals, families and communities, including; reducing harm related to substance misuse and safeguarding the vulnerable from abuse and harm. Ensuring care and support for other family members (a Think Family approach).</p> <p style="text-align: right;"><i>*Expand box as required</i></p>		

**Sources used:**

Havering Substance Misuse Needs Assessment 2022

[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

World Drug Report 2023 - Special Points of Interests (unodc.org)

Drug misuse in England and Wales: year ending March 2020 (Office for National Statistics).

Why do people use alcohol and other drugs? - Alcohol and Drug Foundation (adf.org.au)

*\*Expand box as required*

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### 3. Health & Wellbeing Screening Tool

Will the activity / service / policy / procedure affect any of the following characteristics? Please tick/check the boxes below

The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Personal circumstances YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Access to services/facilities/amenities YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Diet <input type="checkbox"/> Exercise and physical activity <input type="checkbox"/> Smoking <input type="checkbox"/> Exposure to passive smoking <input checked="" type="checkbox"/> Alcohol intake <input checked="" type="checkbox"/> Dependency on prescription drugs <input checked="" type="checkbox"/> Illicit drug and substance use <input type="checkbox"/> Risky Sexual behaviour <input type="checkbox"/> Other health-related behaviours, such as tooth-brushing, bathing, and wound care	<input checked="" type="checkbox"/> Structure and cohesion of family unit <input checked="" type="checkbox"/> Parenting <input checked="" type="checkbox"/> Childhood development <input checked="" type="checkbox"/> Life skills <input checked="" type="checkbox"/> Personal safety <input checked="" type="checkbox"/> Employment status <input type="checkbox"/> Working conditions <input type="checkbox"/> Level of income, including benefits <input type="checkbox"/> Level of disposable income <input type="checkbox"/> Housing tenure <input checked="" type="checkbox"/> Housing conditions <input type="checkbox"/> Educational attainment <input type="checkbox"/> Skills levels including literacy and numeracy	<input checked="" type="checkbox"/> to Employment opportunities <input type="checkbox"/> to Workplaces <input checked="" type="checkbox"/> to Housing <input type="checkbox"/> to Shops (to supply basic needs) <input type="checkbox"/> to Community facilities <input type="checkbox"/> to Public transport <input type="checkbox"/> to Education <input type="checkbox"/> to Training and skills development <input checked="" type="checkbox"/> to Healthcare <input checked="" type="checkbox"/> to Social services <input type="checkbox"/> to Childcare <input type="checkbox"/> to Respite care <input type="checkbox"/> to Leisure and recreation services and facilities
Social Factors YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Economic Factors YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Environmental Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Social contact <input checked="" type="checkbox"/> Social support <input type="checkbox"/> Neighbourliness <input type="checkbox"/> Participation in the community <input type="checkbox"/> Membership of community groups <input type="checkbox"/> Reputation of community/area <input type="checkbox"/> Participation in public affairs <input checked="" type="checkbox"/> Level of crime and disorder <input checked="" type="checkbox"/> Fear of crime and disorder <input checked="" type="checkbox"/> Level of antisocial behaviour <input checked="" type="checkbox"/> Fear of antisocial behaviour <input checked="" type="checkbox"/> Discrimination <input checked="" type="checkbox"/> Fear of discrimination <input type="checkbox"/> Public safety measures	<input type="checkbox"/> Creation of wealth <input type="checkbox"/> Distribution of wealth <input type="checkbox"/> Retention of wealth in local area/economy <input type="checkbox"/> Distribution of income <input type="checkbox"/> Business activity <input type="checkbox"/> Job creation <input checked="" type="checkbox"/> Availability of employment opportunities <input checked="" type="checkbox"/> Quality of employment opportunities <input checked="" type="checkbox"/> Availability of education opportunities <input checked="" type="checkbox"/> Quality of education opportunities <input checked="" type="checkbox"/> Availability of training and skills development opportunities <input checked="" type="checkbox"/> Quality of training and skills development opportunities <input type="checkbox"/> Technological development	<input type="checkbox"/> Air quality <input type="checkbox"/> Water quality <input type="checkbox"/> Soil quality/Level of contamination/Odour <input type="checkbox"/> Noise levels <input type="checkbox"/> Vibration <input type="checkbox"/> Hazards <input type="checkbox"/> Land use <input type="checkbox"/> Natural habitats <input type="checkbox"/> Biodiversity <input type="checkbox"/> Landscape, including green and open spaces <input type="checkbox"/> Townscape, including civic areas and public realm <input type="checkbox"/> Use/consumption of natural resources <input type="checkbox"/> Energy use: CO2/other greenhouse gas emissions <input type="checkbox"/> Solid waste management

<input type="checkbox"/> Road safety measures	<input type="checkbox"/> Amount of traffic congestion	<input type="checkbox"/> Public transport infrastructure
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## 4. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

✓	<p>1. The initial screening exercise showed a strong indication that there will be no impacts on people and need to carry out an EqHIA.</p> <p>2. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u></p>	➔	<p><b>Proceed with implementation of your activity</b></p>
	<p>3. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u></p>	➔	<p><b>COMPLETE SECTION 5:</b> <b>Complete action plan</b> with measures to mitigate the and finalise the EqHIA</p>
	<p>4. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level</p>	➔	<p><b>Stop and remove</b> the activity or <b>revise</b> the activity <b>thoroughly</b>. <b>Complete an EqHIA on the revised proposal.</b></p>

## 5. Action Plan

The real value of completing an EqHIA comes from identifying the actions that can be taken to eliminate/minimise **negative** impacts and enhance/optimize positive impacts. In this section you should list the specific actions that set out how you will mitigate or reduce any **negative** equality and/or health & wellbeing impacts, identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; if required, will amend the scope and direction of the change; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
Age	<p>Improved access to available substance misuse services for people of all ages.</p> <p>Holistic provision of care for mental and physical health needs alongside substance use.</p> <p>Safeguarding of children and the elderly from abuse and harm related to substance misuse</p> <p>Reduction in stigma and stereotypes that are common around substance use</p>	<p>The partners in Havering will work together to implement programmes that consider unique risk factors and treatment needs at various life stages and among specific age groups.</p> <p>Details of specific activities are included in the strategy action plan</p>	<ul style="list-style-type: none"> <li>• Reduction in number of children and other vulnerable persons involved in drug supply.</li> <li>• Reduced drug use</li> <li>• Reduced drug-related deaths and harm</li> <li>• Increased engagement in treatment for people with substance misuse problems</li> <li>• Improved treatment and recovery outcomes for service users</li> </ul>	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	among people of various age groups.  Reduced demand for drugs.				
	<p>Improved access to available substance misuse services.</p> <p>Holistic provision of care for mental and physical health needs alongside substance use</p> <p>Safeguarding of the people with disabilities from abuse and harm related to substance misuse</p> <p>Reduction in stigma and stereotypes that are common around substance use by disabled people.</p>	<p>The strategy through its defined priority areas will work with other partners to ensure people living with disability are aware of and can easily access available services.</p> <p>The strategy has prioritized improvement of dual diagnosis care pathways in implementation of the strategy which includes holistic provision of care for mental and physical health needs alongside substance use.</p> <p>One of the key aims of the Havering CSM strategy is to reduce risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm.</p> <p>Through collaboration with partners, social, economic,</p>	<ul style="list-style-type: none"> <li>• Reduced drug use among people living with disabilities</li> <li>• Reduced drug-related deaths and harm among people living with disabilities</li> <li>• Increased engagement in treatment for people with disability and substance misuse problems</li> <li>• Improved treatment and recovery outcomes for service users with disabilities.</li> </ul>	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
		<p>and health factors associated with disability which are also risk factors for substance misuse and addiction will be addressed.</p> <p>Disability stigma and stereotypes that are common around substance use by disabled people and their ability to engage in treatment and recovery have also been highlighted and are included in the joint action plans.</p> <p>Details of specific activities are included in the strategy action plan</p>			
Sex/gender	<p>Improved access to available substance misuse services by all genders.</p> <p>Holistic provision of care for mental and physical health needs alongside substance use</p> <p>Safeguarding of all vulnerable persons from abuse and harm related to substance misuse</p>	<p>Through partnership working agreed actions will be implemented that that address gender risk factors and treatment needs.</p> <p>The four priority areas designed to guide this process include; breaking drug supply chains, delivering a world-class treatment and recovery system, achieving a generational shift in the demand for drugs and reducing risk and harm to</p>	<ul style="list-style-type: none"> <li>• Reduced drug use among people of all genders</li> <li>• Reduced incidence of drug-related crime, deaths and harm</li> <li>• Increased engagement in treatment for people of all genders with substance misuse problems</li> </ul>	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	<p>Reduction in stigma and stereotypes that are common around substance use.</p> <p>Reduced demand for drugs.</p>	<p>individuals, families and communities</p> <p>Details of specific activities are included in the strategy action plan</p>	<ul style="list-style-type: none"> <li>Improved treatment and recovery outcomes for all service users.</li> </ul>		
Ethnicity/race	<p>Improved access to available substance misuse services by all ethnic groups.</p> <p>Holistic provision of care for mental and physical health needs alongside substance use for all ethnic groups</p> <p>Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among all ethnic groups.</p> <p>Reduction in ethnic based stigma and stereotypes around substance use.</p> <p>Reduced demand for drugs among all ethnic groups.</p>	<p>The strategy through its defined priority areas will work with other partners to ensure people of all ethnic backgrounds are aware of and can easily access available substance misuse services without feeling discriminated on racial basis.</p> <p>One of the key aims of the Havering CSM strategy is to reduce risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm.</p> <p>Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any ethnic group which are also risk</p>	<ul style="list-style-type: none"> <li>Reduced drug use among people of all ethnic groups</li> <li>Reduced incidence of drug-related crime, deaths and harm among all ethnic groups</li> <li>Increased engagement in treatment for people of all ethnic backgrounds with substance misuse problems</li> <li>Improved treatment and recovery outcomes for all service users from various ethnic groups.</li> </ul>	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
		<p>factors for substance misuse and addiction.</p> <p>The strategy as specified in action plans, will also identify and address stigma and stereotypes that may be prevalent in some ethnic groups to enhance their ability to engage in treatment and recovery.</p>			
Religion/faith	<p>Improved access to available substance misuse services by members of all religion /faith groups.</p> <p>Holistic provision of care for mental and physical health needs alongside substance use for members of all religion /faith groups.</p> <p>Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among members of all religion /faith groups.</p> <p>Reduction in religious / faith based stigma and stereotypes</p>	<p>The impacts of substance misuse and resultant addiction are multidimensional and cut across all religions going beyond the relatively small cohort with dependency problems.</p> <p>Through the combating substance misuse partnership, there is a commitment to work with all faith groups in Havering in prevention of substance misuse, treatment, recovery and rehabilitation of affected persons.</p> <p>The strategy as specified in action plans, will also identify and address stigma and stereotypes that may be</p>	<ul style="list-style-type: none"> <li>• Reduced drug use among people of all religious / faith groups</li> <li>• Reduced incidence of drug-related crime, deaths and harm among all religious / faith groups</li> <li>• Increased engagement in treatment for people of all religious / faith backgrounds with substance misuse problems</li> <li>• Improved treatment and recovery outcomes for all service users from</li> </ul>	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	<p>around substance use.</p> <p>Reduced demand for drugs among all religious/ faith groups</p>	<p>prevalent in any community or religious groups to enhance their ability to engage in treatment and recovery.</p>	<p>various religious / faith groups.</p>		
Sexual orientation	<p>Improved access to available substance misuse services by all regardless of sexual orientation.</p> <p>Holistic provision of care for mental and physical health needs alongside substance use for all regardless of sexual orientation.</p> <p>Safeguarding of all vulnerable persons from abuse and harm related to substance misuse and sexual orientation especially among members of the LBGTQ+ community.</p> <p>Reduction in sexual orientation based stigma and stereotypes around substance use.</p> <p>Reduced demand for</p>	<p>Evidence shows the prevalence of substance misuse is higher among LBGTQ+ persons. However, the impacts of substance misuse cut across all sexual orientations and go beyond the relatively small cohort with dependency problems.</p> <p>Through partnership working agreed actions will be implemented that that will address identified risk factors and barriers to treatment and recovery associated with members of LBGTQ+ community.</p> <p>Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by the LBGTQ+ community as this are known risk factors for substance misuse and addiction.</p>	<ul style="list-style-type: none"> <li>• Reduced drug use among LBGTQ+ persons.</li> <li>• Reduced incidence of drug-related crime, deaths and harm among LBGTQ+ persons.</li> <li>• Increased engagement in treatment LBGTQ+ persons with substance misuse problems</li> <li>• Improved treatment and recovery outcomes for LBGTQ+ service users.</li> </ul>	<p>5 years, annual reviews and quarterly progress monitoring updates.</p>	<p>Tha Han, Public Health Consultant</p>

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	drugs among all regardless of sexual orientation but with more attention on members of the LBGTQ+ community.	The strategy as specified in action plans, will also identify and address sexual orientation stigma to enhance their ability to engage in treatment and recovery.			
Gender reassignment	<p>Gender reassignment will be recorded in all treatment records</p> <p>Improved access to available substance misuse services by transgender persons.</p> <p>Holistic provision of care for mental and physical health needs alongside substance use for transgender persons.</p> <p>Safeguarding of all vulnerable persons from abuse and harm related to substance misuse and sexual orientation among members transgender persons.</p> <p>Reduction in sexual</p>	<p>Gender reassignment is currently not sufficiently captured in local drug and alcohol treatment data, but evidence shows it is a major risk factors for substance use.</p> <p>To ensure substance use treatment services are inclusive, gender identity will be recorded and targeted interventions implemented.</p> <p>Through partnership working identified risk factors and barriers to treatment and recovery associated with transgender persons will be addressed.</p> <p>Through collaboration with partners the social, economic, and health inequalities experienced by transgender persons will be identified and tackled as</p>	<ul style="list-style-type: none"> <li>• Improvement in recording of transgender in treatment records</li> <li>• Reduced drug use among transgender persons.</li> <li>• Reduced incidence of drug-related crime, deaths and harm among transgender persons.</li> <li>• Increased engagement in treatment by transgender persons with substance misuse problems</li> <li>• Improved treatment and recovery outcomes for transgender service users.</li> </ul>	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	<p>orientation based stigma and stereotypes around substance use.</p> <p>Reduced demand for drugs among all regardless of sexual orientation but with more attention on transgender persons.</p>	<p>these are known risk factors for substance misuse and addiction.</p> <p>The strategy as specified in action plans, will also identify and address any gender reassignment stigma within services to enhance their ability to engage in treatment and recovery.</p>			
Marriage/civil partnership	<p>Improved access to available substance misuse services by all persons regardless of marital status.</p> <p>Holistic provision of care for mental and physical health needs alongside substance use for people in marriage /civil partnership.</p> <p>Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among people in marriage / civil partnerships.</p> <p>Reduction in stigma</p>	<p>Substance misuse in a marriage / civil partnership directly affects both spouses /partners and other family members including children where present.</p> <p>Substance misuse is a major driver of domestic violence among spouses / partners.</p> <p>The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including those in marriage / civil partnership.</p>	<ul style="list-style-type: none"> <li>• Reduced drug use among people in marriage / civil partnerships.</li> <li>• Reduced incidence of drug-related crime, deaths and harm among people in marriage / civil partnerships.</li> <li>• Increased engagement in treatment by people in marriage / civil partnership with substance misuse problems</li> <li>• Improved treatment and recovery outcomes for people</li> </ul>	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	<p>and stereotypes directed towards persons in civil partnerships that may drive them to substance misuse.</p> <p>Reduced demand for drugs among all regardless of marital status.</p>	<p>Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any individuals regardless of marital status.</p> <p>The strategy as specified in action plans, will also identify and address stigma and stereotypes related to marital status e.g. civil partnerships that may disadvantage individuals from sufficiently engaging in treatment and recovery.</p>	<p>in marriage / civil partnership.</p>		
Pregnancy, maternity and paternity	<p>Improved access to available substance misuse services by all persons during pregnancy/ maternity and paternity periods.</p> <p>Holistic provision of care for mental and physical health needs alongside substance use for all persons during pregnancy/ maternity and paternity periods.</p>	<p>Substance use during pregnancy and motherhood is both a public health and criminal justice concern. Negative health consequences associated with substance use impact both the mother and the developing fetus.</p> <p>A substance misusing male spouse is also a potential risk to both the mother and developing fetus especially where there is physical and emotional abuse.</p> <p>Through partnership</p>	<ul style="list-style-type: none"> <li>• Reduced drug use during pregnancy/ maternity and paternity periods.</li> <li>• Reduced incidence of drug-related crime, deaths and harm during pregnancy/ maternity and paternity periods.</li> <li>• Increased engagement in treatment by people in pregnancy/</li> </ul>	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	<p>Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among all persons during pregnancy/ maternity and paternity periods.</p> <p>Reduction in stigma and stereotypes directed towards persons during pregnancy/ maternity and paternity periods that may drive them to substance misuse.</p> <p>Reduced demand for drugs among all persons during pregnancy/ maternity and paternity periods.</p>	<p>working pregnant mothers identified as misusing substance will be referred for timely and appropriate intervention. Risk factors and barriers to treatment and recovery associated with pregnant mothers and their spouses where applicable will also be addressed.</p> <p>The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including pregnant mothers.</p> <p>Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any individuals including pregnant mothers.</p>	<p>maternity and paternity periods and with substance misuse problems</p> <ul style="list-style-type: none"> <li>Improved treatment and recovery outcomes among people affected by pregnancy/ maternity/ paternity and substance misuse problems.</li> </ul>		
Socio-economic status	<p>Reduced drug supply by disrupting supply chains.</p> <p>Improved access to</p>	<p>There is a strong association between socioeconomic position, social exclusion and substance-related harm in</p>	<ul style="list-style-type: none"> <li>Reduced drug supply as evidenced by number of supply chains disrupted</li> </ul>	5 years, annual reviews and quarterly monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	<p>available substance misuse services by all persons especially those from deprived areas.</p> <p>Holistic provision of care for mental and physical health needs alongside substance use for all especially those from deprived areas.</p> <p>Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among all persons with more attention on those from deprived areas.</p> <p>Reduction in stigma and stereotypes directed towards persons from deprived areas that may drive them to substance misuse.</p> <p>Reduced demand for drugs among all persons with more attention on those from deprived areas.</p>	<p>relation to both alcohol and other drugs in the general population.</p> <p>People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighborhood deprivation.</p> <p>Substance misuse and dealing tends to thrive more among deprived communities.</p> <p>Through partnership working the strategy aims at identifying and breaking drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims.</p> <p>Through partnership working, substance misuse risk factors and barriers to treatment and recovery associated with socioeconomic deprivation will be addressed.</p>	<ul style="list-style-type: none"> <li>• Reduced drug use among people in deprived areas.</li> <li>• Reduced incidence of drug-related crime, deaths and harm in deprived areas.</li> <li>• Increased engagement in treatment by people in deprived areas</li> <li>• Improved treatment and recovery outcomes among people in deprived areas.</li> </ul>		

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
		<p>The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including those from deprived communities</p> <p>Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by social-economically deprived individuals and communities.</p>			

**Add further rows as necessary**

\* You should include details of any future consultations and any actions to be undertaken to mitigate negative impacts.

\*\* Monitoring: You should state how the impact (positive or negative) will be monitored; what outcome measures will be used; the known (or likely) data source for outcome measurements; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

## 6. Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

**Review:**

**Scheduled date of review:** April 2028

**Lead Officer conducting the review:** Public Health Consultant, Substance Misuse.

*\*Expand box as required*

**Please submit the completed form via e-mail to [READI@haverling.gov.uk](mailto:READI@haverling.gov.uk) thank you.**

## Appendix 3: Strategy delivery plan

### 1 Breaking drug supply chain:

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How we will measure success</i>
1 Collect and share intelligence	1.1 Serious Violence Duty needs assessment and develop serious violence duty strategy	Support from partners with in the Serious Violence duty working group	Jan-24	CSP - Serious Violence Group	Community Safety Partnership	Community Safety	Needs assessment and serious violence strategy published on council webpage by 31 January 24
	1.2 Improved analysis of Drug Rehabilitation Requirement (DRR) or Alcohol Treatment Requirement (ATR); Test on arrest data / Drug Intervention Programme (DIP) breeches; Follow up of breaches	No additional resources required	Ongoing with quarterly updates	CSP - Reducing Reoffending Group	Police Probation services CGL	Police CGL	Successful completions of Alcohol Treatment Requirement (ATR) / Drug rehabilitation requirement ( DTR) Test on arrest data
	1.3 Establishment of joint analytic group and a set of baseline data sets	Establishment of joint analytic group and a set of baseline data sets	Mar-24	Joint Analytic Group	Joint Analytic Group, CSP, CGL , NELFT	Public Health	Joint analytic group in place and established set of indicators and baseline datasets.
	1.4 Review and Strengthening of the National Referral Mechanism (NRM) process	Training - Safeguarding	Ongoing with quarterly updates	CSP - Safeguarding Boards	CSP/ Youth Justice Board (YJB)	Safeguarding adults and children	Number of NRM assessments and referrals completed

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How we will measure success</i>
<b>2 Monitor and help disrupt county lines – collaborate across borders/ modern day slavery</b>	2.1 Awareness raising and training for staff on Modern day slavery	Training - Safeguarding and capturing data i.e. number of referrals	Ongoing with biannual updates	CSP - Safeguarding Boards	Safeguarding Boards	Safeguarding training lead	Number of training sessions delivered
	2.2 National data on county lines and disruption updates for CDP	Drugs Focus to talk to CST	Ongoing with quarterly updates	TTCG	Police	Police	Number of county lines closed and disruptions
	2.3 Cross border police operations between East Area BCU and Essex to target individuals.	Operation Gambler	Ongoing with quarterly updates	Havering Joint Taskforce (HJTF)	HJTF / CSP / Police	Enforcement Team	Number of incidents and arrests
<b>3 Investigate the transfer of money from drug businesses</b>	3.1 Money laundry, child exploitation for money laundry and data sharing	This is business as usual and covered by existing ISA and terms of reference for groups	Ongoing with quarterly updates	CSP	Police & LBH Insights Team	Police & LBH Insights Team	Number of cases investigated and completed

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How we will measure success</i>
	3.2 Tackling drug debt and use of drugs in the criminal justice system	This will be done on a case by case basis by offender managers	Ongoing with quarterly updates	CSP	CSP & Police	Police	Number of incidents and successful interventions
4 Target retail and middle market	3.3 Identify and investigate cannabis factories, laughing gas market and cuckooing; issue closure orders and drugs warrants	Business as usual taking a proactive approach	Ongoing with quarterly updates	CSP	CSP & Police	Police	Number of drugs warrants served and number of cannabis factories identified and closed
	3.4 Data/ Intelligence sharing on cannabis factories, cuckooing, drug warrants	Business as usual taking a proactive approach	Ongoing with quarterly updates	CSP	CSP, Police & Joint analytic group	Police	Number of cannabis factory closures and related incidents
5 Limit the density of alcohol outlets and hours of retail sale near local hot spots – (alcohol related crime/ nuisance reports)	5.1 Clamp down on existing licensees who sell over the limits Alcohol or do not adhere to the regulations; Proactive and increase licence reviews	Police and Council Licensing teams	Ongoing with quarterly updates	Licensing Committee	Licensing team, Police	Police Council licensing	Number of successful licensing reviews

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How we will measure success</i>
	5.2 Work with planners to influence the Local Plan refresh to limit the proliferation of Licensed premises and alcohol sale hours at retail outlets	CSP resources ASB/crime data Density of outlets with alcohol licence	Ongoing with quarterly updates	CSP	Planning Licensing Community Safety Public Health	Planning	LOCAL PLAN REFRESH featuring the limits of retail outlet density
6 Community safety/vigilance, street policing, council enforcement assets	6.1 Better sharing of ASB data  Identify lead for data collation within the police	No extra resources required	Ongoing with quarterly updates	Tasking group, monthly ASB meeting	Community Safety and police	Police	Number of ASB cases identified
	6.2 Data from Housing re thefts etc.	Data not currently shared	Ongoing with quarterly updates	CSP	Housing	Housing	Availability of data  Number of theft incidents and arrests
7 Survey emerging markets e.g. vapes, freeports, online sales, underage sales, mixing cannabis or THC with vapes	7.1 Selling of vapes to be added to licensing. Licences restricted near schools and colleges	Intelligence to be shared by partners	Ongoing with quarterly updates	CSP	Trading standards	Trading Standards	Number of successful seizures

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How we will measure success</i>
8 A communications strategy	8.1 Co-badged with Health , Police and Local Authority 'Did you know Facts' e.g. cost and consequences of drugs  Early identification and sign posting communicate what we've achieved	Lead officer time Cost for effective use of social media platforms, newsletters, Apps	Ongoing with quarterly updates	CSP	CSP, Public Health, Police, CGL	Public Health	Communication strategy in place Number of information drops
	8.2 Inform , advise and highlight the risks for YP to schools, colleges, Alternative Providers and Pupil Referral Units	Help accessing academies SPOCs for schools School nurses School councillors	Regular updates	CSP	Education Police- safer Schools Public Health, CGL	Public Health	Healthy schools London – number of schools meeting criteria (Drugs& Alcohol education part of HSL criteria).

## 2 Delivering a world-class treatment & recovery system

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
<b>1. The impact of substance misuse on individuals and community</b>	Produce and review local needs assessment to identify needs, trends, priorities and inequalities including de-stigmatisation of addiction and engagement with affected individuals and communities	Information and data sharing, stakeholder involvement, analytic data group to lead on needs assessment. Including qualitative data from service users.	Consistent with local and national timelines	Analytic Data Group	Havering Council, YP and Adult Treatment Service, NELFT, BHRUT, ICB, Police and other criminal justice agencies.	Public Health	<p>Number of people accessing services including demographic details</p> <p>Correct data on status of substance misuse and treatment outcomes in the borough</p> <p>Improved patient outcomes</p> <p>Number of drug related deaths</p> <p>Number of drug related hospital admissions</p>

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
<b>2 Education and awareness and Information and advice for the public on treatment access and self-care</b>	2.2 Promote awareness of services with Health and Social Care Workforce and wider public including the use of appropriate materials for education and awareness	Videos, posters, social media, events	Ongoing with quarterly updates	Joint treatment and recovery group	CGL, Havering Council	Havering Council	Number of engagement training sessions  Number of trained GPs Post campaign / awareness sessions participant knowledge levels  Prevalence of substance misuse
<b>3 Culturally sensitive services</b>	Commission an independent review of services to assess their cultural competency and equalities.	Funding, engagement	March 2024	Joint treatment and recovery group	Public Health	Public Health	Number of awareness sessions Prevalence of substance misuse Improved patient outcomes
<b>4 Data sharing</b>	Establish Power BI Dashboard	Funding, IT support, Information governance support, Analysts	March 2024	Joint Analytic Group	Public Health	Public Health	Improved patient outcomes Improved data access  Functional data sharing platform

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
							Data sharing agreements
<b>5 GP/ Primary Care Involvement</b>	Introduce targeted shared care arrangements to improve GP involvement in recovery plans of alcohol dependent service users including provision of clinical satellites in GP practices.	GPs, Adult Treatment & Recovery Provider, Public Health	TBC	Joint treatment and recovery group	Adult Treatment & Recovery Provider, NEL Shared Care Group, PCNs, LMC	CGL	Adult service performance report
<b>6 Adults dependent on prescribed drugs</b>	Review the needs of adults dependent on prescribed drugs and agree recommendations to improve prevention, training and awareness, treatment and/or guidance, support to reduce dependency.	NEL ICB, GP, BHRUT, Medicines Safety, Nursing, Pain Consultant, Clinical Psychologist, Pharmacists, LTC Commissioner. Councils, Adult Treatment Provider	December 2024	Joint treatment and recovery group	NEL Dependence of Medicines Stewardship Group	NEL ICB	Hospital admissions from prescription drug misuse and toxicity
<b>7 Engagement of adult offenders released from prison</b>	Improve joint working between prisons and community services by increasing the proportion of referrals and engagement of adult offenders released from prison (from 30% to 75%)	Adult Treatment & Recovery Provider, Prisons, Probation and engagement with resettlement panels	March 2025	Joint treatment and recovery group	Adult Treatment & Recovery Provider	CGL	Combating Drugs Outcomes Framework -  Number / proportion engaging in

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
							treatment 3 weeks after leaving prison
<b>8 Dual Diagnosis</b>	<p>8.1 The ICB will work in partnership with key stakeholders to support the joint care for individuals with substance misuse and mental health problems</p> <p>8.2 Evaluate current service provision and gaps, engage with service users, explore peer support for these group of patients</p> <p>8.3 Review complex cases with multiple diagnosis i.e. substance misuse, EUPD, combined with mental health problems and anti-social personality disorder, criminal justice systems via a Complex and Dual Diagnosis group between NELFT and CGL</p>	<p>Relevant providers and commissioners working together reviewing the joint care of individuals with substance misuse and mental health problems</p> <p>Resource (Time) to invest in appropriate psychological interventions for those with emotionally unstable personality disorders compounded by substance misuse, high level of anti-social behaviour, regular contact with police and criminal justice systems</p>	Update on progress by Jan 2024.	Joint treatment and recovery group	Havering PbP Mental health oversight group, ICB, NELFT, LBH, Substance Misuse Service and Third Sector	NELFT	6- monthly progress report and review after 18 months

Identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
<b>9 Community pharmacy substance misuse service provision</b>	<p>9.1 Review how community pharmacies provide needle exchange services to include mechanisms of taking action where there is an observed problem with a patient.</p> <p>9.2 Explore possibility of increasing funding for commissioning more pharmacies to provide substance misuse interventions</p>	Commissioning policy review and funding	Ongoing with annual updates	Joint treatment and recovery group	CGL , LPC	CGL	TBC

### 3. Achieving a generational shift in the demand for drugs and excessive alcohol

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
<b>1 Information, awareness and staff training</b>	1.1 Being present in the places that children use to communicate e.g. social media, snapchat, tiktok and local busy bodies for awareness and support pathways.	Social media, colleges, consider Geolocation based campaigns e.g. in snapchat, Instagram and twitter, schools. Targeting parents, carers and adults in children's lives; promote through our social media channels and partners/service providers social media; taking advantage of issues/locations when they occur; fund specific campaigns that tackle this issues; Input to PSHE curriculum; CPOMS (online server that records all child protection items)	Ongoing with quarterly updates	Prevention Group	Comms, youth centres/workers, member of the core working group, co-produce with young people (Youth Council) Parents/Carers. Partners, faith and religious orgs, youth organisations - third party promotion. Use schools social media; The Bridge (Frances Bardsley School); DSLs; Local celebrities; local sports teams/ heroes etc.	Public Health and Communication	Number / proportion of people reporting drug misuse in the last 12 months  Prevalence of opiate and non opiate use
	1.2 Work closely with schools: Find out what schools are doing and see if there are any good practice that can be promoted and built on. e.g., junior citizen programme	Annual Safeguarding audit could have an additional question regarding quality of PSHE on addiction/substance use/misuse examples to possibly track some good practice - to be disseminated;	annually	Education Strategic Partnership	Comms, youth centres/workers, member of the core working group, co-produce with young people; WiseUp CGL; Education Services; BAP (behaviour and attendance partnership)	Education Strategic partnership.  Havering School improvement Service	completion of Audit Question; gathering schools good practice, organisations offering support; and the sharing of this/these interventions; take up of

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
							referrals to WiseUp
	1.3 online reporting for children when they are concerned/worried about substance misuse - (To be included in the needs assessment)	Utilise existing systems in schools to enable children to report; (internal concerns reporting systems) - CPOMS/ MyConcern; National / Central database to report and share anonymised concerns; i.e. 'the student voice'; Further development of the HaRVA tool to enable better information sharing and risk assessment by schools and other partners on contextual risk; Promotion of the OWL app to report crime and ASB; DSL team	annually	Education Strategic Partnership	schools; School Improvement; Specialist Safeguarding Team (Havering CS) Joni Blyth Community Safety; Colleges; Leaving Care; Designated safeguarding leads	Havering School improvement Service	# of reports; link to #referrals; and prevalence of drug and alcohol use by children

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
	1.4 Interventions to target young people in colleges to teach or coach them on how to manage their new independence and make informed decisions. How to manage money, recreation to reduce the demand for drugs and alcohol.	Using voluntary services to develop programme ; Also Start at Year 10 or Year 11 through PSHE lessons or drop down days	year two	Adolescent Safeguarding Strategy Board	Colleges/Youth Groups; Prospects; WiseUp; Faith and Religious orgs; (other 16+ organisations?); Schools	Youth service/YJS	# sessions delivered plus feedback on these sessions
	1.5 Training Themes: Improve the understanding of push and pull factors for professionals to enable a more emphatic workforce; Consider language for cultural sensitivity; Tackling stigma goes hand in hand with information and advice but consider engagement.	Training for professionals	year one onwards	HSCB and wider strategic safeguarding partnership forums	Havering Safeguarding Partnership - Training offer	Havering Social Care Academy	# training delivered ; feedback from training; quality and # of referrals to WiseUp

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
<b>2 Links to World class treatment and recovery system</b>	2.1 Interventions targeted at older adults 40s, 50s and above who have now picked up drugs because they can afford it.	publicity campaigns; establish the extent of this problem; potential for age specific services	first year and ongoing BAU	Joint treatment and recovery group	Comms; CGL;	CGL	minimum of one campaign per year, based on learning from audits and intelligence
	2.2 First time users with children <5yrs- CGL to do a home visit with awareness of what's a risk vs what's a safeguarding concern	hidden harm worker in CGL; along with targeted partner: i.e. police, social worker	establish model and roll out in year two	Havering Safeguarding Children's Partnership (HSCP)	CGL; Social Care Academy; Children's Social Care	CGL	# of visits completed
<b>3 Supporting young people and families most at risk of substance misuse</b>	3.1 Develop more services focused on young adults rather than children as a lot has been done in schools for children	Ask colleges; apprenticeships, employers (NHS) what their issues are around substance misuse; link to national campaigns; youth charities; Leaving Care team; Detached youth workers; Night-time economy partnership/collaboration; Hub office in Romford; Host an Havering event for 6th forms	year two starting with a campaign to raise awareness and respond to issues as partners see them	Prevention Group	Prevention Group; Dean Gordon; Youth Service; NCC DSLs; Night-time Economy partners including traders; emergency services; HSCB and HASP	Youth Service	age of referrals to WiseUp and Aspire reflects focus on this age group = 16 - 25 years

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
	3.2 Check and support high risk families to reduce the impact cost of living	Budgeting skills. Debt management offer from DWP;	year one and ongoing	Social Care Early Help	LBH Early Help service; DWP; HSSWs (Home school support workers)	DWP: HSSWs	#of support effective interventions where debt has been reduced/managed
	3.3 Consider debt bondage: children get drawn in through debt bondage manufactured by those leading the county lines (Training)	Training for professionals lead by the social care academy in partnership with Catch22/Rescue and Response	Ongoing with quarterly updates	HSCP	Havering Safeguarding Partnership - Training offer	Rescue and Response Team	#training delivered; case studies of impact of debt bondage work
<b>4 Links to breaking the supply chain</b>	4.1 actions to reduce high strength alcohol use and support to street drinkers	licence variation/conditions to reduce high strength sales where street drinking has been identified; CGL led outreach work;	Ongoing with quarterly updates	Havering Community Safety Partnership	Public Protection and CGL	Public Protection	# of reductions

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
5 Collect and share intelligence	5.1 Data- Collect trends regarding all forms of drugs usage- prescribing data, slang terms, location data etc.	Locations of concern MACE and HARM panels; a forum/method for identifying and sharing information on prescribing and wider substance misuse; Health/ Public Health resources; Adult Safeguarding Board; Community Safety Partnership	year two and ongoing BAU	Joint Analytic Group	Children and Adult Safeguarding: social services; police; probation services; relevant charities; CGL (drug and alcohol service) Health and Public Health	Public Health	confidence in data picture of substance misuse in Havering and by whom
	5.2 Define clearly how impact will be measured	Develop the data set for 5.1 above: # arrest; #users of services, # incidents in licenced premises; # alcohol related crime and hospital admissions - overtime; reduction of hotspot street drinking;	year one	Joint Analytic Group	Children and Adult Safeguarding: social services; police; probation services; relevant charities; CGL (drug and alcohol service) Health and Public Health	Public Health	completion of first draft of data set

#### 4 Reducing risk and harm to individuals, families and communities

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
<b>1 Information, advice and staff training</b>	1.1 For the public around a. Exploitation of the vulnerable by drug trade b. Early recognition of addiction c. consequences and how to avoid peer pressure d. Seeking support e. Destigmatisation f. Confidence on social services and Improving the image of social services through training and communication work	Educating the community around acceptance and destigmatisation  Stories from people with lived experience (e.g., very short video clips)  Video clips codesigned with service users, young people and people from communities that do not seek support  Exercising corporate social responsibility  Funding required to implement the above  Utilising existing resources from transitional safeguarding -MyPlace.	Ongoing with quarterly updates	Prevention Group	CDP and LA communications  Schools  Shared resources with the GLA and other boroughs in the ICS  Voluntary care sector  Faith & Religious orgs  ICB	Public Health	minimum 1 video clip per borough to be shared with London, esp. lived experience  Toolkit for young people, schools and social services  Public engagement events informing about substance misuse  Increased number in the treatment for alcohol and drugs  Comms material to improve confidence on social services

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
	<p>1.2 For professionals (D&amp;A services, social services, NHS, Housing, statutory organisations) dealing with substance misuse clients around cultural competence in working with individuals at risk</p> <p>Incorporating into training then audit</p>	Health inequality funding from ICB	March 2024	Prevention Group	PbP, ICB	Public Health	<p>Cultural competence report</p> <p>Numbers in treatment</p> <p>Recovery rate</p> <p>Completion of Alcohol Qs in NHS HC</p>

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
	1.3 Advise employers on awareness and employment of substance misuse and mental health; Clarity around employment law and rehabilitated individuals	<p>Expertise in producing the toolkit Time for engagement Communication material</p> <p>Working with employment team when clients are ready</p> <p>Linking with Beam to use their support and tools.</p> <p>Increasing opportunity for volunteering and training</p>	March 2025	Prevention Group	DWP working with employers: Peabody (HA in Havering) Beam AA LA, schools NHS, Police Chamber of Commerce (BID)	CGL	<p>Employment of individuals treated in substance misuse services</p> <p>Healthy workplace certification or alike</p>
<b>2 Multidisciplinary multiagency support to those at higher risk or those who suffered from harm of drugs and alcohol misuse.</b>	2.1 Early intervention in multidisciplinary support	<p>Police to signpost to CGL</p> <p>Better Living</p> <p>CGL working with partners</p>	March 2024	Joint treatment and recovery group	<p>Local area coordinators (Harold Hill - Connectors)</p> <p>Faith &amp; Religious orgs</p> <p>Street pastors</p> <p>The AA</p>	CGL	<p>Engagement in treatment</p> <p>School exclusion and suspension that are drug and alcohol related</p>

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
	2.3 Family group and family support pathway	CDP Working group on family support with GPs, CAMHS, social services, NELFT therapists, VAWG	March 2025	Joint treatment and recovery group	Havering CDP (subgroup), PbP, Safeguarding Adults and Children	CGL	Children in need with drug as a factor  Reduction in safeguarding case reviews related to parental substance (D&A) misuse
	2.4 Substance misuse and mental health outreach to high risk communities	CDP Working group on family support with GPs, CAMHS, social services, NELFT therapists, VAWG	March 2025	Joint treatment and recovery group	CGL, NELFT	CGL	Reduction in safeguarding case reviews related to wrong door policy
	2.5 Cross-regional cooperation for housing settlement where there is supportive family roots	Changing perception of the community	March 2025	Joint treatment and recovery group	Housing demand CGL ESOL classes Community groups	Housing	Number of successful settlements where accommodation has been sustained for minimum 2 years.
<b>3 Needle exchange, supervised consumption</b>	Prevention and management of Blood Borne Viruses	TBC	Ongoing with quarterly updates	Joint treatment and recovery group	CGL, LPC	CGL	Maintenance of micro elimination status

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
<b>4 Research, audit and surveillance</b>	<b>Joint research, audit and surveillance system</b>	TBC		Joint Analytic Group	CDP	Public Health	Surveillance reports, Participation in national/ regional studies
<b>5 Awareness and training around neurodiversity</b>	5.1 To understand more about neurodiversity and personality disorders and the interlink with substance misuse; Agencies ensure staff attend	Expertise and participation from NELFT, Social services, CGL and GPs  Training (coordinated by CGL and NELFT)	March 2025	Joint treatment and recovery group	NELFT  CEPN  CLDT (Community Learning Disability Team)  Havering adult and children services and LBH comms co-designing with individuals with lived experience	CGL	Number of practitioners/ professionals trained across disciplines
<b>6 Reduction risk and harm to communities</b>	6.1 Inspection of products in vape shops	Trading standards conducting visits	December 2024	Community Safety Partnership	Trading standards	Trading standards	Reduction in complaints around vapes

identified Need / Priority	Action	Resources	Timescale	Strategic Delivery & Planning Group	Key Organisations	Lead Organisation & Named Officer	Metric
	<i>What we will do to improve our local system and meet national and local priorities</i>	<i>What we need to be able to achieve it</i>	<i>When will this be completed?</i>			<i>Who will lead and report on this?</i>	<i>How will we measure success?</i>
	6.2 Refine harm and risk reduction activities (e.g. drink driving course) with feedback from individuals and families with lived experience	More a comment, such course already exist why co design another one, rise mutual for example already deliver what was an accredited programme; not commissioned locally	March 2025	Community Safety Partnership	CDP	Community Safety Partnership	suggestion made to involve service user feedback
	6.3 The risk of alcohol and substance misuse on health are reduced in designing Local Plan	TBC	March 2026	Prevention Group	Planning and Regen Public Protection	Planning	Local Plan identifying evidence to support locational policies with scope and specification on retail density of alcohol outlets. With joint work with licensing of such outlets.



## CABINET

### Subject Heading:

Borough of Culture

### Cabinet Member:

Councillor Gillian Ford

### SLT Lead:

Barbara Nicholls, Strategic Director  
People

### Report Author and contact details:

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Tel: 01708 433866

### Policy context:

People – Things that matter for residents

### Financial summary:

The work of a newly formed Council controlled company, will be funded by grants and sponsorship if successful with the Borough of Culture application. Any Council funding contributions have already been identified from existing budgets that will be re-aligned with Borough of Culture objectives within individual service areas.

### Is this a Key Decision?

Indicate grounds for decision being Key:

(a) Expenditure or saving (including anticipated income) of £500,000 or more

(b) Significant effect on two or more Wards

### When should this matter be reviewed?

December 2024

### Reviewing OSC:

Overview and Scrutiny Board

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

People - Things that matter for residents X

Place - A great place to live, work and enjoy X

Resources - A well run Council that delivers for People and Place.

## **SUMMARY**

- 1.1 An application for the London Borough of Havering (the “Borough”) to become the London Borough of Culture (“LBOC”) in either 2025/26 or 2027/28 and for a Cultural Impact Award for 2026/27 was submitted to the Greater London Authority (“GLA”) at the end of November 2023.
- 1.2 The announcement of the successful boroughs for the LBOC title awards and the cultural impact awards were made on 11 March 2024. (A verbal update will be given at the Cabinet meeting as to the outcome and whether Havering has been successful.)
- 1.3 The application included a proposal to establish a new cultural and place making organisation that will support the Council to deliver the LBOC programme and realise future opportunities, irrespective of the outcome of the application (the “Company”).
- 1.4 This report seeks authority to establish the Company as a Council controlled company limited by guarantee initially, with a longer term ambition to evolve into charitable status which would be subject to an options appraisal and relevant decisions.

## **RECOMMENDATIONS**

Cabinet is requested to make the following recommendations:

1. Agree to the incorporation of a company limited by guarantee wholly owned by the Council for the purpose of delivering the London Borough of Culture year (if awarded) and / or realising and delivering other cultural and place making opportunities;
2. Delegate to the Strategic Director People in consultation with the Deputy Director of Legal Services to take all steps necessary to incorporate the Company;
3. Delegate to the Strategic Director People in consultation with the Leader the authority to make the appointments to the board of directors of the Company.
4. Authorise the Strategic Director of Resources to allocate all necessary external funding received for the purposes of Borough of Culture to the Company, to enable delivery of the Borough of Culture programme by way of commissioned contract.

<b>REPORT DETAIL</b>
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**Background**

- 2.1 On 23 November 2023, Cllr Ray Morgon, the Leader of the Council, authorised officers (amongst other things) to submit an application for the Borough to become the LBOC in 2025 / 26. The executive decision is included as a background paper.
- 2.2 The LBOC application included the proposal to establish the Company.
- 2.3 Should the Council be successful with its application to be LBOC in 2025/26 there will be a need to move very quickly to be ready to deliver the year-long programme from April 2025. To assist with this, the Company is considered to be the best option to take on the lead role for delivery of the LBOC, for the reasons set out in this report.
- 2.4 The Company will need to be ready to activate the bid and contract with many of the freelancers and companies that will be engaged to deliver the year of LBOC. The main advantages to establishing the Company are that decision will be more agile and the Company may be able to seek out further contracting and / or funding opportunities.
- 2.5 The longer term ambition for the Company is to apply for charitable status to enable additional benefits to be derived, such as applying for external funding that the Council cannot access. Due to the time needed to set up a charitable organisation, and the need for 'hitting the ground running' following the announcement of the LBOC awards, it is proposed the company limited by guarantee is the first and quickest step.
- 2.6 It is envisaged that the Company could also continue following the year of LBOC to continue its wider role as a cultural and place making organisation.
- 2.7 The Company will be supported by the Council support services, such as finance, HR and legal.
- 2.8 The Company will procure the services of relevant professionals, such as independent Artistic and Executive Directors, alongside expert producers responsible for LBOC projects.
- 2.9 Should the application to be LBOC be unsuccessful, there would still be merit in setting up the Company. During the application process, there have been positive conversations with external funders who have expressed a desire to reverse the Borough's lower investment through external funding per head compared to other

London Boroughs. A business case would need to be developed to demonstrate the benefits or otherwise of this approach.

## **REASONS AND OPTIONS**

### **Reasons for the decision:**

- 3.1 At the time of writing this report the announcement has not been made as to whether the Borough has been successful with its application to be LBOC. The announcement will be made on Monday 11<sup>th</sup> March 2024, with a verbal update given at the Cabinet meeting of the outcome.
- 3.2 Should the Borough be successful with its application to be LBOC in 2025/26, preparations will need to commence almost immediately. A large and complex programme of thirty different projects will involve significant planning, organisation, procurement, delivery, marketing, evaluation if it is to be successful. With the spotlight on the Borough during a year of being LBOC, it is imperative to start this process immediately after the announcement of the winning boroughs. A timeline of activity between award and delivery is attached as Appendix A.
- 3.3 The benefits of using a company limited by guarantee include the ability to progress and react quicker than embedding the delivery of LBOC within the Council. The application to be LBOC has been a consortium based approach, with representation from the public, private, voluntary and charitable sectors, with a whole borough approach. The Company would be a way to demonstrate ownership and control for the partnership going forward, with appropriate representatives invited on to the Board of the new company.

### **Other options considered:**

- 4.1 Do nothing – this is not an option as if awarded LBOC there will be a need, to realise the significant inward investment opportunities, to mobilise very quickly to prepare to deliver 30 individual projects during the year of being LBOC. This has been discounted.
- 4.2 Do not accept the award of LBOC or a Cultural Impact Award. A previous Executive Decision was taken to apply to be LBOC. By not accepting the award, the borough will see significant inward investment of over £4m going elsewhere to another London Borough. This has been discounted.
- 4.3 Deliver LBOC from within the Council utilising existing resources. Should Havering be successful with being awarded the title award, there is not

sufficient resource within the Council to deliver a year-long programme. Additionally, having to follow the Council's processes, particularly around procurement, will delay the appointment of key personnel, artists, equipment and other associated requirements to deliver LBOC. This has been discounted.

4.4A new Committee of the Council could be established with the sole purpose of overseeing the work required to deliver LBOC. Members, officers and external partners could be co-opted on to the Committee. This is considered to be an option that is not as clear cut as setting up a new company. Therefore this option has been discounted.

4.5 Establish a charitable organisation for the delivery of LBOC. Whilst this is the longer term aim, the establishment of such an organisation is considered to take too much time. Given the need to progress the preparation for delivery of LBOC, the delays caused would severely impact the delivery of LBOC and being ready to deliver 'on time'.

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

The funding required to establish, support and operate a new company would be contained within the total sums of grants received. As identified within the application submitted to LBOC, it is estimated that the total budget for LBOC will be in the region of £4.6m. This includes the match funding required to be contributed from the Council that has already been identified, by cost centre, from existing budgets that will be realigned to delivering service and LBOC objectives.

Any secondments from the Council to the Board of a new company are not expected to be full time positions and are considered to be able to be contained with existing posts. Any changes or additions to job profiles will need to be evaluated, with any increase in grade to be met from the funding received from the grants awarded to be LBOC.

The grant monies received will have accompanying conditions to which the new company would have to adhere. The council will ensure the company follows best value processes via its articles of association.

Should the bid to be LBOC be unsuccessful progression of a company or new charitable organisation would only be on the basis of an approved business case. A charitable organisation would be able to apply for grants/funding which are not accessible by the Council.

**Legal implications and risks:**

The recommendations here commence with the step of incorporating a company limited by guarantee, a form of company which officers have considered as appropriate for this service. The power to incorporate the Company and enter into these arrangements is contained in s1 of the Localism Act 2011.

This Company will be a company limited by guarantee. The Council will be the sole member and as such will ensure that certain matters relating to the governance of the Company such as the ability to change its name or compete with other Council businesses will be reserved matters for the Council to make decisions on and not the Board of Directors.

It is intended initially that the Company will be what is known as a Teckal company, that is to say the Council will be able to make a direct award of the commissioning contract to deliver the BOC (where so awarded) on behalf of the Council, without having to go out to tender under the Public Contracts Regulations 2015 as it would otherwise have to do. The exception from competition is in Regulation 12 and provides that the company must be controlled by the Council in a similar way to the way it controls its departments, that more than 80% of its business is undertaken on behalf of the Council and that there is no private participation in the Company.

Once the Company has been set up there may be council staff seconded to manage the functions at the company as part of their council role. These staff will remain the employees of the Council.

**Human Resources implications and risks:**

Should Havering be successful with being awarded LBOC status and the establishment of Havering London is agreed, external appointments will need to be made to the new organisation.

All externally appointed posts would be for a fixed term period required to deliver LBOC and funded through the external grants awarded for this purpose, unless there is a clear business case in some circumstances to exceed an appointment beyond this period. The posts would be created and recruited to in accordance with the new companies HR policies and procedures.

The Council's officer support required, either to provide support services such as Human Resources, Finance, Legal, will need to be factored in during the implementation period once the announcement has been made on the winning boroughs. Consideration will need to be given to existing officer job profiles, grading and whether any updates to these are required to carry out the functions associated with being LBOC. All such matters will be managed in accordance with the Council's HR policies and procedures.

A new post, LBOC Transformation and Legacy Manager will be embedded within the Council, funded through the grant monies that come with the title award.

**Equalities implications and risks:**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

In all situations, urgent or not, the Council will seek to ensure equality, inclusion, and dignity for all.

Should Havering be successful with the bid to be Borough of Culture or receive a Cultural Impact Award, one of the guiding principles of delivery is equality, diversity, inclusivity and access. This principle will be applied to delivery of the programme.

The establishment of the Company would adopt all of the above in its setting up and operation.

**Health and Wellbeing implications and Risks**

There are no health and wellbeing implications or risks associated with the setting up of a Council controlled company limited by guarantee.

However, if Havering is awarded the title award as Borough of Culture or a Cultural Impact Award, there are many positive health and wellbeing implications. Participation, whether as a direct participant in the activity, a volunteer or as a spectator can bring mental and physical health and wellbeing.

As part of the proposed programme of activity there is a desire to provide education, training and development opportunities for cultural activity to positively impact people to progress their careers within the borough – talent retention.

Activities during a year as Borough of Culture will provide access either physically or digitally through hyper-local activity so everyone has access to culture activity within 15 minutes of their home or business. This will include encouraging access to outdoor spaces within the borough.

A key part of the application is to grow the cultural ecology in Havering through developing spaces for creative industries to thrive. This would provide a big benefit to the local economy. Boroughs that have already been Borough of Culture have seen over £4m investment into the local economy by being Borough of Culture. The same impact is expected if Havering is successful with the application.

The delivery of Borough of Culture or a Cultural Impact Award will require a period of rapid management and planning to ensure everything is ready to deliver especially if the award is for 2025/26. Having a Council controlled company to deliver this will ensure the health and wellbeing benefits are achieved.

#### **ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

There are no implications or risks associated with establishing a Council controlled company limited by guarantee.

However, if Havering is awarded the title award as Borough of Culture or a Cultural Impact Award, the team will acknowledge best practice regarding climate change and environmental needs in line with the Havering Climate Change Action Plan.

There is a desire to embed environmental themes into the proposed programme of activity to help build environmental knowledge, awareness and inspire behavioural change amongst Havering's residents.

The team will consider the environmental impact of materials, sourcing, construction and transportation associated with the proposed programme of activity. The total amount of waste produced will follow the principles of the waste hierarchy: prevention, reuse, recycling, and energy recovery, with disposal as a last resort.

All event organisers will be signposted to a free set of carbon calculators developed by Julie's Bicycle (<https://juliesbicycle.com/our-work/creative-green/creative-climate-tools/>), for the creative industries to understand the environmental impacts of events, tours and productions. They allow users to track a range of different impact areas including energy use, water consumption, waste, travel, freight and materials.

Delivery of the Borough of Culture or a Cultural Impact Award complements the Council's establishment of a Low Energy Demonstration Centre to encourage residents to take direct action to combat climate change. The venue could also be used for some of the events given that it is located in the Council's flagship park.

**BACKGROUND PAPERS**

1. Notice of KEY Executive Decision containing exempt information - Application to be London Borough of Culture.

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# **DEVELOPMENT YEAR TIMELINE**

## **- HAVERING 2025 -**

# DEVELOPMENT YEAR TIMELINE - HAVERING 2025

## MARCH 2024

- Havering Together Event 11 March to share next steps with community.
- Final ratification of Havering London company by LBH cabinet.
- Submit Havering London company registration.
- Final Application Board Meeting.
- Issue contracts for Artistic and Executive Directors.
- Attend and report to core partners: Havering Changing, Creative Health Havering, Local Cultural Education Partnership, Communicating Havering.
- Confirm Havering London Insurance.

## APRIL 2024

- Artistic and Executive Directors start on fractional contracts 0.5.
- Recruit to Oversight Board and Creative Steering Group.
- Brand brief and develop Phase 2 of website (community information)
- Formal pre application with major funders, trusts and foundations.
- Complete tender exercise and appointment for National Press and PR
- Tender evaluation process.
- Develop artist commissioning Phase 1.
- Meetings for continued learning from previous title holders.

## MAY 2024

Applications to major funders, trusts and foundations.

## PHASE ONE:

Establishing  
Contracting  
Fundraising

# DEVELOPMENT YEAR TIMELINE - HAVERING 2025

## JUNE 2024

- Applications to other public subsidy funders and trusts and foundations.
- Launch phase 2 website (How to be involved). With brand refresh.
- Cultural Capital call out begins.
- Evaluation meeting with Centre for Cultural Value and Evaluation Partner. Confirm impact aims and measures.
- Continuation of bi-monthly Havering Together meetings.
- Recruit Phase 1: Transformation and Legacy Manager, Heritage Producer, General Manager and Marketing Manager.
- Brand activation at existing Havering events.

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## JULY 2024

- Commence contributed income fundraising, e.g sponsorship.
- Commission Liberty artists for development work.
- Finalise local authority budget allocations against project proposals.
- Brand activation at existing Havering events.
- Develop artist commission Phase 2.

## AUGUST 2024

- Brand activation at existing Havering events.
- Assess and make Cultural Capital Awards.

## PHASE TWO:

Commissioning  
Recruiting  
Activating

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## DEVELOPMENT YEAR TIMELINE - HAVERING 2025

### SEPTEMBER 2024

- Launch of pre training and development events (green manifesto, access and inclusion)
- Develop artist commission Phase 3.
- Young Pioneers recruitment begins.
- Tender exercise for Local Press and PR.
- Havering Together regular meetings.

### OCTOBER 2024

- Legacy and Transformation Manager starts.
- Heritage Producer and General Manager start.
- Marketing Manager starts.

### NOVEMBER/DECEMBER 2024

- Recruitment Phase two: Community Producer, Public Arts Producer, Environmental Producer, Evaluation Assistant.
- Havering Together bi-monthly meeting.

### JANUARY 2025

- Finalise prelaunch programme.

### FEBRUARY 2025

- Public programme launch.
- Media event and refreshed website with fully completed Phase 3 event listings.

### MARCH 2025

- Prepare to activate all London Borough of Culture activity.

### PHASE THREE:

Commissioning  
Launching  
Delivering



This Report is part exempt and Appendix B & C is not available for public inspection as it contains or relates to exempt information within the meaning of paragraph no 3 of Schedule 12A to the Local Government Act 1972. It is exempt because it refers to commercially exempt information, and the public interest in maintaining the exemption outweighs the public interest in disclosing the information

## CABINET

### Subject Heading:

Award of Contract – the London Collaboration (MSTAR4)

### Cabinet Member:

Ray Morgon, Leader of the Council

### SLT Lead:

Kathy Freeman, Strategic Director, Resources

### Report Author and contact details:

Mark Porter, Head of HR

### Policy context:

N/A

### Financial summary:

Leading this collaboration will generate revenue for the council for four years as detailed in the financial implications

### Is this a Key Decision?

Expenditure or saving (including anticipated income) of £500,000 or more

**When should this matter be reviewed?** July 2027

**Reviewing OSC:** Overview and Scrutiny Board

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

- |   |   |
|---|---|
| People - Things that matter for residents                         | [ <input type="checkbox"/> ]            |
| Place - A great place to live, work and enjoy                     | [ <input type="checkbox"/> ]            |
| Resources - A well run Council that delivers for People and Place | [ <input checked="" type="checkbox"/> ] |

## **SUMMARY**

This report is seeking approval from Cabinet for the award of the London Collaboration (MSTAR4) contract to the preferred bidders following a competitive tendering exercise. This report outlines the procurement procedure and presents details of the stages conducted during the process to identify the preferred bidders.

The contract is due to commence on 1<sup>st</sup> April 2024 for a term of 4 years. The estimated value if all participating boroughs use the contract over the initial period of 4 years is £2bn.

## **RECOMMENDATIONS**

For the reasons stated in this report and its appendices Cabinet is recommended to award the London Collaboration (MSTAR4) Contract to the preferred bidders as set out in Appendix A in the three separate Lots, subject to a voluntary standstill period of 10 working days, for a period of 4 years at a total estimated value of £2bn.

## **REPORT DETAIL**

### **Background**

1. The London Collaboration is a group of London and other local government authorities that worked together on a collaborative basis to procure a managed service provision of temporary workers by utilising the MSTAR3 national framework in conjunction with the Eastern Shires Purchasing Organisation (ESPO).
2. The London Borough of Havering acts as the lead authority in this collaborative procurement. The London Collaboration working party for MSTAR3 consisted of representatives from Barking & Dagenham, Kingston, Sutton, Richmond, Wandsworth, Barnet, Haringey, Newham, Havering and Tower Hamlets.
3. The objective of the London Collaboration customers is to ensure the Contract delivers the strategic and local goals. The London Collaboration's strategic goals are to procure and deliver an MSP contract which delivers:

- Innovation
  - Significant cost savings
  - Enhanced attraction and utilisation of direct Workers
  - Reduced reliance on Agencies
  - Social value
4. This was the third Generation of the London Collaboration contract, with the contract first being procured in 2011 then again in 2015. At the time of going to tender 13 London Boroughs utilised the contract with a combined contract value of £251m per annum.
  5. Since then the number of participating boroughs has increased to 19, and has generated income for Havering (full details in exempt Appendix B) which has been used to fund the ongoing London wide contract management and for future procurement activities.
  6. The MSTAR3 framework expired on 31<sup>st</sup> March 2023.
  7. ESPO let the next iteration of the framework, MSTAR4, which has been available from 11<sup>th</sup> April 2023.
  8. On 3<sup>rd</sup> August 2023, it was agreed via a Key Executive Decision that Havering would lead the collaborative procurement of a new agency worker contract on behalf of Havering and other participating London boroughs using the ESPO MSTAR4 framework.

### **The Procurement process**

9. The Authority conducted this procurement in consultation with the Procurement, legal and finance teams at Havering and in collaboration with the other participating boroughs.
10. All London Boroughs were asked for consent to be named on this procurement. The following boroughs notified their decision to be named:

<b>Authority Name</b>	<b>Date Agreed</b>	<b>Current User</b>
London Borough of Barking and Dagenham	13/08/2023	Yes
London Borough of Barnet	01/08/2023	Yes
London Borough of Bromley	11/08/2023	Yes
London Borough of Camden	19/07/2023	Yes
London Borough of Croydon	04/08/2023	Yes
London Borough of Hackney	11/08/2023	Yes
London Borough of Haringey	09/08/2023	Yes
London Borough of Havering	19/07/2023	Yes
London Borough of Hounslow	09/08/2023	Yes
London Borough of Lewisham	19/07/2023	Yes
London Borough of Newham	19/07/2023	Yes
London Borough of Redbridge	28/08/2023	Yes
London Borough of Richmond	25/07/2023	Yes
London Borough of Sutton	18/07/2023	Yes
London Borough of Tower Hamlets	18/07/2023	Yes
London Borough of Waltham Forest	14/08/2023	Yes
Royal Borough of Kingston Upon Thames	18/07/2023	Yes
The London Borough of Hillingdon	14/08/2023	Yes
Wandsworth Borough Council	25/07/2023	Yes
City of London Corporation	15/12/2023	No

<b>Authority Name</b>	<b>Date Agreed</b>	<b>Current User</b>
Enfield Council	18/07/2023	No
London Borough of Bexley	01/08/2023	No
London Borough of Ealing	24/08/2023	No
London Borough of Hammersmith & Fulham	19/10/2023	No
London Borough of Harrow	17/10/2023	No
London Borough of Islington	15/10/2023	No
London Borough of Lambeth	10/10/2023	No
London Borough of Southwark	04/08/2023	No
Westminster City Council	04/08/2023	No

11. The following stages took place as part of the procurement process:

- Setting up of London Collaboration working parties consisting of officers from participating London Boroughs;
- Market Engagement including dialogue sessions for potential Bidders to ensure feedback from the previous procurement exercise was taken on board and that Bidders understood the process;
- Feedback from working groups and bidders fed into the specification and pricing documentation; and
- Invitation to Tender issued on 1<sup>st</sup> November 2023 with a closing date of 5<sup>th</sup> January 2024 for three separate Lots:

- Lot 1A Neutral Vendor –  
A Neutral Vendor will manage a supply chain of Agencies on behalf of the Customer and fulfil assignments
- Lot 1B Master Vendor -  
A Master Vendor will look to directly fill Assignments from their own pool of Workers
- Lot 4 Project Delivery -  
providing a single point of contact for clients with no affiliation or interest in any one supplier to provide consultant services

12. The council received bids in the three Lots from 7 suppliers as detailed in Appendix A:

- Lot 1A Neutral Vendor  
Adecco UK&I  
Comensura Ltd  
Matrix SCM Ltd  
Reed Talent Solutions Ltd
- Lot 1B Master Vendor  
Adecco UK&I  
Hays PLC  
Randstad Ltd  
Reed Talent Solutions Ltd
- Lot 4 Project Delivery  
Adecco UK&I  
Comensura Ltd  
Constellia Ltd

Matrix SCM Ltd

Reed Talent Solutions Ltd

13. Evaluation of the submissions from Bidders was undertaken by officers from participating councils. Members of the Evaluation Panel were appointed based on their expertise, experience and competence.
14. Members of the Evaluation Panel completed Conflict of Interest forms prior to the process which were submitted to the procurement team. Panel members individually scored the bidder's submissions and submitted their completed scoring prior to the start of the moderation.
15. Moderation was undertaken by the London Borough of Havering and ESPO where the scoring of the Evaluation Panel was discussed and consensus reached on each of the criteria for each bidder.
16. Any Bidder that received a score of 2 or less for quality following moderation of the quality score was automatically removed from the process reflecting the Collaboration's commitment to only appoint quality providers as set out in the Invitation to Tender.

### **Evaluation Criteria**

17. The evaluation criteria were set out on a 40:60% split between price and quality (the quality element included 10% for social value, i.e. a split of 40% price, 50% quality and 10% social value) as requested by the participating London Boroughs to ensure that the Collaboration's commitment to enhancing the social mobility of residents furthest from the labour market is achieved and to ensure the robustness of the suppliers in the core contract to deliver key services to participating London boroughs.
18. This deviation from Havering's usual 70:30 price quality split was agreed by way of a non Key Executive Decision on 26<sup>th</sup> October 2023.
19. See Appendix C for Scoring of Tenders.

### **Contract Award & Mobilisation**

20. The details of the preferred bidders for each of the three lots are contained within Appendix A.
21. Following the end of the voluntary standstill period of 10 working days, the council will write to each of the preferred bidders to inform them of their successful bid.

22. Each participating London Collaboration customer can include the London Collaboration contract as part of their options appraisal for their new contracts which will be agreed through their own internal governance processes.
23. Once approved by each participating council's governance process, they will then enter into their own call off contract under the London Collaboration.

### **Contract Management**

24. The contract will be managed by Havering through quarterly strategic meetings with suppliers and participating boroughs contract managers in addition to local contract review meetings undertaken by participating London boroughs.
25. The meetings will be supported by a suite of reports showing performance against agreed Key Performance Indicators ("KPI's").
26. The social value element of the contract will be monitored at a local level and at a wider collaboration level at the quarterly performance review meetings.

<b>REASONS AND OPTIONS</b>
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### **Reasons for the decision:**

27. That in light of the process followed and the consensus reached during evaluation and subsequent e-auction, the preferred bidder's Final Tender submission for each of the three Lots represents:
  - a. the Most Economically Advantageous Tender;
  - b. that the preferred bidder's Final Tender submissions for each of the Lots are capable of meeting the London Collaboration's needs and requirements from a qualitative perspective;
  - c. that the preferred bidder's Final Tender submissions for each of the Lots are capable of meeting the London Collaboration's needs and requirements from a financial perspective;
  - d. that the preferred bidder's Final Tender submissions for each of the Lots are capable of meeting the London Collaboration's needs and requirements from a social value perspective; and

- e. that the preferred bidder's Final Tender submissions for each of the Lots are capable of meeting the London Collaboration's needs and requirements from a legal and commercial perspective.

**Other options considered:**

- 28. Another council in London takes the lead on this piece of work but this was rejected as it would result in the council losing revenue. The use of different frameworks was considered, but ESPO's MSTAR4 Framework is the only one that meets the collaboration's needs to award a Neutral Vendor supplier under Lot 1a, a Master Vendor Supplier under Lot 1b and a Project Delivery supplier under Lot 4.

<b>IMPLICATIONS AND RISKS</b>
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**Financial implications and risks:**

- 29. The estimated value of this contract across all participating councils for the 4 year term is estimated at £2bn. The contract is a call off contract and so the final amount spend will depend on usage. Factors which will impact on the final amount of spend include number of agency workers employed, rates paid to agency workers and number of councils participating in the contract. The estimated value is based on spend to date under the existing MSTAR3 contract which is currently averaging at approximately £400m per year.
- 30. The figures cited include both payment to agency workers and agency management fees. Temporary worker pay and employment costs account for 96% of the total contract value.
- 31. The amount in rebate income received as a result of Havering acting as the lead authority in this collaborative procurement are estimated in exempt Appendix B. The exact amount received will be determined by the total agency and consultancy spend incurred by the participating councils.
- 32. The overall cost of this contract compared to the previous MSTAR3 contract is less however this will vary from borough to borough depending on the makeup of usage by job category.

**Legal implications and risks:**

33. This report seeks approval to award a contract following procurement on behalf of Havering and other participating London boroughs to the preferred bidders listed at paragraph 12 of this report for a period of 4 years
34. The Council has a general power of competence under Section 1 of the Localism Act 2011, which gives it the power to act as an individual would, subject to other statutory provisions limiting or restricting its use of such power. The recommendations in this report are compatible with the above statutory powers.
35. The total value of the contract exceeds the threshold for services under the Public Contract Regulations 2015 ("2015 Regulations"). Therefore, the 2015 Regulations apply in full.
36. The ESPO Framework appears to be compliant with the Public Contracts Regulations 2015. The Framework Agreement (Contract Award Notice 2023/S 000-012351) commenced on 11th April 2023. Participating authorities have until 10th April 2027 to utilise this Framework.
37. The Framework affords participating authorities the option of undertaking further competition to procure a managed service for temporary agency resources. As set out in the body of this report, Officers sought tenders from all of the suppliers that were able to meet the Council's requirements.
38. The Invitation to Tender was issued with a draft contract that each participating borough will enter into should they choose to use the London Collaboration contract and any contract will be entered into on those terms, subject to confirmation and finalisation of the contract with the preferred bidder.
39. The Council shall have the option but no obligation to appoint temporary workers under this contract. Therefore, there is no guaranteed value or volume of work under this contract.

**Human Resources implications and risks:**

40. These are addressed throughout the report.

**Equalities implications and risks:**

41. Under section 149 of the Equality Act 2010, the Council has a duty when exercising its functions to have "due regard" to:

- the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- the need to advance equality of opportunity between persons who share protected characteristics and those who do not; and
- the need to foster good relations between those who have protected characteristics and those who do not.

The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

42. A full Equality Impact Assessment has been undertaken in conjunction with the READI team.
43. The principal outcome of this assessment was that by focusing on employment within boroughs this will naturally impact on the borough's target to reflect the characteristic make up of its workforce to reflect the diversity of its local community in a positive way in each of the protected characteristics and improve social mobility through increased focus on social value initiatives.

#### **Health and Wellbeing implications and Risks**

44. It is too early to assess impact from a health perspective. The initiatives delivered will have a long term positive effect on physical and mental health through improved social mobility.

#### **ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

45. Not applicable.

<b>BACKGROUND PAPERS</b>
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46. None.

**APPENDICES**

Appendix A            Names of successful bidders

**EXEMPT PAPERS**

Appendix B            Financial projections of income (EXEMPT)

Appendix C            Scoring of Tenders (EXEMPT)

**APPENDIX A**

**NAMES OF SUCCESSFUL BIDDERS**

**Lot 1a          Neutral Vendor**

Matrix SCM Ltd (Registered Company No. 02227962)

**Lot 1b          Master Vendor**

Adecco UK Limited (Registered Company No. 00593232)

**Lot 4          Project Delivery**

Constellia Ltd (Registered Company No. 06401989)

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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## CABINET

### Subject Heading:

Approval to implement a new Transport policy for Adults which sets out the Council's approach to the provision of travel assistance for Care Act 2014 eligible adult service users - ensuring an equitable needs-based system is in place across Adult Social Care.

### Cabinet Member:

Councillor Gillian Ford, Cabinet Member for Health and Adult Care Services

### SLT Lead:

Barbara Nicholls, Strategic Director of People

### Report Author and contact details:

Laura Wheatley  
Email: [Laura.wheatley@havering.gov.uk](mailto:Laura.wheatley@havering.gov.uk)  
Telephone: 01708 434019

### Policy context:

The Adult Social Care and Support Planning Policy states that Havering's vision is:  
"Supporting excellent outcomes for the people of Havering by helping communities to help themselves and targeting resources and interventions to encourage independence".

### Financial summary:

There are no financial implications of this change. The policy is to support social workers when assessing transport needs.

### Is this a Key Decision?

Significant effect on two or more Wards

### When should this matter be reviewed?

14/03/2025

### Reviewing OSC:

People

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

People - Things that matter for residents

X

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place.

## **SUMMARY**

To approve the implementation of a New Transport policy which sets out the Council's approach to the provision of travel assistance for Care Act 2014 eligible adult service users - ensuring an equitable needs-based system is in place across Adult Social Care.

The New Transport policy sets out the Council's approach to the provision of travel assistance for Care Act 2014 eligible adult service users, ensuring an equitable needs-based system is in place across Adult Social Care.

It also outlines the criteria, that assessors should use to determine whether a service user should be provided with travel assistance, as part of their Care and Support Plan and seeks to ensure all suitable alternatives have been explored and exhausted.

## **RECOMMENDATIONS**

To approve the Transport Policy attached at Appendix A.

## **REPORT DETAIL**

### **1.0 Purpose**

The Care Act (2014) provides a legislative framework as to how Adult Social Care assessments must be conducted and eligibility- determined. Travel assistance is considered as part of this broader assessment of a person's needs, outcomes and wellbeing.

The Act advises that 'Local Authorities should consider the adult's ability to get around in the community safely and consider their ability to use such facilities as public transport, shops or recreational facilities when considering the impact on their wellbeing. Local Authorities do not have responsibility for the provision of NHS services such as patient transport, however they should consider needs for support when the adult is attending healthcare appointments'.

### **2.0 Policy summary**

This Policy sets out the Council's approach to the provision of travel assistance for Care Act eligible service users, ensuring an equitable needs-based system is in place across Adult Social Care.

### **3.0 Scope**

This Policy sets out criteria, which assessors should use to determine whether a service user should be provided with travel assistance, as part of a Care and Support Plan, and seeks to ensure all suitable alternatives have been explored and exhausted.

### **4.0 Timescales**

The policy is applicable for the foreseeable future and will be reviewed annually.

## **5.0 Aims, objectives and outcomes**

The decision to provide travel assistance, and the type of travel assistance provided, will be dependent on the needs and circumstances of the service user, as identified in their assessment. If an eligible transport need is identified the most appropriate travel method will be determined once all options have been fully explored and evidenced.

The assessment will focus on the service user's 'assets and strengths' - identifying their ability or potential ability to travel independently. The assessment should promote a culture of risk enablement, taking into account that for some service users to develop and learn new skills could take longer and require support. The focus of the Care and Support Plan will ensure skills in this area are maximised, a focus on achieving outcomes is maintained and independence attained wherever possible.

Service users who can travel to community, social or recreational activities, either independently or with support from family, friends, community partners or support providers (including volunteers) will usually be expected to do so. The Council will facilitate the signposting towards appropriate travel assistance options and/or travel training.

## **6.0 Detail**

### **6.1 Transport and the Duty to Assess**

- 6.1.1 The council has a duty to assess social care needs and a duty to meet eligible needs. If one of our service users has been assessed as needing social inclusion or a need to take part in social/leisure activities within the community, then we are under a duty to consider how they are going to get to and from the centre/service.
- 6.1.2 Transport is not in itself an eligible social care need but is a means of accessing other services or support. The overriding principle is that the decision to provide transport is based on a person's individual circumstances including needs, risks, outcomes and promoting independence.
- 6.1.3 Adult Social Care will only fund transport for people to enable them to attend an activity or community based services which is meeting an assessed social care need. Although a person may attend a specific community service or activity to meet their assessed needs, they will not be automatically eligible for transport to and from the service/activity. In exceptional circumstances transport may be considered for respite services that have been provided as part of a needs assessment.
- 6.1.4 The council has a duty to assess the needs of any service user for whom the authority may provide or arrange the provision of community care services and who may be in need of such services. They have a further duty to decide, having regard to the results of the assessment, what, if any, services they should provide to meet the individual's needs. A value for money approach will be taken and we will only fund what is a reasonable cost for transport.
- 6.1.5 Adult Social Care (ASC) has a duty to support someone to get to a service if:
  - The person using the service meets the eligibility criteria for ASC;

- Use of that service is assessed as necessary - it meets an assessed need;
  - The person cannot get to the service without support from the council.
- 6.1.6 When a need for transport is identified as an eligible need then the council are under a duty to ensure it is provided. It is not a discretionary service. If, following assessment, the council consider there is not an eligible need then it will explain in clear and logical/lawful terms why it has arrived at this decision.
- 6.1.7 The need for and purpose of transport must also be reflected clearly in the support plan setting out why the service user will be unable to access the service without it. On this basis transport is necessary to meet the outcomes outlined in the service users support plan. This would not be the case if the place a service user wanted to go was not necessary to meet the outcomes outlined in the support plan or if he/she could get there without help from the council or, if the he/she decides to attend a setting that is not the nearest available/out of borough.
- 6.1.8 Every service user's situation will be different but when assessing whether someone requires help from ASC with transport the council will consider the following:
- What support is needed to travel and can that be provided by natural supports?
  - Can the person learn to travel independently?
  - What are the relative risks of different options?

## **6.2 Eligibility Criteria**

- 6.2.1 Travel assistance may be provided in situations where:
- the service user is travelling to a destination which is deemed to be essential in the context of their assessed Care Act eligible needs.
  - the service user is unable to travel safely to, and from, their destination, with or without mobility aids, either independently or with support from their Carer, family member(s), friend(s), Support Worker or volunteer.
  - the service user cannot use public transport, Concessionary Travel options, or similar either independently or with support.
  - there are specific Health and Safety reasons which means travel assistance may be necessary to safeguard the service user and / or others.
  - the service user is unable to attend their nearest community, social or recreational facilities because there is no space available or their cultural specific need cannot be met, and all other options have been explored and exhausted. This may be on a temporary basis until an appropriate place is found nearer to home.
- 6.2.1 Travel Assistance will not usually be provided in situations where:
- the service user is assessed as being able to travel safely to and from their destination, with or without mobility aids, either

independently or with support from their Carer, family member(s), friend(s), Support Worker or volunteer.

- the service user can use public transport, Concessionary Travel options, or similar either independently, or with support. Service users who qualify for Concessionary Travel will be expected to apply for and use this to meet their needs. The constraints of Concessionary Travel (i.e. no free travel before 09:30) will be taken into account during the assessment.
- the service user receives the higher rate mobility element of Disability Living Allowance or Personal Independence Payment. In this case, the service user will be required to fully utilise the benefit to access travel assistance.
- the service user has access to a private car, including a car leased through the Motability scheme. In this case, unless exceptional circumstances apply, the service user will be required to travel independently using that vehicle. If the service user uses their own vehicle or Motability car, no petrol costs or other expenses will be considered for funding by the Council.
- the service user requires support to travel to, and from, work. In this case, service users will be expected to apply for support from Access to Work in the first instance.
- the service user chooses to attend community, social or recreational facilities which are not the nearest available resource to meet their assessed need. In this case, the service user will be expected to travel independently or meet the cost of travel assistance.

This list is not exhaustive, and dependent on a holistic assessment of the service user's circumstances.

### **6.3 Escorts**

6.3.1 Eligibility for travel assistance does not automatically mean the service user will have a need to be accompanied on their journey by an escort. This must be considered as part of the assessment and take into account the following factors:

- availability of the service user's Carer, family member or friends.
- the proposed method of transport (for instance, a service user travelling by bus will need a higher level of communication, understanding and mobility than a service user travelling 'door to door' in a taxi).
- mobility (e.g. a service user's ability to walk and transfer in and out of the proposed method of transport / building where the activity is taking place; risk of falls, risk of self-harm, etc.).
- communication difficulties.
- psychological factors (e.g. mental health, dementia, lack of confidence, agoraphobia, etc.).
- challenging behaviours whilst travelling.
- vulnerability, including impact of past experiences and risk of harassment.
- consideration of degenerative conditions.
- Mental Capacity.
- any other factors that may affect personal safety.

If the ability to travel would be made possible by an accompanying companion, assistance will be provided in applying for Attendance Allowance or Personal Independent Payment to pay for this.

#### **6.4 Travel Assistance Options**

- 6.4.1 *Access to Work* - Access to Work helps people to get or stay in work if they have a physical or mental health condition or disability. The support provided will depend on the person's needs. For more information, visit [www.gov.uk/access-to-work](http://www.gov.uk/access-to-work).
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- 6.4.3 *60+ London Oyster Photocard* – Transport for London manage these Oyster Photo cards. If you're 60 or over and live in a London borough, you can get free travel on our transport services. To apply for a 60+ Oyster Photocard visit <https://tfl.gov.uk/fares/free-and-discounted-travel/60-plus-oyster-photocard>.
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## **6.5 Assessment Process**

- 6.5.1 There are 4 stages in the process for assessment of eligibility for the provision of assistance with transport and the identification of appropriate transport as follows:
- Access to existing transport;
  - Assessment of mobility;
  - Assessment of ability to travel independently;
  - Identification of appropriate transport provision for those eligible.
- 6.5.2 Stage 1: Access to existing transport service users will not normally be eligible for transport if:
- They have a mobility vehicle which they drive themselves. In this instance there will be consideration of whether it is reasonable to expect that the service user will use that vehicle in order to travel to the location of the care service/activity.
  - They have a mobility vehicle of which they are not normally the driver themselves. Similarly, there will be consideration of whether it is reasonable to expect that the service user will use

that vehicle in order to travel to the location of the care service/activity.

- They have a Freedom Pass (and a reasonable public transport route is available), and have been assessed at Stage 3 as capable of independent travel.
- They receive the Mobility component of Disability Living Allowance, and this can adequately meet the cost of travel to meet their assessed social care needs and they have been assessed at Stage 3 as capable of independent travel.

**6.5.3 Stage 2: Assessment of mobility.** An assessment will be made of the service user's mobility. This will involve assessing issues such as:

- Ability to walk outside (including slippery/icy weather conditions).
- Requirement for wheelchair/ other walking aid.
- Ability to get in and out of property.
- Ability to get in and out of vehicle.
- Risk of falling without support.
- Ability to bear weight to transfer
- Whether mobile but at a risk when mobilizing due to uncontrollable movements
- Ability to use stairs, manage gradients, steepness of stairs in home, safety, energy levels.

Service Users will be categorized for this purpose as follows:

- No mobility problems.
- Limited mobility problems
- High/ complex mobility problems.

Some service users may need a weather plan put in place to ensure their safety during harsh or icy weather conditions.

**6.5.4 Stage 3: Assessment of ability to travel independently.** This assessment considers both physical and social reasons that enable or prevent the service user from travelling independently. This will include:

- Extent of the mobility problems identified in Stage 2.
- Availability of family/carers.
- Communication difficulties (for example ability to order taxi or use public transport).
- Psychological factors e.g. mental health, loss of confidence, agoraphobia.
- Experience or risk of harassment.
- Any other factors affecting personal safety.

The assessor will determine whether the service user:

- Is capable of travelling independently.
- Requires some training, support or assistance that will enable them to be capable of travelling independently in the near future.
- Not capable of travelling independently.

Stages 1 to 3 will determine the eligibility of the service user for some form of transport or transport assistance. Assuming the service user is eligible under Stage 1 (access to existing transport) then the eligibility will be determined as follows:

Capable of independent travel	Mobility problems			
		None	Low	High/complex
	Yes	Not eligible Use public transport Walk if more than 1km Use concessionary pass	Not eligible Use public transport Walk if more than 1km Use concessionary pass	Eligible May require door to door service
	Potentially	Eligible Directly-provided transport if no other suitable option	Eligible Directly-provided transport if no other suitable option as last resort	Eligible May require door to door service
	No	Eligible Designated pick-up points near home	Eligible Designated pick-up points near home	Eligible Requires door to door service

- 6.5.5 Stage 4: Identification of appropriate transport. Once eligibility has been assessed following the table above, it will be the duty of Adult Social Care services to make appropriate arrangements for transport. Directly provided transport services - whether internal or external - will be provided only once other alternatives have been considered and ruled out and not as a matter of course.

## **6.6 Review**

- 6.6.1 The criteria detailed above applies at review, and at every stage where a service user's needs are being reassessed.
- 6.6.2 A service user being accustomed to travel assistance is not a criterion for the continuation of such provision where a suitable alternative has been identified. Any review and proposed removal of travel assistance will be discussed and agreed with the service user or their representative. If appropriate, a time-limited transition period will be agreed so that alternative arrangements can be made.
- 6.6.3 Once eligibility has been confirmed, the Council will facilitate appropriate arrangements for travel assistance, ensuring that the need is met in the best- value way.
- 6.6.4 Where service users move from Children's to Adult Social Care services, then their needs will be reassessed by Adult Social Care services in relation to the new services required.

## **6.7 Appeals Procedure**

- 6.7.1 Any service user who is not satisfied with the Council's decision in relation to transport or the service provided, should in the first instance liaise with their allocated Social Care practitioner. Should the service remain dissatisfied, the resident may use the Council's Complaints Procedure.

## **REASONS AND OPTIONS**

### **Reasons for the decision:**

These are set out in the main report.

### **Other options considered:**

*Option 1 - Do nothing, continue with the current approach to assessing transport.*

This option has been rejected because social care teams do not have clear guidance on assessing transport and the other travel assistance options available.

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

The policy is to support social workers when assessing transport need and will not cost anything to implement.

The 2023/2024-year end forecast for Adult Social Care transport is £1,104,502.32.

The implementation of the clear assessment process in this policy should reduce the spend on transport over time.

### **Legal implications and risks:**

The Care Act 2014 requires the Local Authority to carry out assessments of need for potentially eligible individuals (section 9).

Such assessment will need to consider an individual's needs for care and support. The type of eligible needs is set out in legislation (Care Act and The Care and Support (Eligibility Criteria) Regulations 2014) These could include the need for transport to and from an activity.

The assessment of whether transport needs should be met by the Local Authority requires careful consideration of the facts of individual cases. There is a statutory complaints process should an individual consider that their needs have not been properly assessed or that the care and support plan is inadequate to meet their assessed need.

The proposed policy sets out how Social Care staff should assess the need for transport as part of the care and support planning process.

If as a result of this new policy some individuals have services previously provided withdrawn, then this could lead to challenge. The Authority therefore needs to have a careful and sensitive process for dealing with such cases.

Otherwise the policy appears lawful.

### **Human Resources implications and risks:**

There are no Human Resources implications or risks.

**Equalities implications and risks:**

Havering has a diverse community made up of many different groups and individuals. The council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the council, when exercising its functions, to have due regard to:

- I. the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- II. the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- III. Foster good relations between those who have protected characteristics and those who do not.

Note: 'protected characteristics' are: age, gender, race and disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The council demonstrates its commitment to the Equality Act in its decision-making processes, the provision, procurement and commissioning of its services, and employment practices concerning its workforce. In addition, the council is also committed to improving the quality of life and wellbeing of all Havering residents in respect of socio-economics and health determinants.

It is important to the council to ensure that direct payments for social inclusion are relevant to our community's needs.

**Health and Wellbeing implications and Risks:**

The council demonstrates its commitment to the Equality Act in its decision-making processes, the provision, procurement and commissioning of its services, and employment practices concerning its workforce. In addition, the council is also committed to improving the health and well-being of all Havering residents concerning socio-economics and health determinants.

Transport is an essential determinant of health because it is a fundamental enabler of access to services and social activities. Without access to transport, access to other services and social opportunities will be greatly limited. The new policy will include an assessment that promotes a culture of enablement, considering that for some service users to develop and learn new skills could take longer and require support. In addition, a focus on achieving outcomes is maintained, and independence is attained wherever possible. The policy will mitigate social exclusion and enable well-being by removing the barriers to transport, thus positively impacting the health and well-being of those in need who are eligible by the policy.

**Environmental and Climate Change Implications and Risks:**

There are no Environmental and Climate Change implications or risks.

**APPENDICES**

**Appendix A – Transport Policy - Adults**

**BACKGROUND PAPERS**

None

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London Borough Of Havering

# Transport Policy – Adults

2024

Laura Wheatley  
3/13/2024

## Document Control

### Sign off and ownership details

<b>Document Name</b>	Transport Policy - Adults
<b>Version number</b>	1.0
<b>Approved by</b>	Barbara Nicholls, Strategic Director of People
<b>Date Approved</b>	13/03/2024
<b>Date for Review</b>	13/03/2025
<b>Author</b>	Laura Wheatley, Senior Commissioner Ageing Well
<b>Owner</b>	Laura Wheatley, Senior Commissioner Ageing Well
<b>Document Location</b>	<a href="https://onesourceict.sharepoint.com/sites/AdultSocialCare">https://onesourceict.sharepoint.com/sites/AdultSocialCare</a>

### Revision history

<b>Version</b>	<b>Change</b>	<b>Date</b>	<b>Dissemination</b>
<b>V0.1</b>			
<b>V0.2</b>			

## Equality & Health Impact Assessment record

1	Title of activity	Transport Policy - Adults		
2	Type of activity	New policy		
3	Scope of activity	<p>New Transport policy which sets out the Council's approach to the provision of travel assistance for Care Act 2014 eligible service users - ensuring an equitable needs-based system is in place across Adult Social Care.</p> <p>This Policy sets out criteria, which practitioners should use to determine whether a service user should be provided with travel assistance, as part of a Care and Support Plan.</p>		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	If the answer to <u>any</u> of these questions is ' <b>YES</b> ', please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is ' <b>NO</b> ', please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes		
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	<p>If you answered NO: (Please provide a clear and robust explanation on why your activity does not require an EqHIA. This is essential in case the activity is challenged under the Equality Act 2010.)</p> <p>Please keep this checklist for your audit trail.</p>			

Date	Completed by	Review date
13/03/2024	Laura Wheatley	13/03/2025

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## **Introduction**

### **1.0 Purpose**

The Care Act (2014) provides a legislative framework as to how Adult Social Care assessments must be conducted and eligibility- determined. Travel assistance is considered as part of this broader assessment of a person's needs, outcomes and wellbeing.

The Act advises that 'Local Authorities should consider the adult's ability to get around in the community safely and consider their ability to use such facilities as public transport, shops or recreational facilities when considering the impact on their wellbeing. Local Authorities do not have responsibility for the provision of NHS services such as patient transport, however they should consider needs for support when the adult is attending healthcare appointments'.

### **2.0 Policy summary**

This Policy sets out the Council's approach to the provision of travel assistance for Care Act eligible service users, ensuring an equitable needs-based system is in place across Adult Social Care.

### **3.0 Scope**

This Policy sets out criteria, which assessors should use to determine whether a service user should be provided with travel assistance, as part of a Care and Support Plan, and seeks to ensure all suitable alternatives have been explored and exhausted.

### **4.0 Timescales**

The policy is applicable for the foreseeable future and will be reviewed annually.

### **5.0 Aims, objectives and outcomes**

The decision to provide travel assistance, and the type of travel assistance provided, will be dependent on the needs and circumstances of the service user, as identified in their assessment. If an eligible transport need is identified the most appropriate travel method will be determined once all options have been fully explored and evidenced.

The assessment will focus on the service user's 'assets and strengths' - identifying their ability or potential ability to travel independently. The assessment should promote a culture of risk enablement, taking into account that for some service users to develop and learn new skills could take longer and require support. The focus of the Care and Support Plan will ensure skills in this area are maximised, a focus on achieving outcomes is maintained and independence attained wherever possible.

Service users who can travel to community, social or recreational activities, either independently or with support from family, friends, community partners or support providers (including volunteers) will usually be expected to do so. The Council will facilitate the signposting towards appropriate travel assistance options and/or travel training.

## **6.0 Detail**

### **6.1 Transport and the Duty to Assess**

- 6.1.1 The council has a duty to assess social care needs and a duty to meet eligible needs. If one of our service users has been assessed as needing social inclusion or a need to take part in social/leisure activities within the community, then we are under a duty to consider how they are going to get to and from the centre/service.

- 6.1.2 Transport is not in itself an eligible social care need but is a means of accessing other services or support. The overriding principle is that the decision to provide transport is based on a person's individual circumstances including needs, risks, outcomes and promoting independence.
- 6.1.3 Adult Social Care will only fund transport for people to enable them to attend an activity or community based services which is meeting an assessed social care need. Although a person may attend a specific community service or activity to meet their assessed needs, they will not be automatically eligible for transport to and from the service/activity. In exceptional circumstances transport may be considered for respite services that have been provided as part of a needs assessment.
- 6.1.4 The council has a duty to assess the needs of any service user for whom the authority may provide or arrange the provision of community care services and who may be in need of such services. They have a further duty to decide, having regard to the results of the assessment, what, if any, services they should provide to meet the individual's needs. A value for money approach will be taken and we will only fund what is a reasonable cost for transport.
- 6.1.5 Adult Social Care (ASC) has a duty to support someone to get to a service if:
- The person using the service meets the eligibility criteria for ASC;
  - Use of that service is assessed as necessary - it meets an assessed need;
  - The person cannot get to the service without support from the council.
- 6.1.6 When a need for transport is identified as an eligible need then the council are under a duty to ensure it is provided. It is not a discretionary service. If, following assessment, the council consider there is not an eligible need then it will explain in clear and logical/lawful terms why it has arrived at this decision.
- 6.1.7 The need for and purpose of transport must also be reflected clearly in the support plan setting out why the service user will be unable to access the service without it. On this basis transport is necessary to meet the outcomes outlined in the service users support plan. This would not be the case if the place a service user wanted to go was not necessary to meet the outcomes outlined in the support plan or if he/she could get there without help from the council or, if the he/she decides to attend a setting that is not the nearest available/out of borough.
- 6.1.8 Every service user's situation will be different but when assessing whether someone requires help from ASC with transport the council will consider the following:
- What support is needed to travel and can that be provided by natural supports?
  - Can the person learn to travel independently?
  - What are the relative risks of different options?

## **6.2 Eligibility Criteria**

- 6.2.1 Travel assistance may be provided in situations where:
- the service user is travelling to a destination which is deemed to be essential in the context of their assessed Care Act eligible needs.
  - the service user is unable to travel safely to, and from, their destination, with or without mobility aids, either independently or with support from their Carer, family member(s), friend(s), Support Worker or volunteer.
  - the service user cannot use public transport, Concessionary Travel options, or similar either independently or with support.

- there are specific Health and Safety reasons which means travel assistance may be necessary to safeguard the service user and / or others.
- the service user is unable to attend their nearest community, social or recreational facilities because there is no space available or their cultural specific need cannot be met, and all other options have been explored and exhausted. This may be on a temporary basis until an appropriate place is found nearer to home.

#### 6.2.1 Travel Assistance will not usually be provided in situations where:

- the service user is assessed as being able to travel safely to and from their destination, with or without mobility aids, either independently or with support from their Carer, family member(s), friend(s), Support Worker or volunteer.
- the service user can use public transport, Concessionary Travel options, or similar either independently, or with support. Service users who qualify for Concessionary Travel will be expected to apply for and use this to meet their needs. The constraints of Concessionary Travel (i.e. no free travel before 09:30) will be taken into account during the assessment.
- the service user receives the higher rate mobility element of Disability Living Allowance or Personal Independence Payment. In this case, the service user will be required to fully utilise the benefit to access travel assistance.
- the service user has access to a private car, including a car leased through the Motability scheme. In this case, unless exceptional circumstances apply, the service user will be required to travel independently using that vehicle. If the service user uses their own vehicle or Motability car, no petrol costs or other expenses will be considered for funding by the Council.
- the service user requires support to travel to, and from, work. In this case, service users will be expected to apply for support from Access to Work in the first instance.
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This list is not exhaustive, and dependent on a holistic assessment of the service user's circumstances.

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- availability of the service user's Carer, family member or friends.
- the proposed method of transport (for instance, a service user travelling by bus will need a higher level of communication, understanding and mobility than a service user travelling 'door to door' in a taxi).
- mobility (e.g. a service user's ability to walk and transfer in and out of the proposed method of transport / building where the activity is taking place; risk of falls, risk of self-harm, etc.).
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- 6.4.12 *Directly Commissioned Services* - A transport service which is arranged and paid for by the council generally via transport services run by PTS or local taxi firms. It should be assessed if service user has an eligible need for transport. Consideration should then be given to the most appropriate way to meet this need. Costs are capped which may mean that costs are not met in full but partially requiring a top up by the service user.

## 6.5 Assessment Process

- 6.5.1 There are 4 stages in the process for assessment of eligibility for the provision of assistance with transport and the identification of appropriate transport as follows:
- Access to existing transport;
  - Assessment of mobility;
  - Assessment of ability to travel independently;
  - Identification of appropriate transport provision for those eligible.
- 6.5.2 Stage 1: Access to existing transport service users will not normally be eligible for transport if:
- They have a mobility vehicle which they drive themselves. In this instance there will be consideration of whether it is reasonable to expect that the service user will use that vehicle in order to travel to the location of the care service/activity.
  - They have a mobility vehicle of which they are not normally the driver themselves. Similarly, there will be consideration of whether it is reasonable to expect that the service user will use that vehicle in order to travel to the location of the care service/activity.
  - They have a Freedom Pass (and a reasonable public transport route is available), and have been assessed at Stage 3 as capable of independent travel.
  - They receive the Mobility component of Disability Living Allowance, and this can adequately meet the cost of travel to meet their assessed social care needs and they have been assessed at Stage 3 as capable of independent travel.
- 6.5.3 Stage 2: Assessment of mobility. An assessment will be made of the service user's mobility. This will involve assessing issues such as:
- Ability to walk outside (including slippery/icy weather conditions).
  - Requirement for wheelchair/ other walking aid.

- Ability to get in and out of property.
- Ability to get in and out of vehicle.
- Risk of falling without support.
- Ability to bear weight to transfer
- Whether mobile but at a risk when mobilizing due to uncontrollable movements
- Ability to use stairs, manage gradients, steepness of stairs in home, safety, energy levels.

Service Users will be categorized for this purpose as follows:

- No mobility problems.
- Limited mobility problems
- High/ complex mobility problems.

Some service users may need a weather plan put in place to ensure their safety during harsh or icy weather conditions.

6.5.4 Stage 3: Assessment of ability to travel independently. This assessment considers both physical and social reasons that enable or prevent the service user from travelling independently. This will include:

- Extent of the mobility problems identified in Stage 2.
- Availability of family/carers.
- Communication difficulties (for example ability to order taxi or use public transport).
- Psychological factors e.g. mental health, loss of confidence, agoraphobia.
- Experience or risk of harassment.
- Any other factors affecting personal safety.

The assessor will determine whether the service user:

- Is capable of travelling independently.
- Requires some training, support or assistance that will enable them to be capable of travelling independently in the near future.
- Not capable of travelling independently.

Stages 1 to 3 will determine the eligibility of the service user for some form of transport or transport assistance. Assuming the service user is eligible under Stage 1 (access to existing transport) then the eligibility will be determined as follows:

		Mobility problems		
		None	Low	High/complex
Capable of Independent travel	Yes	Not eligible Use public transport Walk if more than 1km Use concessionary pass	Not eligible Use public transport Walk if more than 1km Use concessionary pass	Eligible May require door to door service
	Potentially	Eligible Directly-provided transport if no other suitable option	Eligible Directly-provided transport if no other suitable option as last resort	Eligible May require door to door service
	No	Eligible Designated pick-up points near home	Eligible Designated pick-up points near home	Eligible Requires door to door service

- 6.5.5 Stage 4: Identification of appropriate transport. Once eligibility has been assessed following the table above, it will be the duty of Adult Social Care services to make appropriate arrangements for transport. Directly provided transport services - whether internal or external - will be provided only once other alternatives have been considered and ruled out and not as a matter of course.

## **6.6 Review**

- 6.6.1 The criteria detailed above applies at review, and at every stage where a service user's needs are being reassessed.
- 6.6.2 A service user being accustomed to travel assistance is not a criterion for the continuation of such provision where a suitable alternative has been identified. Any review and proposed removal of travel assistance will be discussed and agreed with the service user or their representative. If appropriate, a time-limited transition period will be agreed so that alternative arrangements can be made.
- 6.6.3 Once eligibility has been confirmed, the Council will facilitate appropriate arrangements for travel assistance, ensuring that the need is met in the best-value way.
- 6.6.4 Where service users move from Children's to Adult Social Care services, then their needs will be reassessed by Adult Social Care services in relation to the new services required.

## **6.7 Appeals Procedure**

- 6.7.1 Any service user who is not satisfied with the Council's decision in relation to transport or the service provided, should in the first instance liaise with their allocated Social Care practitioner. Should the service remain dissatisfied, the resident may use the Council's Complaints Procedure.

## **Applicability**

This policy applies to service users who are assessed for travel assistance as part of a support package to meet their eligible needs.

## **Ownership and authorisation**

Policy Lead: Laura Wheatley

Authorising Body: Cabinet

Operational Responsibility: Joint Commissioning Unit

## **Related documents**

None

## **Dissemination and communication**

Disseminated to for comment:

Barbara Nicholls – Strategic Director of People

Annette Kinsella – Director of Ageing Well

Andrew Sykes – Live Well Portfolio Manager

Chibuike Oji – Service Manager Disabilities

Jackie Lawson – Service Manager IHSC

Location of policy: <https://onesourceict.sharepoint.com/sites/AdultSocialCare>

### **Implementation**

The Transport Policy does not have a mandatory training requirement or any other training needs.

### **Monitoring and review**

The policy will be monitored quarterly and reviewed annually by the Joint Commissioning Unit.

### **Further information**

For further guidance please contact:

Laura Wheatley, Senior Commissioner & Project Manager, Joint Commissioning Unit

## Appendix 1: Equality Analysis



# Equality & Health Impact Assessment (EqHIA)

### Document control

<b>Title of activity:</b>	<i>Transport Policy</i>
<b>Lead officer:</b>	<i>Laura Wheatley, Senior Commissioner Ageing Well</i>
<b>Approved by:</b>	<i>Barbara Nicholls, Strategic Director of People</i>
<b>Date completed:</b>	<i>13/03/2024</i>
<b>Scheduled date for review:</b>	<i>13/03/2025</i>

<b>Did you seek advice from the Corporate Policy &amp; Diversity team?</b>	<i>No</i>
<b>Did you seek advice from the Public Health team?</b>	<i>No</i>
<b>Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?</b>	<i>No</i>

# 1. Equality & Health Impact Assessment Checklist

## About your activity

1	Title of activity	Transport Policy		
2	Type of activity	New policy		
3	Scope of activity	<p>New Transport policy which sets out the Council's approach to the provision of travel assistance for Care Act 2014 eligible service users - ensuring an equitable needs-based system is in place across Adult Social Care.</p> <p>This Policy sets out criteria, which practitioners should use to determine whether a service user should be provided with travel assistance, as part of a Care and Support Plan.</p>		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	If the answer to <u>any</u> of these questions is 'YES', please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is 'NO', please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes		
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO:			

Completed by:	Laura Wheatley, Senior Commissioner & Project Manager, Joint Commissioning Unit
Date:	04/01/2024

## 2. The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

### Background/context:

#### **Purpose**

*The Care Act (2014) provides a legislative framework as to how Adult Social Care assessments must be conducted and eligibility- determined. Travel assistance is considered as part of this broader assessment of a person's needs, outcomes and wellbeing.*

*The Act advises that 'Local Authorities should consider the adult's ability to get around in the community safely and consider their ability to use such facilities as public transport, shops or recreational facilities when considering the impact on their wellbeing. Local Authorities do not have responsibility for the provision of NHS services such as patient transport, however they should consider needs for support when the adult is attending healthcare appointments'.*

#### **Aims, objectives and outcomes**

*The decision to provide travel assistance will be dependent on the needs and circumstances of the service user, as identified via their assessment. If an eligible transport need is identified the most appropriate travel method will be determined once all options have been fully explored, evidenced and exhausted.*

*The assessment will focus on the service user's 'assets and strengths' - identifying their ability or potential ability to travel independently. The assessment should promote a culture of risk enablement, taking into account that for some service users to develop and learn new skills could take longer and require support. The focus of the Care and Support Plan will ensure skills in this area are maximised, a focus on achieving outcomes is maintained and independence attained wherever possible.*

*Service users who can travel to community, social or recreational activities, either independently or with support from family, friends, community partners or support providers (including volunteers) will be expected to do so. The Council will facilitate the signposting towards appropriate travel assistance options and/or travel training.*

#### **Detail**

##### **6.0 Transport and the Duty to Assess**

- 6.1.1 *The council has a duty to assess social care needs and a duty to meet eligible needs. If one of our service users has been assessed as needing social inclusion or a need to take part in social/leisure activities within the community, then we are under a duty to consider how they are going to get to and from the centre/service.*
- 6.1.2 *Transport is not in itself an eligible social care need but is a means of accessing other services or support. The overriding principle is that the decision to provide transport is based on a person's individual circumstances including needs, risks, outcomes and promoting independence.*
- 6.1.3 *Adult Social Care will only fund transport for people to enable them to attend an activity or community based services which is meeting an assessed social care need. Although a person may attend a specific community service or activity to meet their assessed needs, they will not be automatically eligible for transport to and from the service/activity.*

*In exceptional circumstances transport may be considered for respite services that have been provided as part of a needs assessment.*

- 6.1.4 *The council has a duty to assess the needs of any service user for whom the authority may provide or arrange the provision of community care services and who may be in need of such services. They have a further duty to decide, having regard to the results of the assessment, what, if any, services they should provide to meet the individual's needs. A value for money approach will be taken and we will only fund what is a reasonable cost for transport.*
- 6.1.5 *Adult Social Care (ASC) has a duty to support someone to get to a service if:*
- The person using the service meets the eligibility criteria for ASC;*
  - Use of that service is assessed as necessary - it meets an assessed need;*
  - The person cannot get to the service without support from the council.*
- 6.1.6 *When a need for transport is identified as an eligible need then the council are under a duty to ensure it is provided. It is not a discretionary service. If, following assessment, the council consider there is not an eligible need then it will explain in clear and logical/lawful terms why it has arrived at this decision.*
- 6.1.7 *The need for and purpose of transport must also be reflected clearly in the support plan setting out why the service user will be unable to access the service without it. On this basis transport is necessary to meet the outcomes outlined in the service users support plan. This would not be the case if the place a service user wanted to go was not necessary to meet the outcomes outlined in the support plan or if he/she could get there without help from the council or, if the he/she decides to attend a setting that is not the nearest available/out of borough.*
- 6.1.8 *Every service user's situation will be different but when assessing whether someone requires help from ASC with transport the council will consider the following:*
- What support is needed to travel and can that be provided by natural supports?*
  - Can the person learn to travel independently?*
  - What are the relative risks of different options?*

## **6.2 Eligibility Criteria**

- 6.2.1 *Travel assistance may be provided in situations where:*
- the service user is travelling to a destination which is deemed to be essential in the context of their assessed Care Act eligible needs.*
  - the service user is unable to travel safely to, and from, their destination, with or without mobility aids, either independently or with support from their Carer, family member(s), friend(s), Support Worker or volunteer.*
  - the service user cannot use public transport, Concessionary Travel options, or similar either independently or with support.*
  - there are specific Health and Safety reasons which means travel assistance may be necessary to safeguard the service user and / or others.*
  - the service user is unable to attend their nearest community, social or recreational facilities because there is no space available or their cultural specific need cannot be met, and all other options have been*

*explored and exhausted. This may be on a temporary basis until an appropriate place is found nearer to home.*

**6.2.1 Travel Assistance will not usually be provided in situations where:**

- *the service user is assessed as being able to travel safely to and from their destination, with or without mobility aids, either independently or with support from their Carer, family member(s), friend(s), Support Worker or volunteer.*
- *the service user can use public transport, Concessionary Travel options, or similar either independently, or with support. Service users who qualify for Concessionary Travel will be expected to apply for and use this to meet their needs. The constraints of Concessionary Travel (i.e. no free travel before 09:30) will be taken into account during the assessment.*
- *the service user receives the higher rate mobility element of Disability Living Allowance or Personal Independence Payment. In this case, the service user will be required to fully utilise the benefit to access travel assistance.*
- *the service user has access to a private car, including a car leased through the Motability scheme. In this case, unless exceptional circumstances apply, the service user will be required to travel independently using that vehicle. If the service user uses their own vehicle or Motability car, no petrol costs or other expenses will be considered for funding by the Council.*
- *the service user requires support to travel to, and from, work. In this case, service users will be expected to apply for support from Access to Work in the first instance.*
- *the service user chooses to attend community, social or recreational facilities which are not the nearest available resource to meet their assessed need. In this case, the service user will be expected to travel independently or meet the cost of travel assistance.*

*This list is not exhaustive, and dependent on a holistic assessment of the service user's circumstances.*

**6.3 Escorts**

**6.3.1** *Eligibility for travel assistance does not automatically mean the service user will have a need to be accompanied on their journey by an escort. This must be considered as part of the assessment and take into account the following factors:*

- *availability of the service user's Carer, family member or friends.*
- *the proposed method of transport (for instance, a service user travelling by bus will need a higher level of communication, understanding and mobility than a service user travelling 'door to door' in a taxi).*
- *mobility (e.g. a service user's ability to walk and transfer in and out of the proposed method of transport / building where the activity is taking place; risk of falls, risk of self-harm, etc.).*
- *communication difficulties.*
- *psychological factors (e.g. mental health, dementia, lack of confidence, agoraphobia, etc.).*
- *challenging behaviours whilst travelling.*
- *vulnerability, including impact of past experiences and risk of harassment.*
- *consideration of degenerative conditions.*
- *Mental Capacity.*
- *any other factors that may affect personal safety.*

*If the ability to travel would be made possible by an accompanying companion, assistance will be provided in applying for Attendance Allowance or Personal Independent Payment to pay for this.*

#### **6.4 Travel Assistance Options**

- 6.4.1 *Access to Work - Access to Work helps people to get or stay in work if they have a physical or mental health condition or disability. The support provided will depend on the person's needs. For more information, visit [www.gov.uk/access-to-work](http://www.gov.uk/access-to-work).*
- 6.4.2 *Freedom Pass - Freedom Passes are managed by London Councils. There are three different Freedom Passes; Older Persons, Disabled Persons and Veterans. To apply for a Freedom Pass visit [www.londoncouncils.gov.uk/services/freedom-pass](http://www.londoncouncils.gov.uk/services/freedom-pass).*
- 6.4.3 *60+ London Oyster Photocard – Transport for London manage these Oyster Photo cards. If you're 60 or over and live in a London borough, you can get free travel on our transport services. To apply for a 60+ Oyster Photocard visit <https://tfl.gov.uk/fares/free-and-discounted-travel/60-plus-oyster-photocard>.*
- 6.4.4 *Blue Badge - Blue Badges are managed nationally with a set national criteria - based upon a person's mobility and more recently 'hidden disabilities' such as Learning Disabilities and Mental Health needs). To apply for a Blue Badge visit [www.gov.uk/apply-blue-badge](http://www.gov.uk/apply-blue-badge).*
- 6.4.5 *Taxi Card - A Taxi Card offers subsidised travel in licensed taxis and private hire vehicles (minicabs) to London residents with severe mobility impairments or who are severely sight impaired. It enables members who have difficulty in using public transport to get out and about. Taxi Cards are managed by London Councils with a set eligibility criterion with option of discretion. For information, visit [www.londoncouncils.gov.uk/services/taxicard](http://www.londoncouncils.gov.uk/services/taxicard).*
- 6.4.6 *Dial-A-Ride - Transport for London manages Dial-a-Ride. A person is automatically entitled to Dial-a-Ride if they have a Taxi Card. Dial-a-Ride does not operate at evenings and weekends and has limited spaces. As such, it is good to use Dial-a-Ride in the week and Taxi Card at weekends / in the evenings. For more information visit: [www.tfl.gov.uk/modes/dial-a-ride](http://www.tfl.gov.uk/modes/dial-a-ride).*
- 6.4.7 *Accessible Public Transport - Transport for London (TfL) has a wide range of resources and schemes to make travelling on London transport easier including Accessibility Guides, Please Offer Me A Seat Badge, DLR Community Ambassadors, Passenger Assist and Travel Mentoring. For more information visit <https://tfl.gov.uk/transport-accessibility/learn-to-use-public-transport>.*
- 6.4.8 *Transport for All - Transport for All is an organisation led by disabled and older people who champion the cause of accessible transport in London. Transport for All believes in a fully accessible, reliable and affordable transport network for disabled and older people. They provide advice, information, advocacy and training. For more information visit: [www.transportforall.org.uk](http://www.transportforall.org.uk).*
- 6.4.9 *Motability Scheme - The Motability Scheme enables people to get mobile by exchanging their mobility allowance to lease a new car, WAV, scooter or*

*powered wheelchair. Residents can check they are eligible by visiting: [www.motability.co.uk/about/check-your-eligibility](http://www.motability.co.uk/about/check-your-eligibility).*

- 6.4.10 Travel Training - Our travel training programme helps give young people with disabilities, special educational needs or additional needs the confidence and skills they need to be able to travel safely independently. The travel training programme can support students to learn how to use public transport, including buses, trains, tubes or a combination of different types of transport, and can support young people with finding and walking to destinations. For more information, visit: [traveltraining@dabd.org.uk](mailto:traveltraining@dabd.org.uk).*
- 6.4.11 Direct Payments - A weekly payment given to service users for transport via taxi, transport services or mileage. Set rates apply and service users may be required to top up. A taxi is a motor vehicle licenced to transport passengers i.e. a black cab, mini cab or mini bus. Transport services is for a service run by PTS. And Mileage is paid per mile for use of own personal vehicle. It should be assessed if service user has an eligible need for transport. Consideration should then be given to the most appropriate way to meet this need.*
- 6.4.12 Directly Commissioned Services - A transport service which is arranged and paid for by the council generally via transport services run by PTS or local taxi firms. It should be assessed if service user has an eligible need for transport. Consideration should then be given to the most appropriate way to meet this need. Costs are capped which may mean that costs are not met in full but partially requiring a top up by the service user.*

## **6.5 Assessment Process**

- 6.5.1 There are 4 stages in the process for assessment of eligibility for the provision of assistance with transport and the identification of appropriate transport as follows:*
- Access to existing transport;*
  - Assessment of mobility;*
  - Assessment of ability to travel independently;*
  - Identification of appropriate transport provision for those eligible.*
- 6.5.2 Stage 1: Access to existing transport service users will not normally be eligible for transport if:*
- They have a mobility vehicle which they drive themselves. In this instance there will be consideration of whether it is reasonable to expect that the service user will use that vehicle in order to travel to the location of the care service/activity.*
  - They have a mobility vehicle of which they are not normally the driver themselves. Similarly, there will be consideration of whether it is reasonable to expect that the service user will use that vehicle in order to travel to the location of the care service/activity.*
  - They have a Freedom Pass (and a reasonable public transport route is available), and have been assessed at Stage 3 as capable of independent travel.*
  - They receive the Mobility component of Disability Living Allowance, and this can adequately meet the cost of travel to meet their assessed social care needs and they have been assessed at Stage 3 as capable of independent travel.*
- 6.5.3 Stage 2: Assessment of mobility. An assessment will be made of the service user's mobility. This will involve assessing issues such as:*

- Ability to walk outside (including slippery/icy weather conditions).
- Requirement for wheelchair/ other walking aid.
- Ability to get in and out of property.
- Ability to get in and out of vehicle.
- Risk of falling without support.
- Ability to bear weight to transfer
- Whether mobile but at a risk when mobilizing due to uncontrollable movements
- Ability to use stairs, manage gradients, steepness of stairs in home, safety, energy levels.

Service Users will be categorized for this purpose as follows:

- No mobility problems.
- Limited mobility problems
- High/ complex mobility problems.

Some service users may need a weather plan put in place to ensure their safety during harsh or icy weather conditions.

6.5.4 Stage 3: Assessment of ability to travel independently. This assessment considers both physical and social reasons that enable or prevent the service user from travelling independently. This will include:

- Extent of the mobility problems identified in Stage 2.
- Availability of family/carers.
- Communication difficulties (for example ability to order taxi or use public transport).
- Psychological factors e.g. mental health, loss of confidence, agoraphobia.
- Experience or risk of harassment.
- Any other factors affecting personal safety.

The assessor will determine whether the service user:

- Is capable of travelling independently.
- Requires some training, support or assistance that will enable them to be capable of travelling independently in the near future.
- Not capable of travelling independently.

Stages 1 to 3 will determine the eligibility of the service user for some form of transport or transport assistance. Assuming the service user is eligible under Stage 1 (access to existing transport) then the eligibility will be determined as follows:

		Mobility problems		
		None	Low	High/complex
	Yes	Not eligible Use public transport Walk if more than 1km Use concessionary pass	Not eligible Use public transport Walk if more than 1km Use concessionary pass	Eligible May require door to door service
	Potentially	Eligible Directly-provided transport if no other suitable option	Eligible Directly-provided transport if no other suitable option as last resort	Eligible May require door to door service
Capable of Independent travel	No	Eligible Designated pick-up points near home	Eligible Designated pick-up points near home	Eligible Requires door to door service

6.5.5 *Stage 4: Identification of appropriate transport. Once eligibility has been assessed following the table above, it will be the duty of Adult Social Care services to make appropriate arrangements for transport. Directly provided transport services - whether internal or external - will be provided only once other alternatives have been considered and ruled out and not as a matter of course.*

## **6.6 Review**

6.6.1 *The criteria detailed above applies at review, and at every stage where a service user's needs are being reassessed.*

6.6.2 *A service user being accustomed to travel assistance is not a criterion for the continuation of such provision where a suitable alternative has been identified. Any review and proposed removal of travel assistance will be discussed and agreed with the service user or their representative. If appropriate, a time-limited transition period will be agreed so that alternative arrangements can be made.*

6.6.3 *Once eligibility has been confirmed, the Council will facilitate appropriate arrangements for travel assistance, ensuring that the need is met in the best- value way.*

6.6.4 *Where service users move from Children's to Adult Social Care services, then their needs will be reassessed by Adult Social Care services in relation to the new services required.*

## **6.7 Appeals Procedure**

6.7.1 *Any service user who is not satisfied with the Council's decision in relation to transport or the service provided, should in the first instance liaise with their allocated Social Care practitioner. Should the service remain dissatisfied, the resident may use the Council's Complaints Procedure.*

### **Who will be affected by the activity?**

*This policy applies to service users who currently have transport as part of a support package to meet their eligible needs and eligible services users in the future who have a need for the provision of travel assistance.*

*There are currently 63 service users receiving a direct payment for transport and 249 service users receiving a commissioned service for transport.*

### **Protected Characteristic - Age: Consider the full range of age groups**

*Please tick (✓) the relevant box:*

**Positive**

☐

**Neutral**

☒

**Negative**

☐

#### **Overall impact:**

*The new transport policy will have a neutral impact on all age groups as it ensures that there is a clearly defined offer that is based on a service user's needs and not age.*

**Evidence:**

*Of the service users who attend transports as part of a support package 61.03% are aged 18-64, 4.41% are aged 65-74, 15.44% are aged 75-84 and 19.12% are aged 85+.*

*The 2021 Census data showed that the biggest growth has been seen in 25 to 39 year olds (an increase of 26.5%) in Havering seeing the second highest growth of all local authorities in the country. Havering also continues to have a high proportion of service users aged over 65 (17.6%). This is the second highest proportion in London and only marginally lower than Bromley's figure of 17.7%. Havering is also becoming a younger borough; the median age has reduced from 40 in 2011 to 39 in 2021. Meanwhile the median age increased in London from 33 in 2011 to 35 in 2021, and England from 39 in 2011 to 40 in 2021.*

**Sources used:**

- Service specific data
- Census 2021 data
- Legal obligation under the Equality Act 2010
- Public Sector Equality Duty under the Health and Social Care Act 2012

**Protected Characteristic - Disability:** Consider the full range of disabilities; including physical mental, sensory and progressive conditions

Please tick (✓)  
the relevant box:

**Positive**

☐

**Neutral**

☒

**Negative**

☐
**Overall impact:**

*The new transport policy will have a neutral impact on all disabilities as it ensures that there is a clearly defined offer that is based on a service user's needs and not disability.*

**Evidence:**

*Of the service users who access transport as part of a support package 52.21% require Learning Disability support, 37.13% require Physical support, 4.41% require Social support, 5.88% require Memory & Cognition support, 0% require Mental Health support and 0.37% require Sensory support.*

*The 2021 Census data showed that 15.3% of Havering service users have disabilities, similar to London (15.6%) but lower than England (17.7%). 29,742 households in Havering had at least one person with a disability.*

**Sources used:**

- Service specific data
- Census 2021 data
- Legal obligation under the Equality Act 2010
- Public Sector Equality Duty under the Health and Social Care Act 2012

**Protected Characteristic - Sex/gender:** Consider both men and women

Please tick (✓)  
the relevant box:

**Overall impact:**

<b>Positive</b>		<i>The new transport policy will have a neutral impact on all genders as it ensures that there is a clearly defined offer that is based on a service user's needs and not gender.</i>
<b>Neutral</b>	✓	
<b>Negative</b>		

**Evidence:**  
*Of the service users who access transport as part of a support package 51.84% are male and 48.16% are female.*

*The 2021 Census data showed that males account for 48.2% of Havering's population, while females made up 51.8% of the total. Within the 65+ population, the rate of growth for females is a lot lower than that for males in this age group. The number of males aged 65+ has increased by 15.5%, which is only slightly lower than the increase for London (17.4%). The growth of the female aged 65+ demographic in Havering was just 4.8%, which is considerably lower than the growth in London (13.8%).*

**Sources used:**

- Service specific data
- Census 2021 data
- Legal obligation under the Equality Act 2010
- Public Sector Equality Duty under the Health and Social Care Act 2012

<b>Protected Characteristic - Ethnicity/race:</b> Consider the impact on different ethnic groups and nationalities		
<i>Please tick (✓) the relevant box:</i>		<b>Overall impact:</b>  <i>The new transport policy will have a neutral impact on all ethnicities as it ensures that there is a clearly defined offer that is based on a service user's needs and not ethnicity.</i>
<b>Positive</b>		
<b>Neutral</b>	✓	
<b>Negative</b>		

**Evidence:**  
*Of the service users who access transport as part of a support package 77.94% are White British, 5.88% are Black, 5.88% are Asian, 5.51% are Other White, 2.57% are Mixed/Other, and 2.21% are not recorded.*

*The 2021 Census data showed that White British remains the most common ethnic group in Havering, with 66.5% (174,232) of the population identifying in this group, down from 83.3% (197,615) in 2011. The next most common ethnic group is Asian, accounting for 10.7% (28,150) of the population, up from 4.9% (11,545) in 2011. London remains the most ethnically diverse region of England and saw an 8.1% percentage point decrease in people who identified as White British from 44.9% in 2011 to 36.8% in 2021.*

**Sources used:**

- Service specific data
- Census 2021 data
- Legal obligation under the Equality Act 2010
- Public Sector Equality Duty under the Health and Social Care Act 2012

<b>Protected Characteristic - Religion/faith:</b> Consider people from different religions or beliefs including those with no religion or belief	
<i>Please tick (✓) the relevant box:</i>	<b>Overall impact:</b>
<b>Positive</b>	<i>Not Known</i>
<b>Neutral</b>	<i>There is no information available to make an assessment on the impact of the new transport policy on this protected characteristic.</i>
<b>Negative</b>	
<b>Evidence:</b>	
<b>Sources used:</b>	

<b>Protected Characteristic - Sexual orientation:</b> Consider people who are heterosexual, lesbian, gay or bisexual	
<i>Please tick (✓) the relevant box:</i>	<b>Overall impact:</b>
<b>Positive</b>	<i>Not Known</i>
<b>Neutral</b>	<i>There is no information available to make an assessment on the impact of the new transport policy on this protected characteristic.</i>
<b>Negative</b>	
<b>Evidence:</b>	
<b>Sources used:</b>	

<b>Protected Characteristic - Gender reassignment:</b> Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth	
<i>Please tick (✓) the relevant box:</i>	<b>Overall impact:</b>
<b>Positive</b>	<i>Not Known</i>
<b>Neutral</b>	<i>There is no information available to make an assessment on the impact of the new transport policy on this protected characteristic.</i>
<b>Negative</b>	
<b>Evidence:</b>	
<b>Sources used:</b>	

<b>Protected Characteristic - Marriage/civil partnership:</b> Consider people in a marriage or civil partnership		
Please tick (✓) the relevant box:		<b>Overall impact:</b>  <i>Not Known</i>  <i>There is no information available to make an assessment on the impact of the new transport policy on this protected characteristic.</i>
Positive		
Neutral		
Negative		
<b>Evidence:</b>		
<b>Sources used:</b>		

<b>Protected Characteristic - Pregnancy, maternity and paternity:</b> Consider those who are pregnant and those who are undertaking maternity or paternity leave		
Please tick (✓) the relevant box:		<b>Overall impact:</b>  <i>Not Known</i>  <i>There is no information available to make an assessment on the impact of the new transport policy on this protected characteristic.</i>
Positive		
Neutral		
Negative		
<b>Evidence:</b>		
<b>Sources used:</b>		

<b>Socio-economic status:</b> Consider those who are from low income or financially excluded backgrounds		
Please tick (✓) the relevant box:		<b>Overall impact:</b>  <i>Not Known</i>  <i>There is no information available to make an assessment on the impact of the new transport policy on this protected characteristic.</i>
Positive	✓	
Neutral		
Negative		
<b>Evidence:</b>		
<b>Sources used:</b>		

<b>Health &amp; Wellbeing Impact:</b> Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity? Please use the Health and Wellbeing Impact Tool in Appendix 2 to help you answer this question.
--

Please tick (✓) all the relevant boxes that apply:		<b>Overall impact:</b>  <i>The council demonstrates its commitment to the Equality Act in its decision-making processes, the provision, procurement and commissioning of its services, and employment practices concerning its workforce. In addition, the council is also committed to improving the quality of life and wellbeing of all Havering service users in respect of socio-economics and health determinants.</i>
<b>Positive</b>	✓	
<b>Neutral</b>		
<b>Negative</b>		
		<b>Do you consider that a more in-depth HIA is required as a result of this brief assessment?</b> Please tick (✓) the relevant box <div style="text-align: right;"> <b>Yes</b> <input type="checkbox"/>      <b>No</b> <input checked="" type="checkbox"/> </div>
<b>Evidence:</b> <i>By assessing service users individually on their travel assistance needs it will:</i> <ul style="list-style-type: none"> <li>• <i>Eliminate unlawful discrimination, harassment and victimization</i></li> <li>• <i>Advance equality of opportunity between different groups</i></li> <li>• <i>Foster good relations between different groups</i></li> <li>• <i>Reduce inequalities in health outcomes</i></li> </ul>		
<b>Sources used:</b> <ul style="list-style-type: none"> <li>• <i>Service specific data</i></li> <li>• <i>Legal obligation under the Equality Act 2010</i></li> <li>• <i>Public Sector Equality Duty under the Health and Social Care Act 2012</i></li> </ul>		

### 3. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

✓	1. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u>	→	<b>Proceed with implementation</b> of your activity
	2. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u>	→	<b>COMPLETE SECTION 4:</b> <b>Complete action plan</b> and finalise the EqHIA
	3. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level	→	<b>Stop and remove</b> the activity or <b>revise</b> the activity <b>thoroughly</b> . <b>Complete an EqHIA on the revised proposal.</b>

## 4. Action Plan

The real value of completing an EqHIA comes from the identifying the actions that can be taken to eliminate/minimise negative impacts and enhance/optimize positive impacts. In this section you should list the specific actions that set out how you will address any negative equality and health & wellbeing impacts you have identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
<i>All</i>	<i>Neutral</i>	<i>Monitor the implications of the new transport policy.</i>	<i>We will monitor the impact of the new transport policy. The data collated will form part of regular reporting arrangements to senior management</i>	<i>Annually</i>	<i>Laura Wheatley</i>

## 5. Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

**Review:**

*The policy will be monitored quarterly and reviewed annually by the Joint Commissioning Unit.*

**Scheduled date of review:** 13/03/2025

**Lead Officer conducting the review:** Laura Wheatley

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## CABINET

**Subject Heading:**

**Community Engagement**

**Cabinet Member:**

Leader of the Council

**ELT Lead:**

Marcus Chrysotomou, Head of Communications

**Report Author and contact details:**

Jerry Haley, Deputy Head of Community Engagement, jerry.haley@havering.gov.uk

**Policy context:**

This strategy relates to:  
People – Things that matter to residents

**Financial summary:**

There are no financial implications for the Council related to this decision. The Community Engagement Strategy will be delivered with existing resources.

**Is this a Key Decision?**

Yes - Significant effect on two or more Wards

**When should this matter be reviewed?**

April 2025

**Reviewing OSC:**

**Overview and Scrutiny Board.** The Community Engagement Strategy will be refreshed each year.

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

People - Things that matter for residents      x

Place - A great place to live, work and enjoy x

Resources - A well run Council that delivers for People and Place. x

## **SUMMARY**

The Community Engagement Strategy attached at Appendix A aims to:

- Build reputation and trust by listening to residents and acting on concerns
- Demonstrate community leadership
- Encourage participation and involvement in delivery of community services (community clean ups, mentoring of pupils, parks Friends groups, library groups, etc.)
- Develop consistent approach to community consultation and engagement, embedding Gunning Principles and encouraging collaboration
- Strengthen engagement in development and delivery of health and wellbeing services and programmes
- Provide intelligence to support council-wide policy development
- Evolve service over time from information and engagement to empower residents

## **RECOMMENDATIONS**

That Cabinet approve the attached Community Engagement Strategy 2024 - 27

## **REPORT DETAIL**

The Target Operating Model that the Council recently conducted identified the need for a more joined up approach to how the Council conducts community engagement and participation. A bespoke team was subsequently set up under the Head of Communications to ensure that community consultation and engagement activity was more focussed and that we were more likely to achieve desired outcomes.

The Community Engagement Strategy 2024 – 27 is in its essence a work plan for that new team to ensure that we, for example:

- Work more closely with residents so that residents are fully involved in Council consultations.
- Looking at pooling resources with partners such as the NHS to get better outcomes and reach more people.
- Set up leaseholder and resident panels.
- Deliver roadshows (not just in Housing)
- Make sure there is meaningful consultation and engagement on major regeneration and housing schemes.
- Continue to engage and inform residents during new builds.
- Look at how we can use our buildings better for communities to come together.

This is one of the four key priorities of Cabinet to improve engagement (alongside IT, Customer Service and our Financial position).

The full strategy is attached to this report at Appendix A

## **REASONS AND OPTIONS**

### **Reasons for the decision:**

A review was conducted to see what the current engagement provision is at the council

The findings found that currently most of our engagement activity involves informing and consulting residents around key areas as appropriate with some examples of involvement and collaboration with residents. The review also found that:

- A 'hub and spoke' model should be implemented for community engagement so there is a join up for all engagement across the council and partners.
- We have a spread of teams and individuals who are engaging with residents and forums.
- There is no strategic wider plan around how we engage with residents with the exception of the Housing service.
- Other than in Housing, there is no corporate capture of feedback, data and information to help wider policy making.

- We need to create a broader range of approaches and tools to engage. This is particularly important given rapid changes in population demographics.
- It is important we understand digital poverty particularly among older people to ensure nobody is left out.
- We need to coordinate databases held across the Council to better inform engagement.
- We need to have clear 'you said, we did' feedback loops.
- The community needs to be enabled to lead more.
- We need to build community resilience and trusted relationships.

In addition, some services deliver a form of engagement activity with different resident or user groups showing pockets of good practice and expertise.

**Other options considered:**

The only other option considered was to not have a Community Engagement Strategy and continue with a piecemeal approach to community engagement. This would not allow Members and the Executive Leadership Team a clear oversight on community engagement and was rejected.

<b>IMPLICATIONS AND RISKS</b>
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**Financial implications and risks:**

There are no apparent financial implications or risks associated with the approval of the community engagement strategy. The strategy will be delivered using existing budgeted resources. It may be that work/costs arise as a result of community engagement, however, any such instances will be subject to the relevant decision making processes and funding considerations.

**Legal implications and risks:**

There are no direct legal implications arising from the recommendations in the report. The approval of a Community Engagement Strategy complements Part 5 of the Localism Act 2011 which sets out measures to empower the community.

**Human Resources implications and risks:**

There no human resource implications or risks. Under the Target Operating Model a new community engagement team has been created to ensure the delivery of this work

**Equalities implications and risks:**

A full Equality and Health Impact Assessment has been carried out and is attached at Appendix B with associated action plan.

**Health and Wellbeing implications and Risks**

There are no adverse health and wellbeing risks associated with this strategy

**ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

The Community Engagement Strategy 2024 – 27 supports the work of the Council's Climate Change Action Plan including the facilitation and promotion of the Council's Green Forum.

**BACKGROUND PAPERS**

There are no background papers

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# Havering Resident engagement and participation strategy 2024 to 2027



## Leader Foreword



***“We look forward to building on the work we already do with our communities as they are imperative in helping our borough be the best place it can be.”***

**Councillor Ray Morgon,  
Leader of Havering  
Council.**

Havering Council knows that at the heart of everything it does, it is on behalf of our residents. Through the services that we deliver we are very much an intrinsic part of our communities.

As a new Administration, it was clear to us that residents wanted to be more involved in decision making. They also wanted us to be more open and transparent. Central to our commitments to residents was to work with, listen more and make sure that they are better informed and engaged with decision making.

As part of this we have wanted to focus on improving our resident engagement and participation. This strategy sets out how we will do this. We recognise that our communities have untapped knowledge and expertise that can be used to help us deliver better services. We also know that residents want to get more involved.

Our population is becoming more diverse and we need to make sure all residents have their voices heard, in particular from our youth groups.

Therefore this strategy aims to do the following:

- Build reputation and trust by listening to residents and acting on concerns.
- Demonstrate community leadership.
- On-line surveys, focus groups, one-to-one meetings or other channels of communication.
- Encourage participation and involvement in delivery of community services by co-ordinating specific campaigns and projects (community clean-ups, mentoring of pupils, parks friends groups, library groups, etc.).
- Develop a consistent approach to community consultation and engagement, embedding Gunning Principles and encouraging collaboration. Gunning Principles are the principles that form the legal foundation from which the legitimacy of public consultation is assessed.
- Provide intelligence to support council-wide policy development.
- Evolve service over time from information and engagement to empowered residents.

## What do we mean by resident engagement and participation?

### What is participation?

Participation is the involvement of communities in the design and delivery of projects and services that solve local issues or bring benefits and improvements to their environments.

When the Council refers to community participation, we mean the extent to which a community or a group of people has been actively involved in the work we are doing in the borough.

We know that different communities will participate to varying degrees at different times, and we want to make sure that we are encouraging the most meaningful participation at the right time with the appropriate communities.

Where possible, we want to ensure that the residents and communities of Havering have as much empowerment as possible in resolving the issues that affect them.





## What are the benefits of community participation?

**Involving residents and communities** in our decision-making enables communities to have a say in determining the future of their local area and gives them confidence that their say matters. It also helps them understand better why changes take place in services and enables them to help inform policy and strategies.

In addition to this, ongoing community participation enables us **to build trust with the community** and in doing so we are then better placed to have open, transparent conversations about the options and resources available and why some actions may not work as well as others. We know that this is a much better approach than simply consulting on decisions that have already been taken. It also **generates better outcomes**.

Greater community participation can also lead to improved health and wellbeing for our residents.

**Encouraging residents** to participate in community life, build social connections, invest in supportive relationships, and have a say in local decisions are all factors that contribute towards good health.

In addition to this, entrenched health inequalities are best addressed in partnership with the community and participatory approaches towards service delivery directly address the perceptions of powerlessness felt by some communities. Furthermore, a community-centred approach supports our preventative agenda.

By **working with communities**, we are better able to address the wider determinants of health, and the precursors of more serious issues.

These include:

- Tackling isolation for our older population.
- Diversionary activities to deter youth ASB.
- Addressing Housing issues and needs.
- Giving residents a voice and fostering a trusting relationship with Council teams.

**Finally, community participation is good for our democracy.**

We want our residents and communities that make up the borough to have confidence in us as **an approachable, open, and honest local authority** and to have trust in the processes that we put in place. In addition, greater community involvement and ownership could help the Council by potentially creating savings through a better network of volunteers to help deliver certain projects and services for the wider community.

**A healthier community will also lead to less pressure on the NHS and social care which will lead to better use of resources and money.**

## Review of current provision

### A review was conducted to see what the current engagement provision is at the council

The findings found that currently most of our engagement activity involves informing and consulting residents around key areas as appropriate, with some examples of involvement and collaboration with residents. The review also found that:

- A 'hub and spoke' model should be implemented for community engagement so there is a joined up approach for all engagement across the council and partners.
- We have a spread of teams and individuals who are engaging with residents and forums.
- There is no strategic wide plan around how we engage with residents with the exception of the Housing service.
- Other than in Housing, there is no corporate capture of feedback, data and information to help wider policy making.
- We need to create a broader range of approaches and tools to engage. This is particularly important given rapid changes in population demographics.
- It is important we understand digital poverty particularly among older people to ensure nobody is left out.
- We have no permanent in-house officer for regeneration engagement.
- We need to coordinate databases held across the Council to better inform engagement.
- We need to have clear 'you said, we did' feedback loops.
- The community needs to be enabled to lead more.
- We need to build community resilience and trusted relationships.

In addition, some services deliver a form of engagement activity with different resident or user groups showing pockets of good practice and expertise. This includes Children's, Adult services and Housing.

## What about current forums?

### As a council we have some developed forums

In Housing these include a Resident Participation Panel and sub groups including Homeowner Forum and Repairs group.

The Community Engagement and Participation Team lead on managing a number of other forums. The groups supported include:

- The Havering Compact
- The Green Forum

In addition there are also community associations, friends of parks groups, BME (Black, Minority, Ethnic), Interfaith Forum, Youth Parliament and Over 50s Forum.

These act as important sounding boards when forming policy and delivering services. They are also a key part of our engagement with our wider communities.

Any work taking place with these groups needs to be formalised, and joined up to correlate with wider resident engagement.

## What about Ward members?

Our councillors, have a key part to play in working with residents and are the front line in feeding back issues and dealing with problems.

At the same time they also have a role to play when consultations take place on key issues. This means they need to be kept informed and supported by officers.

The governance structure supporting this is being reviewed so that it is more robust and efficient.

What is important is that members are elected as community voices. They are always speaking to their local communities and have a good understanding of local issues that affect them.

This is why they have a key role in working with residents and ensuring key issues are fed back to the Council as well as making sure residents are updated on progress and service changes.

## Case studies of what we have done well



### Budget consultation 2024/25

Each year councils need to consult residents, businesses and stakeholders on their budget plan.

Havering launched its consultation in October 2023 and it ran for 12 weeks.

This was the second year of the new Administration and it was a key priority for them to make sure residents were fully informed, engaged and consulted on the key issues affecting the finances.

A plan was delivered to get the best results that included face to face sessions with residents, an online consultation, advertising on all council communication channels, a leaflet to every household setting out the challenge, a 'did you know' campaign setting out where spend goes, plus supporting PR and engagement by ward councillors with their constituents.

This was the second year running that we received over 3,000 responses to our budget consultation and more than a 700% increase on any responses we had ever received before.

This was also the first year we ran a separate consultation on the budget for young people to capture their voice. 423 responses were received and analysed.

Budget proposals were changed as a consequence of resident feedback in both years.



## Case studies of what we have done well

### Friends of parks

Havering has an amazing amount of parkland and protected countryside, making it one of the greenest London boroughs.

In fact green spaces cover more than half of the borough.

The Council manages approximately 100 different sites varying in size from small village greens to large urban parks, such as Dagnam and Bedford's Park.

Friends of Parks groups are volunteers who act on behalf of the communities who use and care about our vital public green spaces.

In Havering we are fortunate to have a large number of people who actively support the parks through their local Friends groups.

The groups carry out a range of tasks that improve the parks and supplement the works of the grounds maintenance team.

There are currently 17 groups in Havering and by working in partnership with the Council, other public bodies and funders, Friends groups, once constituted, have found that they are in a position to apply for grants from external funders to complement the Council's resources.

This means that even more improvements can be made.

The successes that have been enjoyed by the now-established Friends groups have led to more communities wanting to improve their own local park.

Havering Council in 2023 successfully retained its 16 Green Flags for the third year in a row.

A Green Flag Award means the parks boast the highest possible standards, are well maintained and have excellent facilities.

The recognition is awarded by environmental charity, Keep Britain Tidy.

The Council has listened to the requests that have been made for more information, help and support, and has developed a response to this, including:

- A guide to help Friends Groups.
- Help with the provision of training.
- Giving advice on insurance.
- Giving on-going information and support.
- What they tell us and how we respond.



## Case studies of what we have done well

### What is the Core20plus5 Programme?

The Core20plus5 programme is an NHS funded programme to tackle health inequalities in the most deprived areas and promote health.

The programme is joint working between the Council, NHS and many different organisations that signed up to it.

The Core20plus5 can be broken down separately to explain why the programme has this title.

#### Core20

– is for the most deprived 20% of the national population identified by the National Index of Multiple Deprivation. The NIMD uses information on health, green spaces, make up of population, income and several other factors.

#### plus

– are the population groups that should be included in the programme, these are ethnic minority groups, people with learning difficulties and autism, long term health conditions, as well as all protected characters of the Equalities Act 2010.

#### 5

– these are the 5 clinical areas to focus on, which require improvement:

1. Maternity
2. Severe Mental Illness
3. Chronic Respiratory disease
4. Early cancer diagnoses
5. Hypertension – blood pressure



Havering started their journey in September 2022 in Harold Hill and has now reached out into Rainham.

The programme is made up of community connectors (volunteers) that promote health and find out what inequalities/barriers the community are having to access health.

This is monitored by the NHS through monthly reports so that they can shape their services to combat some of the issues that the community are facing. The programme is recognised as one of the best of its type in England by the Core20plus5 programme.

## Case studies of what we have done well

### Cost of Living / Cool and Warm Places

The cost of living is affecting a lot of people in Havering.

In addition to the work being done to signpost residents to help, we have:

- Secured £100k from NHS North East London Healthy Partnerships. This fund has enabled a wide range of venues to open or continue as Warm Places for residents, to reduce health inequalities and loneliness. There are approximately 25 venues across the Borough which are providing a warm place for residents.
- Secured 4 venues in Harold Hill and Harold Wood working in partnership with Age UK, H.A.D., Salvation Army and St. Georges Centre to provide and manage 1-2 weekly sessions each with refreshments, lunches and activities free of charge to residents.
- Secured 3 venues in Rainham and South Hornchurch working in partnership with The Royals Centre, Mardyke Centre and St. Johns and St. Matthews who are providing a warm place through 1-2 weekly sessions each with free refreshments, lunches and activities for residents.
- A wide range of partnership work has been undertaken to provide themed activities at each venue.



## Case studies of what we have done well

### Green Forum / Climate Change Community Champions programme

The Green Forum has now held several meetings having been initially developed with residents. This is chaired by the Cabinet Member for Climate Change. So far the following has taken place:

- Secured £9,965.00 from the National Lottery. This programme seeks to engage with residents and businesses to understand the things they can do to support the wider Borough and Planet Green Agenda.
- Have been working in partnership with Havering Volunteer Centre to deliver this programme and the recruitment of volunteer Climate Change Champions.
- A wide range of partners are engaged and involved in this programme to deliver the differing elements of climate change. The programme works in synergy with the Havering Climate Change Strategy and Action Plan.



## 6 Key principles

We have some key principles to set out how we can improve the current engagement offer. They can be encapsulated in the following six key principles:

- 1 We ask**
- 2 We listen and involve**
- 3 We know 'one size doesn't fit all'**
- 4 We learn**
- 5 We come to you**
- 6 We are open, honest and accountable**

These principles will be the litmus test to which we aspire to in all that we do to improve how we work with residents in the future.

We will ensure these link to the Gunning Principles of Consultation in that:

- All proposals will be at a formative stage.
- We will ensure residents have sufficient information.
- There is adequate time for consideration and response.
- 'Conscientious consideration' will be given to responses before a decision is made.



## How will we do this?

It is important we improve our internal practices and create a corporate service to support this work. In addition the following needs to take place:

- Improve our internal practices and create a corporate service to support this work.
- Make sure the Engagement Team has the latest training as well as learn from best practice.
- Work with teams across the Council to develop a new approach to communicating on both upcoming decisions and decisions that have already been made.
- Adopt a simplified approach to communications, so that the language we use is easy to understand and briefings on council projects are aimed specifically at the neighbourhoods that they most affect.
- Continue to work with teams across the Council to encourage better consultation and engagement, including better targeted consultations, better consultation results reporting, feedback and involvement of consultees during consultation design.
- Widely promote the benefits of meaningful engagement, showcasing occasions where engagement has influenced the final outcome, helping to create an organisation-wide culture in which the benefits of resident involvement are widely recognised, 'You said, We did'.
- Ensure that the community engagement being carried out by different teams across the Council is joined up, so in essence they work as one team reducing duplication.
- Map engagement blackspots across the borough, where voluntary and community groups have not been established, and consider how we improve the way we reach residents in these areas.
- Share best practice and create new knowledge around consultation and engagement.
- Ensure engagement is informing policy and is consistent to a recognised standard.

## How will we do this?

It is important that this work informs policy through the following ways:

- By understanding what makes local people tick (perceptions, attitudes, behaviours, barriers and motivators); deeper understanding into the issues that drive community involvement, participation and self-reliance.
- Creating a consistent approach to council-wide consultation and engagement which includes common questions and shared information.
- Delivering an annual Listening and Learning resident survey delivered digitally to reduce cost; feeds into 'You said, We did' campaign.
- By running annual focus groups to gain insight on key issues.
- A Consultation Toolkit has been produced to inform how we as an organisation consult including through Asset mapping (this is a potential project with VCS as lead partner).

### Asset Mapping (potential project with VCS lead partner)

- Understanding strengths and weaknesses of community groups and how they are organised.
- Understanding online forums where people come together and engage via social media, and applying that in our Digital Communication strategy, and by engaging in conversations that are already happening rather than expecting them to come to us.

### Stakeholder mapping and engagement

- Developing and improving a centralised stakeholder database/ Customer Relationship Management (CRM) of key contacts.
- Using contact database for consultation and engagement activity.
- Regular stakeholder e-bulletins and targeted communications based on topics of interest and emerging issues.
- CRM to feed into emergency preparedness plan.

## How will we do this?

### Consultation framework (potential to tap into support to set up the framework)

- Develop a council-wide consultation framework which sets agreed standards.
- Establish consultation principles using The Gunning Principles; ensuring co-design principles are baked into activity.
- Set a standard model for how to deliver consultations.
- Set up governance to oversee activity, reduce risk, reduce duplication and ensure intelligence is shared.
- Review the resident consultation portal, making it easier for people to know what is happening and to engage.
- Common Approach to Equality and Health Impact Assessments (EqHIA).
- Common approach to resident report back on consultation activity (ensuring that the feedback loop is built into all work).

### Corporate engagement programme

- Where possible, delivery of budget engagement using participatory budgeting principles.
- Work with services to establish, promote and improve resident community forums to encourage maximum community involvement and participation.
- Work with ward councillors to set up a framework of area neighbourhood panels. This will be appropriate to the area and discuss local issues, encourage community involvement and seek community-owned solutions to local challenges.
- Biannual programme of 'The Big Conversation' to feed into corporate plan.
- Set up resident focus groups or panels.
- Create community listening events by area or subject.
- Short monthly opinion polls.

## How will we do this?

### Direct engagement

**In addition there are a number of ways we can improve how we directly engage with residents. We can create better forums and mechanisms with residents which can include:**

- Better use of online tools.
- Improve engagement with Living and other e-publications.
- Regularly tell residents the results of consultations and outcomes of engagement.
- Make sure consultations are strategic and we are getting the best outcomes we can.
- Make sure we have the voice of young people – look at further ways of engaging with this group.
- Engage more with groups with particular characteristics including the changing demography of the borough.
- Better use and review of our consultation platform Citizen Space, with all data being in one place, aiding public consultations.

**As we evolve our engagement with residents, we will look at co-production of services through the following ways:**

- Create user groups to soft test new digital applications.
- Work with young people to help form better services.
- Look at how we can better co-produce adult care services through pilots with user groups.

**Ultimately we want to empower residents to support their communities and tell us what they want to do. As a council we can do the following:**

- Encourage community action to support neighbourhoods through litter picking, grass cutting and other related action.
- Support and explore how the friends of parks groups could be used wider in other areas.
- Facilitate support for start-up community groups.

## How will we do this?

**Partnership working is another important element as we are working closely with a number of other public bodies and other organisations. We can do this by:**

- Working more closely with residents on cultural issues such as Borough of Culture applications so that residents are fully involved in these initiatives.
- Looking at pooling resources with partners such as the NHS to get better outcomes and reach more people.
- Housing, regeneration and planning is a major area of ongoing engagement with residents. This includes tenants, leaseholders and wider communities. We want to improve how we work and listen with these groups through the following ways:
  - Set up leaseholder and resident panels.
  - Deliver roadshows.
  - Make sure there is meaningful consultation and engagement on major regeneration and housing schemes including involvement of ward councillors.
  - Continue to engage and inform residents during new builds.
  - Look at how we can use our buildings better for communities to come together.
  - Make sure there is a seamless connection with regeneration schemes and work.
  - Find creative ways of engaging residents on master planning and infrastructure improvements.



## How will we do this?

Our forums and relationships with the voluntary sector are also important to building our communities and working with them. It is important that we work with them more strategically to help inform service delivery and policy as well as use them to reach different groups we would not normally talk to. This will include:

- Review how the forums run to ensure they are outcome focused.
- Look at any gaps, for example, young people, particular communities or neighbourhoods.
- Ensure funding opportunities are promoted and look at ways they can better benefit the community and the Council.
- Ensure collaboration between the Council and the voluntary and community sector to provide the services possible. Encourage voluntary and community sector organisations to work in partnership.
- Set up a new community cohesion and engagement forum to ensure we talk to residents about the issues that matter to them.
- Development of 'Team HaVering' website and web pages with information on how people can get involved in their local area through participation and volunteering.
- Annual campaign to promote community involvement and volunteering.

## How will we report back?

As a council we will need to show progress on how we are engaging with residents. Taking the six principles as a guide we will set out how we have met these principles in an Annual Report to Cabinet.

This will include a number of key indicators:

- Feedback from residents and groups including the outcomes of any groups or community actions.
- The number of people attending public meetings or forums and the recording of anecdotal and qualitative feedback.
- Show how we have responded by publishing, 'You said, We did'.
- Number of residents attending events and roadshows.
- Any key collaborative work and outcomes delivered by services.
- Publicise Annual Report on consultation and engagement activities with particular emphasis on a 'You said, We did' programme.
- Listening and learning quarterly report to senior management team/private cabinet pooling intelligence from engagement/consultation and social media.

## Next steps

This strategy will evolve over time and we will work with our communities, forums, voluntary sector, partners, stakeholders, friends groups and other bodies to ensure we continue to build cohesive communities and better work and engage with them over time.

We will review and report on progress next year making sure we continue to evolve from broadly informing and engaging with our communities to a more collaborative and empowering approach.

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## Equality & Health Impact Assessment (EqHIA)

### Document control

<b>Title of activity:</b>	Community Engagement Strategy
<b>Lead officer:</b>	Jerry Haley, Deputy Head of Community Engagement and Participation
<b>Approved by:</b>	Marcus Chrysotomou, Head of Communications
<b>Date completed:</b>	29 <sup>th</sup> January 2024
<b>Scheduled date for review:</b>	31 <sup>st</sup> March 2027

Please note that the Corporate Policy & Diversity and Public Health teams require at least **5 working days** to provide advice on EqHIAs.

<b>Did you seek advice from the Corporate Policy &amp; Diversity team?</b>	Yes / No
<b>Did you seek advice from the Public Health team?</b>	Yes / No
<b>Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?</b>	Yes / No

Please note that EqHIAs are **public** documents and must be made available on the Council's [EqHIA webpage](#).

# 1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact [EqHIA@havering.gov.uk](mailto:EqHIA@havering.gov.uk) for advice from either the Corporate Diversity or Public Health teams. Please refer to the Guidance in Appendix 1 on how to complete this form.

## About your activity

1	Title of activity	Community Engagement Strategy		
2	Type of activity	Strategy		
3	Scope of activity	The Community Engagement Strategy sets out the guiding principles on which the Council will engage with stakeholders such as local people and groups.		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes / No	If the answer to <u>any</u> of these questions is 'YES', please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is 'NO', please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes / No		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes / No		
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO:	Not applicable		

Completed by:	Jerry Haley
Date:	

## 2. The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

### Background/context:

Havering has an increasingly diverse population. Historically and still one of the oldest populations in London, it now has the second largest growing youngest population in the UK and the highest in London, with an increase of 19.7% in those aged 0–14 years. We have also seen a 26.5% growth in 25–39 years. This mix of customers and communities creates both challenges and opportunities for all those needing or wanting to engage with us.

Dependent on the type of engagement or in order to reach a wide range of stakeholders, we may consider the use of different forms of engagement, this may include, but is not limited to, telephone, door knocking, on-the street, focus groups, forums, workshops, Citizen Panels, open days, drop-in events, exhibitions, roadshows and public meetings. For example, if we require the views and opinions of the children and young people in the borough, we may look to use schools as a way to engage.

The strategy sets out how we intend to do this, ensuring it does have a positive effect in engaging our community in our decision making processes.

### Who will be affected by the activity?

This includes, and is not limited to, members of the public and wider community, our residents, businesses, partners, voluntary and community sector, service users, other service providers, Politicians, Elected Members, Local Representatives and staff. For the purpose of this document, these groups will be referred to collectively as 'stakeholders'.

### Protected Characteristic - Age: Consider the full range of age groups

Please tick (✓) the relevant box:		Overall impact:
Positive	✓	The number of people that live in Havering has increased over the last decade from 237,232 in 2011 to 262,052 in 2021. This is a 10.5% increase compared to a 7.7% increase across London and a 6.6% increase across England.
Neutral		
Negative		The number of children aged under 18 has seen an increase of 15.2% (from 50,827 to 58,550), greatly outpacing the 4.8% and 3.9% increases in London and England, respectively. Havering now has a higher proportion of children aged 0-17 (22.3%) than 80% of local authorities in England. This increase is slightly lower than the latest ONS projections (2018). The ONS predicts that the 0-17 population will grow to 61,350 by 2031. Furthermore, Havering still has one of the highest proportions of older people aged 65+ in London (second after Bromley). The combined

impact of having both a large older population and now a large (and growing) young population is that Havering now has the lowest proportion of working-age adults in London.

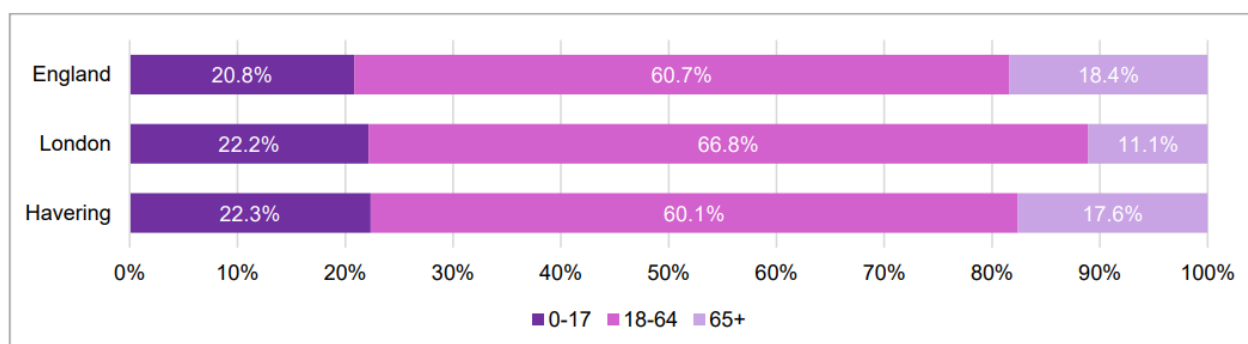
Despite the changing demographics and the increasingly diverse population in Havering, the strategy should have a positive effect on all age ranges that have various expectations of the Council, as we support those who can and want to engage with us. The strategy is also designed to try and reach those who have not engaged with us in past, by for example introducing techniques such as participatory budgeting. The Council will use age appropriate methods to capture the opinions of young people such as delivering engagement activities through schools etc.

The data below demonstrates that there will not be a disproportionate impact on residents of any age through the use of online engagement practices. We will however, ensure we offer an alternative to meet our stakeholders' needs where appropriate.

Furthermore, engagement activities are an important way of identifying the impacts of proposals on these individuals.

## Evidence:

**Figure 3:** Comparing Havering aged 0-17, 18-64 & 65+ populations to London and England



Source: Office for National Statistics (ONS), Census 2021

Mosaic UK 7 Group	Name of Mosaic Group	Number of households in Havering assigned to each Mosaic Group	% households which are "Not" or "Not Very Internet Savvy"	% households which are "Fairly" or "Very Internet Savvy"	Rough estimate of household numbers - "Not" or "Not Very Internet Savvy"	Rough estimate of household numbers - "Fairly" or "Very Internet Savvy"	Average age of household
A	City Prosperity	382	9%	91%	34	348	44
B	Prestige Positions	9104	11%	89%	1001	8103	53
C	Country Living	437	14%	86%	61	376	56
D	Rural Reality	88	13%	87%	11	77	50
E	Senior Security	16101	21%	79%	3381	12720	74
F	Suburban Stability	11882	12%	88%	1426	10456	50
G	Domestic Success	15470	7%	93%	1083	14387	43
H	Aspiring Homemakers	15500	5%	95%	775	14725	37
I	Family Basics	7075	10%	90%	708	6368	38
J	Transient Renters	1277	10%	90%	128	1149	36
K	Municipal Tenants	3991	15%	85%	599	3392	47
L	Vintage Value	4444	21%	79%	933	3511	71
M	Modest Traditions	2108	16%	84%	337	1771	53
N	Urban Cohesion	9841	15%	85%	1476	8365	48
O	Rental Hubs	9796	7%	93%	686	9110	37
<b>TOTALS</b>		<b>107496</b>			<b>12640</b>	<b>94856</b>	

Mosaic UK 7 Group	Name of Mosaic Group	Number of households in Havering assigned to each Mosaic Group	% residents who are "Not" or "Not Very Internet Savvy"	% residents who are "Fairly" or "Very Internet Savvy"	Average age of household
J	Transient Renters	1277	10%	90%	36
H	Aspiring Homemakers	15500	5%	95%	37
O	Rental Hubs	9796	7%	93%	37
I	Family Basics	7075	10%	90%	38
G	Domestic Success	15470	7%	93%	43
A	City Prosperity	382	9%	91%	44
K	Municipal Tenants	3991	15%	85%	47
N	Urban Cohesion	9841	15%	85%	48
D	Rural Reality	88	13%	87%	50
F	Suburban Stability	11882	12%	88%	50
B	Prestige Positions	9104	11%	89%	53
M	Modest Traditions	2108	16%	84%	53
C	Country Living	437	14%	86%	56
L	Vintage Value	4444	21%	79%	71
E	Senior Security	16101	21%	79%	74

Source: Mosaic

### Sources used:

Census 2021

Mosaic Augmentation Tool

### Protected Characteristic - Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions

Please tick (✓) the relevant box:

**Positive**



**Neutral**

**Negative**

#### Overall impact:

In Havering an estimated 38,449 residents reported having a disability in 2021. This is an age-standardised proportion (ASP) of 15.3%, which is slightly lower than London (15.6%) and lower than England (17.7%). In Havering, an ASP of 6.6% reported that their day-to-day activities were limited a lot and 8.7% reported their day-to-day activities were limited a little, due to a disability (see figure 4 below).

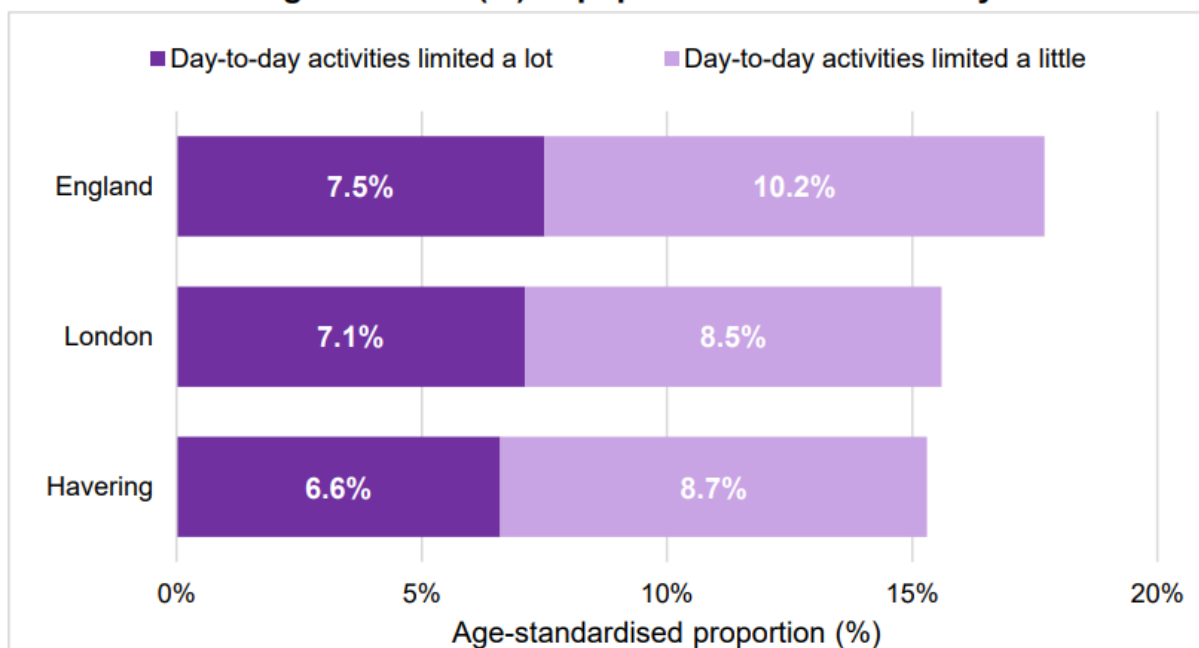
29,742 households in Havering had at least one person with a disability. Of these households, 6,181 had two or more members with a disability.

Having a disability doesn't necessarily mean a resident cannot access online, however the strategy sets out a myriad of engagement methods to ensure we engage with as many people as possible.

Furthermore, engagement activities are an important way of identifying the impacts of proposals on these individuals.

## Evidence:

**Figure 4: ASP (%) of population with a disability**



Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering PHI

## Sources used:

Census 2021

[Census 2021 Briefing #9: Health Disability and Unpaid Care](#)

## Protected Characteristic - Sex/gender: Consider both men and women

Please tick (✓) the relevant box:

**Positive**

✓

**Neutral**

**Negative**

### Overall impact:

Havering has 135,668 females (52%) and 126,384 males (48%) in the borough. 93.67% of Havering residents identify as the same gender as when they were born.

The policy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of community engagement undertaken by or on behalf of the Council and it is not anticipated that a person's sex / gender will affect how a person, group or business engages with the council. It is therefore not considered likely that there will be a disproportionate impact of these proposals on this protected characteristic group. Furthermore, engagement activities are an important way of identifying the impacts of proposals on these individuals.

## Evidence:

### All persons

Havering (2021)

262,052



### Females

Havering (2021)

135,668



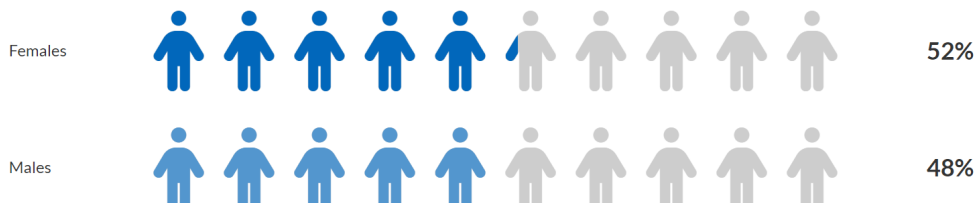
### Males

Havering (2021)

126,384



Population by sex for Havering (2021)



Gender Identity	Number	Percentage
Gender identity the same as sex registered at birth	196,462	93.67%
Gender identity different from sex registered at birth but no specific identity given	528	0.25%
Trans woman	228	0.11%
Trans man	212	0.10%
Non-binary	60	0.03%
All other gender identities	39	0.02%
Not answered	12,201	5.82%
Total	209,730	100.00%

Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering PHI

## Sources used:

[Census 2021 Briefing #6: Sexual Orientation and Gender Identity](#)

[Havering Data Intelligence Hub](#)

Census 2021

## Protected Characteristic - Ethnicity/race: Consider the impact on different ethnic groups and nationalities

Please tick (✓) the relevant box:

Positive



Neutral

Negative

### Overall impact:

Havering is becoming more diverse. In 2021, White British remains the most common ethnic group in Havering, with 66.5% (174,232) of the population, down from 83.3% (197,615) in 2011. The next most common ethnic group is Asian, accounting for 10.7% (28,150) of the population, up from 4.9% (11,545) in 2011.

In 2021, 87.8% (230,091) of usual Havering residents identified with at least one UK national identity (English, Welsh, Scottish, Northern Irish, British and Cornish). This is a decrease from 93.6% (222,066) in 2011. The figure for London in 2021 is 73.1% and England 90.3%. People who identified with at least one UK and one non-UK identity accounted for 1.8% (4,843) of the Havering population in 2021; this is an increase from 0.7% (1,680) in 2011. Those selecting a non-UK identity only accounted for 10.3% (27,118) of the Havering population in 2021, which is an increase from 5.7% (13,486) in

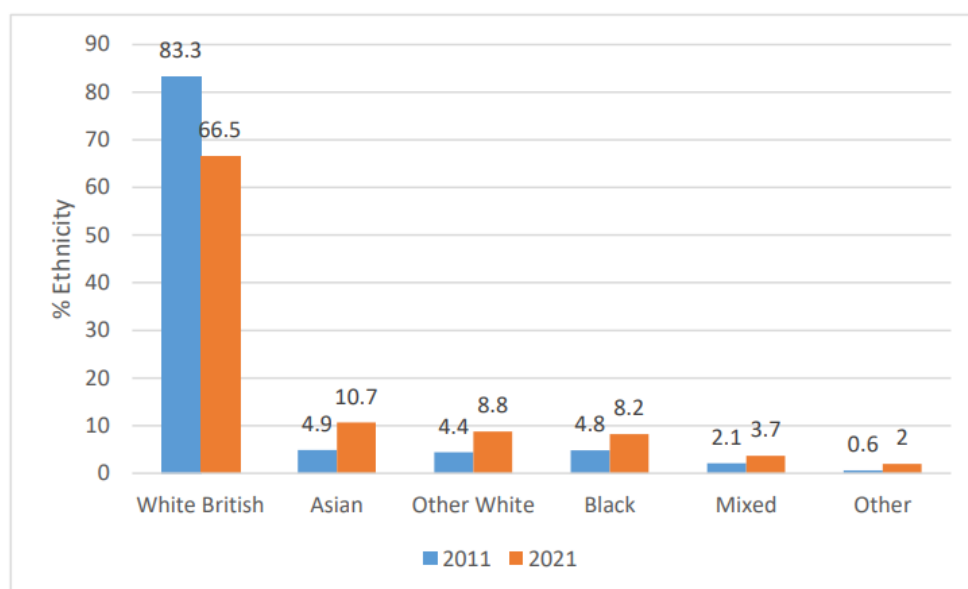
2011. Among those who described a non-UK national identity, the most common response was those describing “Romanian” as their national identity 2.0% (5,346) up from 0.2% (434) in 2011. The most common responses in 2011 were Irish 0.9% (2,037) and Lithuanian 0.5% (1,147).

90.1% of residents aged 3 and over describe their main language as English, next main languages Romanian 2.3% and Lithuanian 0.9%. 4.8% of households have no members where their main language is English.

Although there are a number of residents who identify as non-UK, it is not considered likely that introducing this strategy will have a disproportionate impact on this protected characteristic group, as the strategy seeks to ensure there is equal access to these activities for all, including an engagement plan. Furthermore, the various engagement activities are an important way of identifying the impacts of proposals on these individuals.

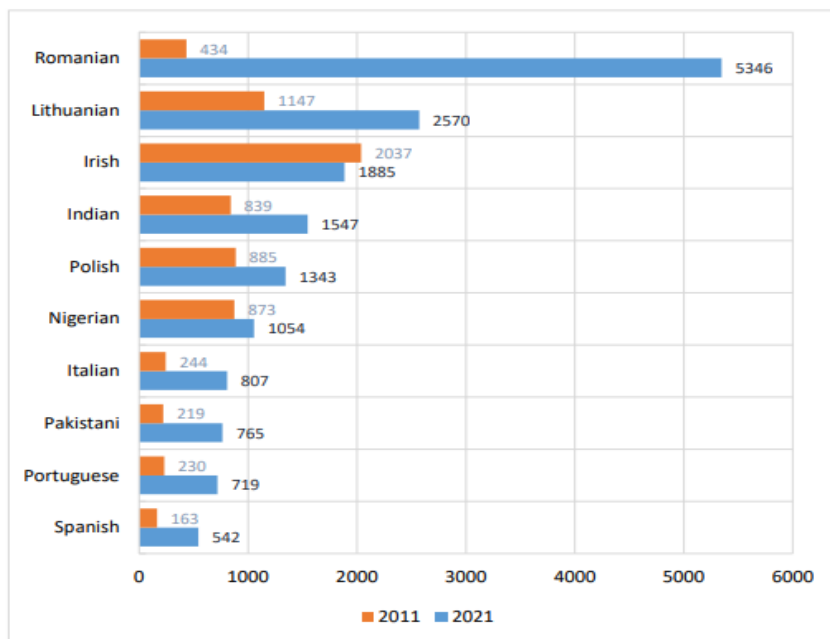
## Evidence:

**Figure 1 – Havering population in 2011 and 2021 by main ethnic group**



**Source:** Office for National Statistics (ONS), Census 2011 & 2021; Produced by: Havering PHI

**Figure 6 – Top 10 national identity excluding British**



**Sources used:**

Census 2021

**Protected Characteristic - Religion/faith:** Consider people from different religions or beliefs including those with no religion or belief

Please tick (✓) the relevant box:

**Positive**

✓

**Neutral**

**Negative**

**Overall impact:**

The religion question is voluntary in the Census, but 94.5% of usual residents answered the question in 2021. The most commonly reported religion in Havering is Christian, with 52.2% of the total population in 2021 describing themselves as Christian. This is a reduction from 65.6% in 2011. No religion was the second most common response, with 30.6% identifying in this category, up from 22.6% in 2011. Other religions accounted for 11.7% of the total Havering population, which is an increase from 5.1% in 2011.

The strategy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of community engagement undertaken by or on behalf of the Council and it is not considered likely that there will be a disproportionate impact on this protected characteristic group. Furthermore, consultation and engagement are important ways of identifying the impacts of proposals on these individuals.

The Community Engagement Strategy seeks to engage with all Faith groups.

<b>Evidence:</b>
Not available
<b>Sources used:</b>
Census 2021

<b>Protected Characteristic - Sexual orientation:</b> Consider people who are heterosexual, lesbian, gay or bisexual		
<i>Please tick (✓) the relevant box:</i>		<b>Overall impact:</b>  The Census question on sexual orientation was a voluntary question asked of those aged 16 years and over. The number of people responding was very high with 93% (195,099) of Havering residents answering the question. In total, 91.07% (191,007) of Havering residents identified as straight or heterosexual. In total, 1.95% (4,092) Havering residents identified as one of the LGB+ orientations ("Gay or Lesbian", "Bisexual" or "Other sexual orientation"). In total, 6.98% (14,631) Havering residents did not answer the question.  The strategy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of the council's community engagement undertaken by or on behalf of the Council and it is not considered likely that there will be a disproportionate impact on this protected characteristic group. Furthermore, consultation and engagement activities are an important way of identifying the impacts of proposals on these individuals.
<b>Positive</b>	✓	
<b>Neutral</b>		
<b>Negative</b>		

Evidence:

Figure 1: Detailed breakdown of sexual orientation in Havering for residents aged 16 and over

Sexual Orientation	Number	Percentage
Straight or Heterosexual	191,007	91.07%
Gay or Lesbian	1,993	0.95%
Bisexual	1,540	0.73%
Pansexual	436	0.21%
Asexual	56	0.03%
Queer	21	0.01%
All other sexual orientations	46	0.02%
Not answered	14,631	6.98%
<b>Total</b>	<b>209,730</b>	<b>100.00%</b>

Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering PHI

**Sources used:**

Census 2021

[Census 2021 Briefing #6: Sexual Orientation and Gender Identity](#)

**Protected Characteristic - Gender reassignment:** Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓) the relevant box:

**Positive**

✓

**Neutral****Negative****Overall impact:**

The Census question on gender identity was also a voluntary question, asked of those aged 16 years and over. It was added to provide the first official data on the size of the transgender population in England and Wales. The question asked was "Is the gender you identify with the same as your sex registered at birth?" The number of people responding was very high with 94.2% (197,529) Havering residents answering the question. In total, 93.67% (196,462) Havering residents answered "Yes" and 0.51% (1,067) answered "No". 5.82% (12,201) Havering residents did not answer the question.

The community engagement strategy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of engagement activity undertaken by or on behalf of the Council and it is not considered likely that there will be a disproportionate impact on this protected characteristic group. Furthermore, consultation and engagement activities are an important way of identifying the impacts of proposals on these individuals.

**Evidence:****Figure 3: Detailed breakdown of gender identity in Havering for residents aged 16 and over**

Gender Identity	Number	Percentage
Gender identity the same as sex registered at birth	196,462	93.67%
Gender identity different from sex registered at birth but no specific identity given	528	0.25%
Trans woman	228	0.11%
Trans man	212	0.10%
Non-binary	60	0.03%
All other gender identities	39	0.02%
Not answered	12,201	5.82%
Total	209,730	100.00%

Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering PHI

**Sources used:**

Census 2021

[Census 2021 Briefing #6: Sexual Orientation and Gender Identity](#)

**Protected Characteristic - Marriage/civil partnership:** Consider people in a marriage or civil partnership

*Please tick (✓) the relevant box:*

**Positive**

✓

**Neutral**

**Negative**

**Overall impact:**

The strategy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of community engagement undertaken by or on behalf of the Council and it is not considered likely that there will be a disproportionate impact on this protected characteristic group. Furthermore, consultation and engagement activities are an important way of identifying the impacts of proposals on these individuals.

**Evidence:****Sources used:**
**Protected Characteristic - Pregnancy, maternity and paternity:** Consider those who are pregnant and those who are undertaking maternity or paternity leave

*Please tick (✓) the relevant box:*

**Positive**

✓

**Neutral**

**Negative**

**Overall impact:**

The strategy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of community engagement undertaken by or on behalf of the Council and it is not considered likely that there will be a disproportionate impact on this protected characteristic group. Furthermore, consultation and engagement activities are an important way of identifying the impacts of proposals on these individuals.

<b>Evidence:</b>
<b>Sources used:</b>

**Socio-economic status:** Consider those who are from low income or financially excluded backgrounds

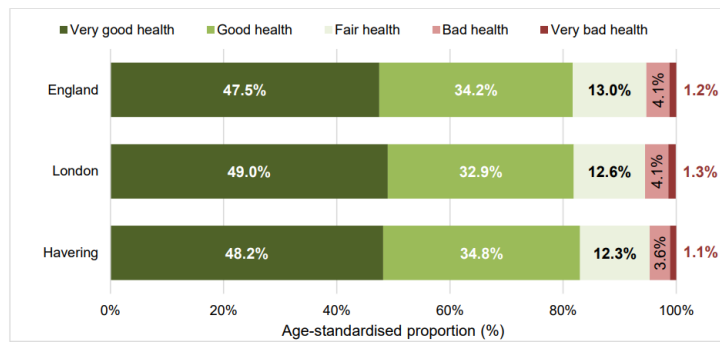
<i>Please tick (✓) the relevant box:</i>		<b>Overall impact:</b>  59.5% of residents in Havering have a job, an increase from 58.9% in 2011.  3.6% of residents are unemployed, which is the fourth lowest rate in London but an improvement from the rate of 5.0% in 2011.  21.0% of residents are retired - the highest rate in London, which is in line with or high older person population.  Being on a low income or financially excluded doesn't necessarily mean customers / households will be disadvantaged by this strategy, but this could mean that they do not have access to a computer, internet or a phone. If people cannot access consultation activities on-line, the strategy has made sure that we mitigate this by providing alternative channels like person events where appropriate. Furthermore, consultation and engagement activities are an important way of identifying the impacts of proposals on these individuals.
<b>Positive</b>	✓	
<b>Neutral</b>		
<b>Negative</b>		

<b>Evidence:</b>																											
<p style="text-align: center; color: #0056b3;"><b>Table 1 Reasons for economic inactivity, Havering, London and England, 2021</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Reason for economic inactivity</th> <th style="text-align: center; padding: 5px;">England and Wales</th> <th style="text-align: center; padding: 5px;">London</th> <th style="text-align: center; padding: 5px;">Havering</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Economically inactive: Long-term sick or disabled</td> <td style="text-align: center; padding: 5px;">4.2%</td> <td style="text-align: center; padding: 5px;">3.6%</td> <td style="text-align: center; padding: 5px;">3.1%</td> </tr> <tr> <td style="padding: 5px;">Economically Inactive: Looking after home or family</td> <td style="text-align: center; padding: 5px;">4.8%</td> <td style="text-align: center; padding: 5px;">6.0%</td> <td style="text-align: center; padding: 5px;">5.1%</td> </tr> <tr> <td style="padding: 5px;">Economically inactive: Other</td> <td style="text-align: center; padding: 5px;">3.1%</td> <td style="text-align: center; padding: 5px;">4.1%</td> <td style="text-align: center; padding: 5px;">3.0%</td> </tr> <tr> <td style="padding: 5px;">Economically inactive: Retired</td> <td style="text-align: center; padding: 5px;">21.6%</td> <td style="text-align: center; padding: 5px;">12.9%</td> <td style="text-align: center; padding: 5px;">21.0%</td> </tr> <tr> <td style="padding: 5px;">Economically inactive: Student</td> <td style="text-align: center; padding: 5px;">5.6%</td> <td style="text-align: center; padding: 5px;">7.2%</td> <td style="text-align: center; padding: 5px;">4.6%</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small; margin-top: 10px;">Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering Insight Team</p>				Reason for economic inactivity	England and Wales	London	Havering	Economically inactive: Long-term sick or disabled	4.2%	3.6%	3.1%	Economically Inactive: Looking after home or family	4.8%	6.0%	5.1%	Economically inactive: Other	3.1%	4.1%	3.0%	Economically inactive: Retired	21.6%	12.9%	21.0%	Economically inactive: Student	5.6%	7.2%	4.6%
Reason for economic inactivity	England and Wales	London	Havering																								
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Economically inactive: Student	5.6%	7.2%	4.6%																								

<p><b>Sources used:</b></p> <p>Census 2021</p> <p><a href="#">Census 2021 Briefing #5: Labour Market, Industry and Occupation, and Travel to Work</a></p>

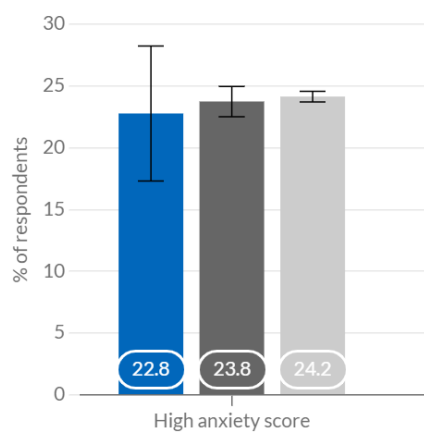
<p><b>Health &amp; Wellbeing Impact:</b> Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity? Please use the Health and Wellbeing Impact Tool in Appendix 2 to help you answer this question.</p>	
<p><i>Please tick (✓) all the relevant boxes that apply:</i></p>	<p><b>Overall impact:</b></p>
<p><b>Positive</b></p>	<p>✓</p>
<p><b>Neutral</b></p>	
<p><b>Negative</b></p>	<p>22.78% of those residents who completed the ONS annual population survey in 2020/21 self-reported their wellbeing as high anxiety.</p> <p>Improving the quality and effectiveness of community engagement undertaken by or on behalf of the Council will have a positive effect on the characteristics identified in the screening tool listed on page 17. Furthermore, consultation and engagement activities are an important way of identifying the impacts of proposals on these individuals.</p> <p><b>Do you consider that a more in-depth HIA is required as a result of this brief assessment?</b> Please tick (✓) the relevant box</p> <p style="text-align: right;">             Yes <input type="checkbox"/>      No <input checked="" type="checkbox"/> </p>
<p><b>Evidence:</b></p>	

**Figure 1: ASP (%) reported health of the population**



Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering PHI

### Self-reported wellbeing (2020/21)



### Sources used:

Census 2021

[Census 2021 Briefing #9: Health Disability and Unpaid Care](#)

### 3. Health & Wellbeing Screening Tool

Will the activity / service / policy / procedure affect any of the following characteristics? Please tick/check the boxes below




The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Personal circumstances YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Access to services/facilities/amenities YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<input type="checkbox"/> Diet <input type="checkbox"/> Exercise and physical activity <input type="checkbox"/> Smoking <input type="checkbox"/> Exposure to passive smoking <input type="checkbox"/> Alcohol intake <input type="checkbox"/> Dependency on prescription drugs <input type="checkbox"/> Illicit drug and substance use <input type="checkbox"/> Risky Sexual behaviour <input type="checkbox"/> Other health-related behaviours, such as tooth-brushing, bathing, and wound care	<input type="checkbox"/> Structure and cohesion of family unit <input type="checkbox"/> Parenting <input type="checkbox"/> Childhood development <input type="checkbox"/> Life skills <input type="checkbox"/> Personal safety <input type="checkbox"/> Employment status <input type="checkbox"/> Working conditions <input type="checkbox"/> Level of income, including benefits <input type="checkbox"/> Level of disposable income <input type="checkbox"/> Housing tenure <input type="checkbox"/> Housing conditions <input type="checkbox"/> Educational attainment <input type="checkbox"/> Skills levels including literacy and numeracy	<input type="checkbox"/> to Employment opportunities <input type="checkbox"/> to Workplaces <input type="checkbox"/> to Housing <input type="checkbox"/> to Shops (to supply basic needs) <input type="checkbox"/> to Community facilities <input type="checkbox"/> to Public transport <input type="checkbox"/> to Education <input type="checkbox"/> to Training and skills development <input type="checkbox"/> to Healthcare <input type="checkbox"/> to Social services <input type="checkbox"/> to Childcare <input type="checkbox"/> to Respite care <input type="checkbox"/> to Leisure and recreation services and facilities
Social Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Economic Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Environmental Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<input type="checkbox"/> Social contact <input type="checkbox"/> Social support <input type="checkbox"/> Neighbourliness <input type="checkbox"/> Participation in the community <input type="checkbox"/> Membership of community groups <input type="checkbox"/> Reputation of community/area <input type="checkbox"/> Participation in public affairs <input type="checkbox"/> Level of crime and disorder <input type="checkbox"/> Fear of crime and disorder <input type="checkbox"/> Level of antisocial behaviour <input type="checkbox"/> Fear of antisocial behaviour <input type="checkbox"/> Discrimination <input type="checkbox"/> Fear of discrimination <input type="checkbox"/> Public safety measures <input type="checkbox"/> Road safety measures	<input type="checkbox"/> Creation of wealth <input type="checkbox"/> Distribution of wealth <input type="checkbox"/> Retention of wealth in local area/economy <input type="checkbox"/> Distribution of income <input type="checkbox"/> Business activity <input type="checkbox"/> Job creation <input type="checkbox"/> Availability of employment opportunities <input type="checkbox"/> Quality of employment opportunities <input type="checkbox"/> Availability of education opportunities <input type="checkbox"/> Quality of education opportunities <input type="checkbox"/> Availability of training and skills development opportunities <input type="checkbox"/> Quality of training and skills development opportunities <input type="checkbox"/> Technological development <input type="checkbox"/> Amount of traffic congestion	<input type="checkbox"/> Air quality <input type="checkbox"/> Water quality <input type="checkbox"/> Soil quality/Level of contamination/Odour <input type="checkbox"/> Noise levels <input type="checkbox"/> Vibration <input type="checkbox"/> Hazards <input type="checkbox"/> Land use <input type="checkbox"/> Natural habitats <input type="checkbox"/> Biodiversity <input type="checkbox"/> Landscape, including green and open spaces <input type="checkbox"/> Townscape, including civic areas and public realm <input type="checkbox"/> Use/consumption of natural resources <input type="checkbox"/> Energy use: CO2/other greenhouse gas emissions <input type="checkbox"/> Solid waste management <input type="checkbox"/> Public transport infrastructure

### 3. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

✓	1. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u>		<b>Proceed with implementation</b> of your activity
	2. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u>		<b>COMPLETE SECTION 4:</b> <b>Complete action plan</b> and finalise the EqHIA
	3. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level		<b>Stop and remove</b> the activity or <b>revise</b> the activity <b>thoroughly</b> . <b>Complete an EqHIA on the revised proposal.</b>

## 4. Action Plan

The real value of completing an EqHIA comes from the identifying the actions that can be taken to eliminate/minimise negative impacts and enhance/optmise positive impacts. In this section you should list the specific actions that set out how you will address any negative equality and health & wellbeing impacts you have identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
All Protected Characteristics	Positive	The strategy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of community engagement undertaken by or on behalf of the Council	Engagement activities are an important way of identifying the impacts of proposals on all individuals.  Analysis of the outcomes of individual engagement activities, which includes equalities data, will be monitored and reported on.	Ongoing throughout the duration of the strategy.	Jerry Haley
Health and Well-being	Positive	An improved and transparent process for engagement activities should enhance health and well-being rather than cause a negative impact. Health and Well Being activity is included in the strategy.	Engagement activities are an important way of identifying the impacts of proposals on all individuals.  Analysis of the outcomes of individual engagement activities, which includes equalities data, will be monitored and reported on.	Ongoing throughout the duration of the strategy.	Jerry Haley

Residents who are unable or unwilling to engage online	Negative	The strategy sets out to support a process of informed and transparent decision-making and planning by allowing for alternative methods of engagement including roadshows, specific events etc.	<p>Engagment activities are an important way of identifying the impacts of proposals on all individuals.</p> <p>Analysis of the inclusivity of individual engagement activity, provided by equalities data, will be monitored and reported on.</p>	Ongoing throughout the duration of the policy.	Jerry Haley
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## 5. Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

<b>Review:</b>	The EqHIA should be reviewed in three years.
<b>Scheduled date of review:</b>	31/03/2027
<b>Lead Officer conducting the review:</b>	Deputy Head of Community Engagement

# Appendix 1. Guidance on Undertaking an EqHIA

**This Guidance can be deleted prior to publication.**

## What is it?

The Equality & Health Impact Assessment (EqHIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service, whilst at the same time ensuring a person's chance of leading a healthy life is the same wherever they live and whoever they are. We want to ensure that the activities of the Council are 'fit for purpose' and meet the needs of Havering's increasingly diverse communities and employees. This robust and systematic EqHIA process ensures that any potential detrimental effects or discrimination is identified, removed, or mitigated and positive impacts are enhanced.

## When to Assess:

An EqHIA should be carried out when you are changing, removing or introducing a new service, policy, strategy or function; for simplicity, these are referred to as an "activity" throughout this document. It is best to conduct the assessment as early as possible in the decision-making process.

### Guidance: Equality & Health Impact Assessment Checklist

The Checklist in Section 1 asks the key questions,

**4a) Are you changing, introducing a new, or removing a service, policy, strategy or function?**

**4b) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?**

**4c) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?**

- If the answer to ANY of the questions 4a, 4b or 4c of the Checklist is 'YES' then you must carry out an assessment. e.g. Proposed changes to Contact Centre Opening Hours  
'YES' = you need to carry out an EqHIA
- If the answer to ALL of the questions, 4a or 4b of the Checklist is NO, then you do not need to carry out an EqHIA assessment. e.g. Quarterly Performance Report  
'NO' = you DO NOT need to carry out an EqHIA. Please provide a clear explanation as to why you consider an EqHIA is not required for your activity.

## Using the Checklist

The assessment should take into account all the potential impacts of the proposed activity, be it a major financial decision, or a seemingly simple policy change. Considering and completing this EqHIA will ensure that all Council plans, strategies, policies, procedures, services or other activity comply with relevant statutory obligations and responsibilities. In particular it helps the Council to meet its legal obligation under the [Equality Act 2010 and the Public Sector Equality Duty](#) and its public health duties under the [Health and Social Care Act 2012](#).

## Having Due Regard

To have due regard means that in making decisions and in its other day-to-day activities, the Council must consciously consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups
- Reduce inequalities in health outcomes

## Combining Equality and Health Impact Assessment:

[Equality Impact Assessments \(EIAs\)](#) provide a systematic way of ensuring that legal obligations are met. They assess whether a proposed policy, procedure, service change or plan will affect people different on the basis of their 'protected characteristics' and if it will affect their human rights. Currently there are **nine protected characteristics** (previously known as 'equality groups' or 'equality strands'): age, disability, sex/gender, ethnicity/race, religion/faith, sexual orientation, gender reassignment, marriage/civil partnership, and pregnancy/ maternity/paternity.

An activity does not need to impact on all 9 protected characteristics – impacting on just one is sufficient justification to complete an EqHIA.

[Health Impact Assessments \(HIAs\)](#) consider the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health and wellbeing of the population. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity by assessing the distribution of potential effects within the population, particularly within vulnerable groups. 'Health' is not restricted to medical conditions, or the provision of health services, but rather encompasses the wide range of influences on people's health and wellbeing. This includes, but is not limited to, experience of discrimination, access to transport, housing, education, employment - known as the 'wider determinants of health'.

This [Equality and Health Impact Assessment \(EqHIA\)](#) brings together both impact assessments into a single tool which will result in a set of recommendations to eliminate discrimination and inequality; enhance potential positive impacts and mitigate where possible for negative impacts. In conducting this EqHIA you will need to assess the impact (positive, neutral or negative) of your activity on individuals and groups with **protected characteristics** (this includes staff delivering your activity), **socio-economic status** and **health & wellbeing**. Guidance on what to include in each section is given on the next pages.

### Guidance: What to include in background/context

In this section you will need to add the background/context of your activity, i.e. what is the activity intending to do, and why?

Make sure you include the scope and intended outcomes of the activity being assessed; and highlight any proposed changes. Please include a brief rationale for your activity and any supporting evidence for the proposal. Some questions to consider:

- What is the aim, objectives and intended outcomes?
- How does this activity meet the needs of the local population?
- Has this activity been implemented in another area? What were the outcomes?
- Is this activity being implemented as per best practice guidelines?
- Who were the key stakeholders in this activity?

\*Note that the boxes will expand as required

## Guidance: Who will be affected by the activity?

The people who will be affected may be

**Residents:** pay particular attention to vulnerable groups in the population who may be affected by this activity

**Businesses/ manufacturing / developers / small, medium or large enterprises**

**Employees:** e.g. Council staff for an internal activity, other statutory or voluntary sector employees, local businesses and services

\*Note that the boxes will expand as required

## Guidance: What to include in assessing a Protected Characteristic e.g. AGE

Please tick (✓) the relevant box:

**Positive**

**Neutral**

**Negative**

**Overall impact:** In this section you will need to consider and note what impact your activity will have on individuals and groups (including staff) with protected characteristics based on the data and information you have. You should note whether this is a positive, neutral or negative impact.

**It is essential that you note all negative impacts. This will demonstrate that you have paid 'due regard' to the Public Sector Equality Duty if your activity is challenged under the Equality Act.**

\*Note that the boxes will expand as required

**Evidence:** In this section you will need to document the evidence that you have used to assess the impact of your activity.

When assessing the impact, please consider and note how your activity contributes to the three aims of the Public Sector Equality Duty (PSED) as stated in the section above.

It is essential that you note the full impact of your activity, so you can demonstrate that you have fully considered the equality implications and have paid 'due regard' to the PSED should the Council be challenged.

- If you have identified a **positive impact**, please note this.
- If you think there is a **neutral impact** or the impact is not known, please provide a full reason why this is the case.
- If you have identified a **negative impact**, please note what steps you will take to mitigate this impact. If you are unable to take any mitigating steps, please provide a full reason why. All negative impacts that have mitigating actions must be recorded in the **Action Plan**.
- **Please ensure that appropriate consultation with affected parties has been undertaken and evidenced**

**Sources used:** In this section you should list all sources of the evidence you used to assess the impact of your activity. This can include:

- Service specific data
- Population, demographic and socio-economic data. Suggested sources include:
  - o Service user monitoring data that your service collects
  - o [Havering Data Intelligence Hub](#)
  - o [Office for National Statistics \(ONS\)](#)

If you do not have any relevant data, please provide the reason why.

\*Note that the boxes will expand as required

## Guidance: What to include in assessing Health & Wellbeing Impact:

Please tick (✓) all the relevant boxes that apply:

**Positive**

**Neutral**

**Negative**

**Overall impact:** In this section you will need to consider and note whether the proposal could have an overall impact on, or implications for, people's health and wellbeing or any factors which determine people's health.

How will the activity help address inequalities in health?

Include here a brief outline of what could be done to enhance the positive impacts and, where possible, mitigate for the negative impacts.

\*Note that the boxes will expand as required

**Do you consider that a more in-depth HIA is required as a result of this brief assessment?** Please tick (✓) the relevant box

Yes ☐ No ☐

**Evidence:** In this section you will need to outline in more detail how you came to your conclusions above:

- What is the nature of the impact?
- Is the impact **positive** or **negative**? It is possible for an activity to have **both positive and negative impacts**. Consider here whether people will be able to access the service being offered; improve or maintain healthy lifestyles; improve their opportunities for employment/income; whether and how it will affect the environment in which they live (housing, access to parks & green space); what the impact on the family, social support and community networks might be
- What can be done to mitigate the negative impacts and/or enhance the positive impacts?
- If you think there is a **neutral impact**, or the impact is not known, please provide a brief reason why this is the case.
- What is the likelihood of the impact? Will the impact(s) be in weeks, months or years? In some cases the short-term risks to health may be worth the longer term benefits.
- Will the proposal affect different groups of people in different ways? A proposal that is likely to benefit one section of the community may not benefit others and could lead to inequalities in health.

**Please use the Health & Wellbeing Impact Tool in Appendix 2 as a guide/checklist to assess the potential wider determinants of health impacts.**

This tool will help guide your thinking as to what factors affect people's health and wellbeing, such as social support, their housing conditions, access to transport, employment, education, crime and disorder and environmental factors. It is not an exhaustive list, merely a tool to guide your assessment; there may be other factors specific to your activity.

Some questions you may wish to ask include:

- Will the activity impact on people's ability to socialise, potentially leading to social isolation?
- Will the activity affect a person's income and/or have an effect on their housing status?
- Is the activity likely to cause the recipient of a service more or less stress?
- Will any change in the service take into account different needs, such as those with learning difficulties?
- Will the activity affect the health and wellbeing of persons not directly related to the service/activity, such as carers, family members, other residents living nearby?
- If there is a short-term negative effect, what will be done to minimise the impact as much as possible?

- Are the longer-term impacts positive or negative? What will be done to either promote the positive effects or minimise the negative effects?
- Do the longer term positive outcomes outweigh the short term impacts?

\*Note that the boxes will expand as required

**Sources used:** In this section you should list all sources of the evidence you used to assess the impact of your activity. This could include, e.g.:

Information on the population affected

- Routinely collected local statistics (e.g. quality of life, health status, unemployment, crime, air quality, educational attainment, transport etc.)
- Local research/ Surveys of local conditions
- Community profiles

Wider Evidence

- Published Research, including evidence about similar proposals implemented elsewhere (e.g. Case Studies).
- Predictions from local or national models
- Locally commissioned research by statutory/voluntary/private organisations

Expert Opinion

- Views of residents and professionals with local knowledge and insight

\*Note that the boxes will expand as required

## Guidance: Outcome of the Assessment

On reflection, what is your overall assessment of the activity?

The purpose of conducting this assessment is to offer an opportunity to think, reflect and **improve** the proposed activity. It will make sure that the Council can evidence that it has considered its due regard to equality and health & wellbeing to its best ability.

It is not expected that all proposals will be immediately without negative impacts! However, where these arise, what actions can be taken to mitigate against potential negative effects, or further promote the positive impacts?

Please tick one of the 3 boxes in this section to indicate whether you think:

1. all equality and health impacts are adequately addressed in the activity – proceed with your activity pending all other relevant approval processes
2. the assessment identified some negative impacts which could be addressed – please complete the Action Plan in Section 4.
3. If the assessment reveals some significant concerns, this is the time to stop and re-think, making sure that we spend our Council resources wisely and fairly. There is no shame in stopping a proposal.

\*Note that the boxes will expand as required

## Guidance: Action Plan

For each protected characteristic/health & wellbeing impact where an impact on people or their lives has been identified, complete one row of the action plan. You can add as many further rows as required.

State whether the impact is Positive or Negative

Briefly outline the actions that can be taken to mitigate against the negative impact or further enhance a positive impact. These actions could be to make changes to the activity itself (service, proposal, strategy etc.) or to make contingencies/alterations in the setting/environment where the activity will take place.

For example, might staff need additional training in communicating effectively with people with learning difficulties, if a new service is opened specifically targeting those people? Is access to the service fair and equitable? What will the impact on other service users be? How can we ensure equity of access to the service by all users? Will any signage need changing? Does the building where the service being delivered comply with disability regulations?

## Guidance: Review

Changes happen all the time! A service/strategy/policy/activity that is appropriate at one time, may no longer be appropriate as the environment around us changes. This may be changes in our population, growth and makeup, legislative changes, environmental changes or socio-political changes.

Although we can't predict what's going to happen in the future, a review is recommended to ensure that what we are delivering as a Council is still the best use of our limited resources. The timescale for review will be dependent on the scale of the activity.

A major financial investment may require a review every 2-3 years for a large scale regeneration project over 10-15 years.

A small policy change may require a review in 6 months to assess whether there are any unintended outcomes of such a change.

Please indicate here how frequently it is expected to review your activity and a brief justification as to why this timescale is recommended.

## Appendix 2. Health & Wellbeing Impact Tool

Will the activity/service/policy/procedure affect any of the following characteristics? Please tick/check the boxes below

The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES <input type="checkbox"/> NO <input type="checkbox"/>	Personal circumstances YES <input type="checkbox"/> NO <input type="checkbox"/>	Access to services/facilities/amenities YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Diet <input type="checkbox"/> Exercise and physical activity <input type="checkbox"/> Smoking <input type="checkbox"/> Exposure to passive smoking <input type="checkbox"/> Alcohol intake <input type="checkbox"/> Dependency on prescription drugs <input type="checkbox"/> Illicit drug and substance use <input type="checkbox"/> Risky Sexual behaviour <input type="checkbox"/> Other health-related behaviours, such as tooth-brushing, bathing, and wound care	<input type="checkbox"/> Structure and cohesion of family unit <input type="checkbox"/> Parenting <input type="checkbox"/> Childhood development <input type="checkbox"/> Life skills <input type="checkbox"/> Personal safety <input type="checkbox"/> Employment status <input type="checkbox"/> Working conditions <input type="checkbox"/> Level of income, including benefits <input type="checkbox"/> Level of disposable income <input type="checkbox"/> Housing tenure <input type="checkbox"/> Housing conditions <input type="checkbox"/> Educational attainment <input type="checkbox"/> Skills levels including literacy and numeracy	<input type="checkbox"/> to Employment opportunities <input type="checkbox"/> to Workplaces <input type="checkbox"/> to Housing <input type="checkbox"/> to Shops (to supply basic needs) <input type="checkbox"/> to Community facilities <input type="checkbox"/> to Public transport <input type="checkbox"/> to Education <input type="checkbox"/> to Training and skills development <input type="checkbox"/> to Healthcare <input type="checkbox"/> to Social services <input type="checkbox"/> to Childcare <input type="checkbox"/> to Respite care <input type="checkbox"/> to Leisure and recreation services and facilities
<b>Social Factors</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Economic Factors</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Environmental Factors</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Social contact <input type="checkbox"/> Social support <input type="checkbox"/> Neighbourliness <input type="checkbox"/> Participation in the community <input type="checkbox"/> Membership of community groups <input type="checkbox"/> Reputation of community/area <input type="checkbox"/> Participation in public affairs <input type="checkbox"/> Level of crime and disorder <input type="checkbox"/> Fear of crime and disorder <input type="checkbox"/> Level of antisocial behaviour <input type="checkbox"/> Fear of antisocial behaviour <input type="checkbox"/> Discrimination <input type="checkbox"/> Fear of discrimination <input type="checkbox"/> Public safety measures <input type="checkbox"/> Road safety measures	<input type="checkbox"/> Creation of wealth <input type="checkbox"/> Distribution of wealth <input type="checkbox"/> Retention of wealth in local area/economy <input type="checkbox"/> Distribution of income <input type="checkbox"/> Business activity <input type="checkbox"/> Job creation <input type="checkbox"/> Availability of employment opportunities <input type="checkbox"/> Quality of employment opportunities <input type="checkbox"/> Availability of education opportunities <input type="checkbox"/> Quality of education opportunities <input type="checkbox"/> Availability of training and skills development opportunities <input type="checkbox"/> Quality of training and skills development opportunities <input type="checkbox"/> Technological development <input type="checkbox"/> Amount of traffic congestion	<input type="checkbox"/> Air quality <input type="checkbox"/> Water quality <input type="checkbox"/> Soil quality/Level of contamination/Odour <input type="checkbox"/> Noise levels <input type="checkbox"/> Vibration <input type="checkbox"/> Hazards <input type="checkbox"/> Land use <input type="checkbox"/> Natural habitats <input type="checkbox"/> Biodiversity <input type="checkbox"/> Landscape, including green and open spaces <input type="checkbox"/> Townscape, including civic areas and public realm <input type="checkbox"/> Use/consumption of natural resources <input type="checkbox"/> Energy use: CO2/other greenhouse gas emissions <input type="checkbox"/> Solid waste management <input type="checkbox"/> Public transport infrastructure

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<b>CABINET</b>	
<b>Subject Heading:</b>	<b>Budget Monitoring Report - Period 9 December 2023</b>
<b>Cabinet Member:</b>	<b>Councillor Chris Wilkins (Cabinet Member for Finance)</b>
<b>SLT Lead:</b>	<b>Kathy Freeman</b> Strategic Director of Resources
<b>Report Author and contact details:</b>	Richard Tyler Head of Financial Strategy and Business Intelligence 01708 433 957  <a href="mailto:Richard.Tyler@Havering.gov.uk">Richard.Tyler@Havering.gov.uk</a>
<b>Policy context:</b>	The report provides an update on the Financial monitoring position of the Council at the end of Period 9 2023-2024 (Quarter 3).
<b>Financial summary:</b>	This report includes: <ul style="list-style-type: none"> <li>• Impact of Spending Controls put in place for 2023/24</li> <li>• Projected Outturn at Period 9</li> <li>• Projected Capital spend at Period 9 (<b>Appendix A</b>)</li> <li>• Update on progress towards delivering the 2023/24 savings</li> </ul>
<b>Is this a Key Decision?</b>	No

## 1. Executive Summary

- 1.1. This Report sets out the monitoring position for the Council for 2023/24 based on figures to period nine (31st December).
- 1.2. The table below shows the net service controllable budgets, spend and variances and actuals to date.

Directorates at Activity level	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
<b>Resources - Strategic Directorate</b>	<b>7.720</b>	<b>9.340</b>	<b>9.970</b>	<b>9.340</b>	<b>0.000</b>	<b>0.100</b>
<b>People - Strategic Directorate</b>	<b>111.900</b>	<b>133.170</b>	<b>111.060</b>	<b>156.060</b>	<b>22.890</b>	<b>21.810</b>
<b>Place - Strategic Directorate</b>	<b>9.230</b>	<b>13.970</b>	<b>11.930</b>	<b>16.930</b>	<b>2.960</b>	<b>3.810</b>
<b>OneSource Shared</b>	<b>8.130</b>	<b>9.450</b>	<b>8.290</b>	<b>11.030</b>	<b>1.580</b>	<b>1.890</b>
<b>OneSource Non-Shared LBH</b>	<b>2.760</b>	<b>3.000</b>	<b>1.750</b>	<b>3.110</b>	<b>0.110</b>	<b>(0.040)</b>
<b>Total Service Budgets</b>	<b>139.740</b>	<b>168.930</b>	<b>143.000</b>	<b>196.470</b>	<b>27.540</b>	<b>27.570</b>
Corporate budgets and provisions	16.130	7.760	4.850	7.760	0.000	0.000
Concessionary Fares	5.080	4.870	3.600	4.870	0.000	0.000
Treasury Mgt. & Capital Financing	9.450	9.150	(0.730)	6.150	(3.000)	(3.000)
Service Growth held corporately	18.480	0.000	0.000	0.000	0.000	0.000
Contributions to the Pension Fund	12.080	12.080	5.530	12.080	0.000	0.000
Corporate Mitigations	0.000	0.000	0.000	(5.450)	(5.450)	(3.450)
<b>Corporate Finance Total</b>	<b>61.220</b>	<b>33.860</b>	<b>13.250</b>	<b>25.410</b>	<b>(8.450)</b>	<b>(6.450)</b>
Contingency	1.000	1.000	0.000	1.000	0.000	0.000
Un-ringfenced Service Grants	(38.490)	(40.320)	(24.190)	(40.320)	0.000	0.000
Levies	18.530	18.530	14.180	18.530	0.000	0.000
<b>Corporate Total</b>	<b>42.260</b>	<b>13.070</b>	<b>3.240</b>	<b>4.620</b>	<b>(8.450)</b>	<b>(6.450)</b>
<b>Total</b>	<b>182.000</b>	<b>182.000</b>	<b>146.240</b>	<b>201.090</b>	<b>19.090</b>	<b>21.120</b>

- 1.3. Further details of the reported variances are set out in Section 4 of this report. This section also sets out the steps taken to address the reported overspend. There are then sections setting out the Corporate position, including Treasury management.

## 2. RECOMMENDATIONS

- 2.1. Cabinet are asked to note the revenue financial position at Period 9 and the action taken to mitigate the overspend.

## 3. BACKGROUND

- 3.1. The early months of 2023/24 has seen significant pressures on the Council's budget. The largest increases are in People Services in the following areas:
- 3.1.1. *Housing Demand* - The increase in cost of living has had a resultant impact on the cost of Housing provision across London. Demand has increased and the Council has been forced to use high cost temporary accommodation on an increasing basis. The number

of PSL's available has also decreased over the last couple of years again increasing the use of hotels and B and B.

3.1.2. *Looked after Children with Complex need* - The numbers of Looked After Children requiring Council support has increased over the last few years. In 2022/23 the number of Children requiring complex support through residential placements has risen from 16 up to 29 placements. Whilst this number has stabilised the overall number of Looked after children overall has continued to rise resulting in a significant pressure on the budget. The Council has a statutory duty to support these Children and will regularly review each placement to ensure the best outcomes for each individual.

3.1.3. *Uncertainty over continued Health Funding and the rising unit cost of Adult placements*  
The number of Adults in Social care continues to rise but more significantly the unit cost of provision driven by inflation has significantly increased. The Council was expecting these increases and over £9m was built into the Adults budget to cover these costs. Costs have continued to rise and despite this funding injection there is still a significant overspend. The Council is reliant on Health to support the Council in funding for care costs particularly relating to hospital discharges. At present there is an imbalance in health contributions compared to the assumed budgeted amounts. People Services will continue to work closely with Health partners to recognise the Council's pressures and to secure funding where it is due.

3.2. These pressures have resulted in a significant gap in the Council's forecasted budget position. Services will continue to work hard to both contain demand and reduce costs to improve this position through the remainder of the year. It should be noted that the Council is not alone in facing these pressures. Many other boroughs are reporting similar positions with rising costs driven by inflation and rising demand.

### **3.3 Introduction of Spending Controls and the identification of Savings to improve the forecast outturn position**

3.3.1 The Council has introduced strict Spending Controls for the remainder of the 2023/24 financial year. These measures include:

- Reviews of all high-cost social care placements to ensure the placement is both appropriate for the service user and represents best value for the authority
- Review of placements to identify in-house opportunities rather than more expensive out of borough placements
- Review of staffing and structures including ensuring funds are appropriately charged to revenue, capital and the Housing Revenue Account
- Ensure the Public Health Grant is utilised effectively to deliver strategic health aims of the Council
- Improve debt collection within Housing and from Private Sector Landlords
- Joint work with Health and hospitals to ensure better outcomes for adults leaving hospital and costs for continuing care are shared appropriately

3.3.2 There are many examples of the actions departments have taken to control spend since October. These include:

3.3.2.1 Examples of Freezes on recruitment and holding vacancies:

Department	Initiative
Environment	Business support in Environment continuing to hold 8 FTE vacancies since March 23, saving £271k
Regeneration	Two posts held vacant to March 2024 (the Inward Investment Officer and Business Engagement Manager) – Saving £55k
Regeneration	End of fixed term contract for the Special Projects Officer (G8), a saving of £20k
Regeneration	Holding the social value post vacant for 2023/24
Adults	Occupational Therapist vacancy held for through October and November
Starting Well	Customer support officer held vacant for six weeks in autumn
Resources	Finance Director post to be held vacant from November for remainder of year saving £50k
Resources	1.5 Strategic business partner posts held vacant in accountancy through 23/24 saving approx. £150k
Resources	Head of procurement post held vacant

3.3.2.2 Other examples of mitigations and initiatives include:

Department	Initiative
Environment	Pause on some tree works in parks saving £15k
Environment and Regen	Reduction in spend on staff training. £10k saving
Corporate	Reviews of Council Subscriptions underway to determine whether any can be stopped or not renewed – Saving to be confirmed
Ageing Well	Successful Targeted reviews – recently reduced the number of night shifts from x3 to x2; saving has been identified of £2.8k per week. Total for saving for 2023/24 £50k
Starting Well	Review of Education Finance team delivering a GF Saving of £123k in 23/24
Starting Well	Review of Central commercial services delivering a saving in 23/24 of £32k
Starting Well	Restructure of services within Starting well to manage demand delivered in 2023 included the deletion of one Head of Service Post

### 3.3.2.3 Joint working with Health – Examples

Successfully transferring a £2,700 package per week at beginning of Nov over continuing healthcare, this work continues on other cases that may be eligible going forward for either a percentage or full CHC. This has generated a saving of £55k for the remainder of 23/24

Enablement continues on wards at Queens Hospital to prevent decommissioning of patients which should reduce the need for intensive packages of care and or placement on discharge. Community reablement in place to reduce dependency and therefore see a decrease in some packages of care.

Ensuring patients/residents are discharged from hospital with the appropriate funding, an example of this is where a patient has some identified nursing needs that health continue to fund.

Work also continues to ensure that where the Council spends funds to deliver Public Health aims this is reflected in the use of the public health grant. This exercise is undertaken every year to ensure appropriate charging and costs for 23/24 and the future plan for 24/25 are currently being reviewed

- 3.3.3 The Council has also identified a number of Corporate savings and adjustments in order to reduce the budget gap. These proposals include:

Corporate Adjustments	Value	Description
Redirect agency levy in 23/24 to assist the General Fund Budget	1.500	The levy is an 8% overhead on agency costs which is passported to the pension fund to reflect the loss of contributions from permanent staff to the fund. The financial cash position of the pension fund is such that this can be redirected for 23/24 and 24/25 safely
Temporarily stop payments to the Insurance imprest account	0.450	Saving is planned until March 2025 and would need reviewing based on balance on account. The account has sufficient funds to pay claims over the next 18 months
Business Rates revaluation technical adjustment	0.500	The Government have announced a technical adjustment to the formula to calculate business rates top-ups. This will generate an addition £500k in retained business rates for 2023/24 for Havering

Treasury adjustment to reflect HRA benefit of using internal borrowing to fund the capital programme	3.000	Each year the HRA builds in a budget for external borrowing to fund the capital programme. The Council however has used internal borrowing to fund the HRA capital programme. The balances are largely General Fund related so it is estimated that a year end adjustment of £3m is needed to reflect this imbalance
<b>TOTAL CORPORATE ADJUSTMENTS</b>	<b>5.450</b>	

#### 4. PERIOD 9 SERVICE PROJECTIONS

4.1. This section sets out the service reported position at the end of December and the directorates view on the potential outturn position from all known information. The paragraphs below set out department commentary on the current variances.

#### 4.2. RESOURCES

Directorates at Activity level (Controllable Budgets Only)	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
Public Health	(1.930)	(1.930)	(4.530)	(1.930)	<b>0.000</b>	0.000
Communication	1.300	1.390	1.110	1.370	<b>(0.020)</b>	0.000
Customer Services	2.650	3.690	3.850	3.490	<b>(0.200)</b>	(0.435)
Finance	1.530	2.050	1.360	1.920	<b>(0.130)</b>	0.000
Partnership Impact and Delivery	2.830	2.550	4.660	2.870	<b>0.320</b>	0.499
Public Health - Non Grant	0.940	1.170	0.890	1.080	<b>(0.090)</b>	0.036
HR & OD	0.400	0.420	2.630	0.540	<b>0.120</b>	0.000
<b>Resources - Strategic Directorate</b>	<b>7.720</b>	<b>9.340</b>	<b>9.970</b>	<b>9.340</b>	<b>0.000</b>	<b>0.100</b>

4.2.1. Resources overall are now reporting a balanced position for period 9. Within that position Communication Service are projecting a £0.020m underspend relating to staffing costs in the Media team as part of the spending controls mitigation to the budget position.

4.2.2. Customer Services are projecting a total underspend of £0.200m in period 9 including £0.064m within Bereavement Services. This underspend includes additional cremation fee income from a mid-year fee increase as well as holding vacant posts in line with the spend controls, it is pertinent to note that the service is subject to seasonal demands which can fluctuate.

4.2.2.1. The underspend in Customer Services is also as a result of holding vacancies across the service especially in Democratic Services, Customer Services and Communications. As it currently stands, the holding of vacancies in relation to the Contact Centre is in line

with current spending controls and does not appear to be adversely impacting on call wait times but this will continue to be monitored along with variations in demand.

4.2.2.2. There is a projected overspend of £0.130m in libraries is due primarily to shortfalls in income. In light of the spending controls, the service has reduced spend on book renewals for this financial year by £0.060m and not utilising all of the staff training budgets in order to partly mitigate the pressure relating to income shortfall.

4.2.3. There is a projected overspend on Partnership Impact and Delivery of £0.320m which is due to a £0.250m unachieved integrated commissioning savings target and agency staff covering vacant posts within commissioning. The savings are unachieved for 2023/24 but are expected to be delivered in 2024/25.

4.2.3.1. There is a pressure of £0.040m on staffing within Operational procurement due to the split from one-source. The funding for impact of split has been built into 24/25 budget as part of budget setting.

4.2.4. There is an underspend of £0.090m in the Insight Policy & Strategy (Non Grant) service due to holding a vacant post as part of the spend control. The post will be filled in 2024/25 as part of the service re-design.

4.2.5. Finance People & Place are forecasting an underspend of £0.130m, largely due to salary underspends across the service. Posts will need to be recruited to during 2024/25 as part of the restructure of the service

4.2.6. HR & OD are reporting an overspend of £0.120m which relates to a combination of items; unfunded wellbeing activity; increased Trade Union costs and unfunded transitional arrangements arising from the oneSource split.

### 4.3. PEOPLE

Directorates at Activity level (Controllable Budgets Only)	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
People - Starting Well Total	45.110	55.950	47.090	65.090	<b>9.140</b>	9.410
People - Ageing Well Total	64.770	74.130	58.970	82.730	<b>8.600</b>	8.620
People - Living Well (Housing Demand)	2.020	3.090	5.000	8.240	<b>5.150</b>	3.780
<b>People - Strategic Directorate</b>	<b>111.900</b>	<b>133.170</b>	<b>111.060</b>	<b>156.060</b>	<b>22.890</b>	<b>21.810</b>

4.3.1. The People Directorate is forecasting to be £22.9m over budget in 2023/24. It should be noted that this position is also after £18.5m of growth has been applied to the original budget. The overspend is across the Directorate and whilst the largest overspends are in starting well and ageing well the emerging pressure relates to temporary accommodation which now stands at over £5m. The Council has fully recognised this position in setting the 2024/25 budget and growth has been built in not only to mitigate these ongoing pressures but also to recognise future demand.

#### 4.3.2. Starting Well

Directorates at Activity level (Controllable Budgets Only)	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
Education	4.310	8.370	7.180	9.400	<b>1.030</b>	0.000
Children's Social Care	39.330	45.740	38.900	53.490	<b>7.750</b>	9.410
Principal Social Worker	1.470	1.840	1.010	2.200	<b>0.360</b>	0.000
<b>People - Starting Well Total</b>	<b>45.110</b>	<b>55.950</b>	<b>47.090</b>	<b>65.090</b>	<b>9.140</b>	<b>9.410</b>

- 4.3.2.1. Starting Well are reporting an overspend of £9.140m at Period 9 which is a reduction of £0.26m from the figure reported at Period 6.

*The increasing number and cost of Children in Care placements. (projected overspend £4.9m).*

- 4.3.2.2. The number of Children in care placements has risen from 235 to 270 since April 2023. Whilst the increase in numbers has placed further pressure on the budget the Council has been successful in identifying an increased number of both internal mainstream foster and family and friends foster placements. These placements are supporting value for money, as well as enabling improved stability and good outcomes for this cohort of children. The Council continues to work hard to increase the number of foster carers in the borough and is now involved in an East London initiative with DfE support.
- 4.3.2.3. The Council however has experienced sharply rising unit costs of its residential placements. The average weekly cost of a residential placement has risen from £5,300pw in April 2023 to £6,500pw now. This is a significant increase caused partly by the complexity of new cases but also by the current market conditions which are allowing providers to increase costs sharply.

*Demand for Home to School Transport (projected overspend £0.9m)*

- 4.3.2.4. Demand for transport assistance is still increasing due to a continuing increase in EHCPs being issued, resulting in increased applications for transport support. New routes have been identified and continue to be closely monitored, and the Council's transport assessor is working with families currently applying for transport assistance to ensure they are offered the most cost-effective support. Whilst there has been some reduction in taxi usage, with pupils being moved to buses the overall increase in demand has meant there has not been a corresponding decrease in charges. A new transport strategy is out for consultation with parents for implementation by September 2024, although this will not affect new applications until September 2025.
- 4.3.2.5. In order to try to mitigate the pressure from SEND activity, the service is endeavouring to increase travel training to reduce the demand for more expensive transport. Other areas being scoped include a further full end to end review of SEND and Passenger Transport Services eligibility criteria, processes and overarching policy. The Directorate is working intensively with colleagues across the Council, DfE and regional/sub-regional groups to plan and develop a wide range of provision for children with disabilities and children in

care placements designed to reduce the use of high cost external provision, improve quality and keep even more children in Borough.

*Staffing costs and reliance on Agency workers (Projected overspend £1.5m)*

- 4.3.2.6. The Council is working hard to increase permanency as this will provide a more stable environment for the children in care as well as reducing costs. Initiatives include the ASYE scheme for newly qualified Social Workers which is now up and running. The service has developed a workforce strategy which is focused on developing improved recruitment offers/promotional activity, strengthened on-boarding and projects to target potential recruits from particular sectors. The service is also reviewing a business case for recruitment from abroad and reorganising work flow mechanisms via service reshaping. There is a national shortage of skilled social workers and Havering is no different to many other authorities in having to rely on more expensive agency workers.

*Leaving Care Costs (Projected overspend £1.8m)*

- 4.3.2.7. The Leaving care budget is forecast to overspend by £1.8m due to rising numbers of care leavers and those in semi-independent accommodation. Whilst numbers have increased during the year the overspend is primarily an underlying budget shortfall which will be addressed as part of the 24/25 budget process.

**4.3.2.8. Risks to the Starting Well budget position**

- 4.3.2.9. There are a number of risks which may result in future pressures both in the remainder of 2023/24 and into future years
- 4.3.2.10. The Children with Disability service CWD service has successfully avoided making new placements over recent months but whilst the number of new placements this year remains very low, children are being supported in their own families with access to short breaks. Given the children's complexities this is testing family resilience, and could result in new placements being required later this year.
- 4.3.2.11. There is a growing number of UASC children nationally and whilst the numbers in Havering have not risen significantly in 2023/24 there is a significant risk moving forward of increased placements which will be a cost to the Council due to the imbalance between placement costs and the Governments grant support.
- 4.3.2.12. There has been a recent OFSTED inspection of the Council's service provision. The Council is awaiting the recommendations from that report but there is a potential cost implication to meet those requirements.
- 4.3.2.13. The DSG also remains under significant pressure. Projections for 23-24 take into account the £8.0m in-year forecast overspend, and a cumulative overspend of £16.5m is now projected for the end of this financial year

#### 4.3.2.14. Mitigations to the Starting Well Budget Position

4.3.2.15. The service is demand driven and so in most areas it cannot delay or cease services. The service has a staff shortage but is working hard to recruit permanent staff and ultimately reduce the number of agency workers. The service has and continues to review all packages to ensure they provide both the best outcome for the child and the most cost effective solution.

4.3.2.16. A review of Home to School transport is underway and proposals were presented to September cabinet. Further updates on this will be presented to future cabinets. The service continues to promote short breaks as a cost effective solution to allow more children to remain at home rather than be placed elsewhere

#### 4.3.3. Ageing Well

Directorates at Activity level (Controllable Budgets Only)	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
Adult Social Care Total	63.640	72.950	58.150	81.570	<b>8.620</b>	8.620
Adult Safeguarding Total	1.130	1.170	0.820	1.150	<b>(0.020)</b>	0.000
<b>People - Ageing Well Total</b>	<b>64.770</b>	<b>74.120</b>	<b>58.970</b>	<b>82.720</b>	<b>8.600</b>	<b>8.620</b>

4.3.3.1. The Ageing Well Department is £8.6m over budget. The main driver of the overspend is Adult Social Care, which is 12% over budget due to increased unit costs and numbers of packages. To date it has spent 67% of its budget.

#### Adult Social Care

Directorates at Activity level (Controllable Budgets Only)	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
Transforming Health & Social Care	0.000	0.000	(7.250)	0.000	<b>0.000</b>	0.000
Strategy and Commissioning	2.690	2.660	2.810	3.080	<b>0.420</b>	0.330
Mental Health - Section 75	2.240	1.750	0.780	1.460	<b>(0.290)</b>	(0.190)
Mental Health - Non Section 75	1.180	2.350	2.400	3.040	<b>0.690</b>	0.570
ASC Covid Spend	0.000	0.000	0.020	0.000	<b>0.000</b>	0.000
Adult Community Team	33.130	36.410	32.070	40.010	<b>3.600</b>	3.560
Hospital Discharge	0.090	0.110	0.610	0.000	<b>(0.110)</b>	0.000
Learning Disabilities	24.320	28.940	26.030	33.140	<b>4.200</b>	4.260
Health & Social Care Other	(0.010)	0.730	0.640	0.840	<b>0.110</b>	0.090
Disabled Adult Services-Dummy	0.000	0.000	0.040	0.000	<b>0.000</b>	0.000
<b>Adult Social Care Total</b>	<b>63.640</b>	<b>72.950</b>	<b>58.150</b>	<b>81.570</b>	<b>8.620</b>	<b>8.620</b>

4.3.3.2. Within the Adult Community Activity placement costs are overspending mainly due to nursing placements and homecare provision. Nursing has a net increase of seven

provisions and the average cost of these provisions being approximately £300 per week more expensive than those service users whose care packages have ended in the period. There have also been several increases in packages in nursing due to an increase in complexity of the cases and an increase in one-to-one support.

- 4.3.3.3. Homecare is the other big variance and there appears to be a net reduction of approximately 30 clients in period 9, however the packages provided are more complex with the average hours of care being provided to each client being more than those clients who have ended this period. There has also been an increases to a significant number of existing client packages in period 9 which are a result of client needs changing and requiring more complex care.
- 4.3.3.4. There have also been other smaller movements in Supported Accommodation, Respite and Residential for period 9. Client contributions income increased which has offset some of the increases in costs.
- 4.3.3.5. A detailed review of the bad debt associated with client contributions has been undertaken at period 9 and an additional £0.300m has been added to the forecast to reflect the adjustment that will be required at year end for the bad debt provision.
- 4.3.3.6. £0.320m was allocated to Adult Community Team from the one off monies in period 9. The period 9 placement activity has increased with the main increases being within nursing and residential and due to increases in existing packages due to complexity. This has been netted off by client contributions and some changes to staffing forecasts which has kept the overall position relatively stable.
- 4.3.3.7. The Strategy and commissioning activity area has increased this is due to an increased demand in the provision of equipment for clients and also due to emergency reablement being required due to lack of capacity during December.

#### 4.3.4. Living Well (Culture and Housing Demand)

Directorates at Activity level (Controllable Budgets Only)	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
Culture & Leisure	(1.920)	(1.570)	(1.060)	(1.570)	<b>0.000</b>	0.080
Housing Demand	3.940	4.660	6.060	9.810	<b>5.150</b>	3.700
<b>People - Living Well</b>	<b>2.020</b>	<b>3.090</b>	<b>5.000</b>	<b>8.240</b>	<b>5.150</b>	<b>3.780</b>

- 4.3.4.1. The Period 9 projected position is a £5.150m overspend, due to the additional hotel costs for families and singles as a result of increasing numbers. Although we have seen a reduction in the average spend per unit for the hotel or nightly charged accommodation, the need for hotel accommodation continues to increase, with the supply of alternatives not increasing at the same rate. There has been a further increase in repairs and maintenance costs for PSL and SSH properties. This however partly relates to hand back costs as there continues to be a reduction in the number of units available to rent.

- 4.3.4.2. The PSL property numbers available to rent, continues to reduce, with a further 57 taken back by Landlords so far this year.

Dates	Apr-20	Apr-21	Apr-22	Apr-23	Dec-23
PSL Properties Numbers	809	747	656	592	535

- 4.3.4.3. The table below demonstrates the increase in temporary accommodation costs and demand over the first eight months of the year. It should be noted that these costs have only stabilised in later months due to the mitigations described below becoming available. The underlying trend is still an increase in numbers for whom we have a statutory duty

		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
FAMILIES	A	2640	2940	3350	3440	3880	4080	4220	4110	4110
	B	0.220	0.240	0.290	0.310	0.360	0.370	0.380	0.340	0.340
SINGLES	A	1400	1560	1650	1730	1580	1510	1860	2130	2360
	B	0.090	0.110	0.110	0.120	0.110	0.100	0.160	0.130	0.120

Note

A) Total days cost in month

B) Total cost in month (£m)

- 4.3.4.4. We have some mitigations being mobilised to reduce the impact of hotels, with Royal Jubilee court which will reduce the homeless pressure by £0.7m. Two of the schemes have slipped to 2024/25. However, the winter period could add additional pressures to the service.

Sites used to mitigate Hotel pressures	Number of units	Timeframe	In year budget impact £m
Royal Jubilee Court	71 units	Nov-23 to Feb 2024	(0.674)
National Housing Group	15 units	Mar-24	(0.029)
<b>Total</b>			<b>(0.703)</b>

#### 4.4. PLACE

Directorates at Activity level (Controllable Budgets Only)	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
Place - Environment	5.490	9.220	4.730	11.390	<b>2.170</b>	2.410
Place - Planning & Public Protection	2.850	3.310	3.570	3.660	<b>0.350</b>	0.800
Place - Housing & Property	0.890	1.440	3.620	1.880	<b>0.440</b>	0.600
<b>Place - Strategic Directorate</b>	<b>9.230</b>	<b>13.970</b>	<b>11.920</b>	<b>16.930</b>	<b>2.960</b>	<b>3.810</b>

##### 4.4.1. Environment

- 4.4.1.1. Environment are projecting an overspend position of £2.170m at P9. The main reasons for the overspend are as follows:
- 4.4.1.2. Parking – an over spend of £1.8m which is mainly as a result of an underachievement in PCN / MTC income, reversal of the permit charges and reduced income from the new school streets offer. In addition, under achievement in off street parking and non-staff permits income which is partially offset by over achievement in on street parking income.
- 4.4.1.3. Public Realm – an over spend of £0.160m. The over spend is mainly as a result of procurement, consultancy and ongoing Legal support costs relating to the deferral of the integrated Public Realm Contract, which is now in place. The extension agreement with SERCO, resulted in an increase in the Household waste and recycling collection cost, and overall contract price increase, based on indexation. The introduction of various spending controls continues to favourably impact on the forecast pressure across the Service.
- 4.4.1.4. Highways – an over spend of £0.600m. The over spend is mainly as a result of a historic unachievable income target within DSO and the under achievement of the Crossover income due to reduced volume. The scheme's budget is under pressure due to under recovery in staff capitalisation costs. There is a £0.160m pressure in network management (street works) is due to a reduced volume of licence applications and the subsequent reduction of licence and permit income. This overspend is offset by the one off credit of £0.390m, from a refund received this year from the energy supplier, relating to previous years over payment of the electricity bills. There is a reduction in the gully cleaning cost as part of the in year savings and Directorate under spends of £0.407m predominantly as a result of staffing under spends within Business Support and reduced spend across the Directorate.

#### 4.4.2. Planning & Public Protection

- 4.4.2.1. Planning & Public Protection are projecting an over spend position of £0.350m at P9. Pressures within Planning and Public Protection are as a result of under achievement of the planning application fee income, building control fee income, local land charges and business licensing fee income. In addition to, unbudgeted legal costs in relation to upcoming Public Inquiries within planning and costs for Terraquest, the external service provider for planning application validation. There are cost pressures in connection with the Local Plan and Lower Thames Crossing Development Consent Order programme.
- 4.4.2.2. These over spends are slightly offset by salary underspends across the Service, and grant income received (TFL income from LIP travel awareness programme, Defra Funding for air quality projects, Local implementation funding). In addition to over achievement of Enforcement fines income.
- 4.4.2.3. There have been recent confirmation of Government / Non-Government income grants to be received; these were not previously included within the forecast projection. An increase in the projected HMO licence permit licence income and ongoing vacancies across the Services have added to the movement from the previous forecast projections.

#### 4.4.3 Housing and Property

Directorates at Activity level (Controllable Budgets Only)	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
Regeneration & Place Shaping	0.700	0.900	1.090	0.600	<b>(0.300)</b>	0.000
Housing Property and Assets	(3.670)	(3.740)	(2.690)	(3.510)	<b>0.230</b>	0.460
Asset Management	3.520	3.870	4.430	4.380	<b>0.510</b>	0.140
Inclusive Growth	0.340	0.410	0.790	0.410	<b>0.000</b>	0.000
<b>Place - Housing &amp; Property</b>	<b>0.890</b>	<b>1.440</b>	<b>3.620</b>	<b>1.880</b>	<b>0.440</b>	<b>0.600</b>

- 4.4.3.1 Regeneration and Place Shaping - Transport are forecasting an underspend of £0.300m largely in relation to additional external income.
- 4.4.3.2 Housing Property and Assets are forecasting an overspend of £0.230m, largely in relation to lost commercial income re the Hildene redevelopment. The service has reduced all non-essential spend where possible in order to mitigate the pressure. Vacant units are currently being let so the service are hopeful to see an increase in rental income in 24/25. There is also a small residual pressure of £0.030m re Romford Market due to reduced trader income which has been in decline for a number of years.
- 4.4.3.3 Asset Management are forecasting a pressure of £0.510m at period 9. The Mercury House decant is unlikely to be concluded until 2024/25, therefore the associated savings target will not be fully achieved this financial year whilst business rates and small running costs are still being incurred.

## 4.5 ONESOURCE SHARED

Directorates at Activity level (Controllable Budgets Only)	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
Finance	0.670	0.600	0.280	0.580	<b>(0.020)</b>	(0.040)
Exchequer & Transactional Services	2.450	3.380	2.380	3.790	<b>0.410</b>	0.420
Legal & Governance	0.920	1.170	1.340	1.230	<b>0.060</b>	0.060
ICT Services	4.090	4.300	4.290	5.430	<b>1.130</b>	1.450
<b>OneSource Shared Total</b>	<b>8.130</b>	<b>9.450</b>	<b>8.290</b>	<b>11.030</b>	<b>1.580</b>	<b>1.890</b>

4.5.1 The Finance service are forecasting a small underspend of £0.020m within the Reconciliations team due to staff vacancies.

4.5.2 The Exchequer and Transactional Service is forecasting an overspend of £0.410m in period 9 which is the result of a shortfall of enforcement income against its budgetted target, offset against additional grant income within council tax and housing benefits.

4.5.3 The Legal Service is projecting an overspend of £0.060m due to additional staffing costs with use of locum and agency spend and unachieved prior year savings.

4.5.4 The large overspend of £1.130m within ICT Services comprises of a combination of undelivered savings of £0.6m and increases in costs including Microsoft Enterprise Licences, data and connectivity costs, security costs and Dynamics. These costs however are partially mitigated by an underspend in salaries.

## 4.6 ONESOURCE NON SHARED

Directorates at Activity level (Controllable Budgets Only)	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
Exchequer Services	(1.610)	(1.610)	(2.000)	(1.820)	<b>(0.210)</b>	0.070
Business Services	0.080	0.040	(0.310)	0.150	<b>0.110</b>	0.170
Non Shared Finance	2.790	2.910	2.830	2.930	<b>0.020</b>	(0.200)
Legal & Democratic Services	0.670	0.710	0.640	0.890	<b>0.180</b>	0.130
ICT Services	0.830	0.950	0.590	0.960	<b>0.010</b>	(0.210)
<b>OneSource Non-Shared LBH</b>	<b>2.760</b>	<b>3.000</b>	<b>1.750</b>	<b>3.110</b>	<b>0.110</b>	<b>(0.040)</b>

4.6.1 Exchequer Services are forecasting a £0.210m underspend due expected additional subsidy income. It is still important to highlight, that whilst the service is forecasting an underspend, there is still a pressure, albeit offset, which relates to a reduction in the amount of allowable contribution from the collection fund to the general fund in recognition of the cost of collection, and this pressure is likely to materialise again next year.

- 4.6.2 Legal and Democratic Services non-shared are forecasting an over spend of £0.180m which is a combination of slippage on the delivery of a £0.050m savings target relating to reducing the cost of external legal spend in wider council budgets coupled with income pressures of £0.100m resulting from a reduction in school appeal income and increased cost for canvassing and printing. There are salary underspends as a result of the spending controls to partially mitigate this pressure.
- 4.6.3 Business Services is forecasting £0.110m overspend relating to additional costs incurred following the split from one-source

## 5 HOUSING REVENUE ACCOUNT

Directorates at Activity level	Original Budget £m	Revised Budget £m	Actual To Date £m	Year End Forecast £m	Current Forecast Variance £m	Period 6 Forecast £m
Resources - Public Health - HRA	1.220	1.240	0.870	0.980	(0.260)	0.000
Place - Housing & Property HRA	(2.550)	(2.400)	(22.660)	(2.780)	(0.380)	(0.270)
People - Living Well - HRA	1.330	1.160	0.760	1.080	(0.080)	0.000
<b>HRA Total</b>	<b>0.000</b>	<b>0.000</b>	<b>(21.030)</b>	<b>(0.720)</b>	<b>(0.720)</b>	<b>(0.270)</b>

### 5.5 Resources - Public Health – HRA

5.5.1 The underspend is the result of the service having 5 ongoing vacancies.

### 5.6 Place - Housing & Property HRA

5.6.1 This underspend is the result of an AD post being deleted from the structure at the beginning of the year, as well as income received from recovered court costs and legal fees. There is also underspend forecast on the Gutters & Drains contract, due to the late issue of the S20 Leasehold notices, in addition to less compliance electrical work charged to revenue than originally forecast. Also, the IT Team re-design has been delayed due to the TOM.

5.6.2 The service has also experience some pressures, with the need to employ two additional agency caretakers, to cover long term sickness and additional surveyors to deal with disrepair cases. There has been an increase in void costs in sheltered complexes, with less income forecast as a result of not being able to let some of the Park Rise properties.

### 5.7 Living Well – HRA

5.7.1 The Period 9 position is an underspend of £80k. There has been a movement as a result of a £300k adjustment made to the charges still being generated for Abercrombie House, which was closed in March 23 and the incorrect void charges being raised for Royal Jubilee Court. There are underspends in the Housing Choice and Applications Service which is carrying vacancies, and £90k as a result of the Capita Open Housing Online Application implementation being delayed until 2024/25.

## 6 SAVINGS DELIVERY

6.1 In setting the 2023/24 budget the Council identified £9.626m of savings proposals which would need to be delivered in order to balance the budget. Departments worked collectively to achieve savings wherever possible. The tables below show progress towards delivery of those savings split into the new Departments and also rag-rated.

6.2 The table below shows progress of delivery by Directorate

23-24 Savings	MTFS Amount £m	MTFS Achieved £m	MTFS In Progress £m	MTFS Variance £m
<b>TOTAL PEOPLE SAVINGS</b>	<b>(5.290)</b>	<b>(2.460)</b>	<b>1.830</b>	<b>1.000</b>
<b>TOTAL PLACE SAVINGS</b>	<b>(2.580)</b>	<b>(1.790)</b>	<b>0.000</b>	<b>0.790</b>
<b>TOTAL RESOURCES SAVINGS</b>	<b>(1.760)</b>	<b>(0.750)</b>	<b>1.010</b>	<b>0.000</b>
<b>TOTAL NEW SAVINGS 2023-24</b>	<b>(9.630)</b>	<b>(5.000)</b>	<b>2.840</b>	<b>1.790</b>

6.3 The Council will continue with the aim of delivering all savings set out in the budget. The majority are on track but there are a number which are classified as red (not on track). These savings are listed below and either relate to difficulties associated with the demand pressures set out in this report or through decisions not to proceed with certain items. The current savings classified as red are shown in the table below:

23-24 Savings	Variance £m
Targeted Reviews (will be achieved in 2024/25)	0.500
Assistive Technology - review ASC subsidy (will be achieved in 2024/25)	0.250
Develop integrated commissioning function to support Havering Borough Partnership (saving under review )	0.250
Increase the charge on crossovers (lower than expected take up)	0.140
Remove School Crossing Patrols (delayed)	0.060
Public Realm restructure (delayed)	0.200
Review of toilets (not implemented)	0.020
Saving on Permits (not implemented)	0.220
Climate Change Posts (funding built in for 24/25)	0.150
<b>TOTAL SAVINGS UNLIKELY TO BE ACHIEVED IN 2023-24</b>	<b>1.790</b>

The Council is committed to delivering £7.2m of staffing savings which was originally included in the budget in 2022/23. £2.0m has been delivered through a voluntary redundancy scheme with the remaining £5.2m of savings to be recovered by utilising the £2m savings provision set aside and by allocation to Departments via a vacancy factor. The Council continues to review its staff base and structures to modernise services and improve efficiency.

## 7 CORPORATE BUDGETS AND CONTINGENCY

- 7.1 The Council holds a central contingency of £1m each year. This is held for unforeseen events and the Council would only use this as a last resort if no other funding is available.
- 7.2 The Council also holds a number of budgets centrally mostly pending allocation to departments. These budgets have been reviewed, on a monthly basis, by the Section 151 Officer, as part of the monitoring cycle.

Corporate Items	Budget £m	Forecast £m	Outturn (Under)spend £m	Period 6 (Under)spend £m
<b>Corporate Contingency</b>	1.000	1.000	<b>0.000</b>	0.000
<b>Treasury Management</b>	9.452	6.452	<b>(3.000)</b>	(3.000)
<b>Other Corporate Budgets</b>	19.579	19.579	<b>0.000</b>	0.000
<b>Corporate Mitigations</b>	<b>0</b>	<b>(5.450)</b>	<b>(5.450)</b>	<b>(5.450)</b>
	<b>30.031</b>	<b>21.581</b>	<b>(8.450)</b>	<b>(8.450)</b>

- 7.3 Treasury Management - The Council sets its treasury budgets based on the assumed Capital programme and forecasted level of cash balances each year. There are fluctuations on these budgets due to slippage and changes to the Capital programme, prevailing interest rates and borrowing decisions and the level of cash balances held by the Council. The first quarter Capital monitoring position below shows significant slippage from the anticipated programme at the start of the financial year. This slippage has resulted in the Council not needed to externally borrow in the first half of the year. This generates a short term underspend although it should be noted that costs in future years will go up when schemes do progress.
- 7.4 The Council has also benefitted from increased interest receivable from its deposits. Interest rates have continued to rise and the Council is lending at an overnight rate of over 5%. This has generated additional income on the Councils short term investments. These factors have resulted in an underspend on the treasury budget of £3.0m. There will also be a year end charge of around £3.0m to the Housing Revenue Account reflecting the benefit that fund has received from utilisation of cash balances rather than external borrowing.
- 7.5 The Corporate position has also improved by mitigations identified as part of the recent budget review exercise. The table below sets out the mitigations and their financial impact.

Corporate Adjustments	Value
Redirect agency levy in 23/24 to assist the General Fund Budget	1.500
Temporarily stop payments to the Zurich Insurance imprest account	0.450
Business Rates revaluation technical adjustment	0.500

Treasury adjustment to reflect HRA benefit of using internal borrowing to fund the capital programme	3.000
<b>TOTAL CORPORATE ADJUSTMENTS</b>	<b>5.450</b>

## 8 EARMARKED AND GENERAL RESERVES

- 8.1 The Council holds general balances to mitigate against unforeseen risks. At the end of 2022/23 The Council held £8.2m in General Balances. This is significantly lower than the Council's self set target of £20m of unallocated balances. The Council does budget each year for a £2m contribution to general balances but the financial position set out in this report will make increasing general balances very difficult in the short term.
- 8.2 The Council also holds Earmarked reserves which are set aside for specific time limited projects in the future. These reserves are reviewed regularly and if the reserves are no longer required they are either transferred to revenue or added to general balances.

The table below shows the 2023/24 forecasted use of Earmarked Reserves:

RESERVE	23/24 Opening Balance £m	Draw down by year			26/27 Forecast Balance £m
		2023/24 £m	2024/25 £m	2025/26 £m	
Risk Mitigation Reserves	(13.398)	1.140	1.140	1.063	(10.055)
Contractual Reserves	(12.443)	5.162	2.837	0.000	(4.444)
Internally Earmarked Projects	(13.871)	5.584	3.258	0.793	(4.236)
<b>TOTAL</b>	<b>(39.712)</b>	<b>11.886</b>	<b>7.235</b>	<b>1.856</b>	<b>(18.735)</b>

The drawdown in this table excludes any repurposing of reserves that maybe necessary to mitigate the outturn position. The Council has applied for a Capitalisation directive to mitigate the overspend as the Councils reserves are already amongst the lowest in London. If reserves had to be used to mitigate the overspend the Council would have a level remaining which would not provide any insurance against future risk and so would leave the Council very vulnerable to any unexpected costs.

## 9 THE CAPITAL PROGRAMME PERIOD 9 UPDATE

- 9.1 The Period 9 Capital monitoring update is shown at Appendix A. The Council is forecasting to spend £179.9m on Capital in 2023/24 against a revised budget of £231.0m. The Appendix sets out the main in year achievements of the Capital programme and the reasoning for any variances

## 10 IMPLICATIONS AND RISKS

- 10.1 Financial Implications and Risks  
The financial implications of the revenue position are the subject of this report and are therefore set out in the body of this report. The risks to the 2023/24 budget are set out

in the report. The report also sets out service by service budget variances and highlights the mitigating actions the Council has taken to reduce the pressure

*10.2 Legal Implications and Risks*

- 10.2.1 Under S151 of the Local Government Act 1972 a local authority has to make proper arrangements for the administration of its financial affairs.
- 10.2.2 Under S 28 of the Local Government Act 2003 a local authority has to review its budget calculations from time to time during the financial year and take appropriate action if there is any deterioration in its budget.
- 10.2.3 The Council is under a duty to “make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.” s 3 Local Government Act 1999. As part of that process it must consult tax payers, those who use or are likely to use services and others who may have an interest in an area where the Council carries out its functions.

*10.3 Human Resource Implications and Risks*

- 10.3.1 There are no immediate Human Resource implications or risks arising from the report at this stage and any specific workforce impact is difficult to assess at the present time. However, any current or future savings proposals or changes to the funding regime that impact on staff numbers or job roles, will be managed in accordance with both statutory requirements and the Council's Organisational Change policy and associated procedures.
- 10.4 Equalities and Social Inclusion Implications and Risks - There are no immediate Equalities and Social Inclusion implications arising from the report

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## CAPITAL MONITORING UPDATE Quarter 3

## 1. CAPITAL MONITORING

- 1.1. The Capital programme for 2023/24 through to 2026/27 was agreed at Council in February 2023. Since then slippage from 2022/23 has been added as per the capital outturn report and there have been some additions to the programme resulting in a summary programme as set out in the table below.

Summary of Existing Capital Approved Programme	Previous Years Budget £m	2023- 24 Budget £m	2024-25 Budget £m	2025-26 + Budget £m	Total Budget £m
Ageing Well	5.254	3.902	3.875	0.000	13.031
Living Well	33.452	1.309	1.432	3.121	39.314
Starting Well	0.975	6.285	26.723	36.164	70.147
<b>People</b>	<b>39.681</b>	<b>11.496</b>	<b>32.030</b>	<b>39.285</b>	<b>122.492</b>
Environment	7.977	22.814	8.780	21.754	61.325
Housing & Property (GF)	72.781	35.231	182.641	237.956	528.609
Housing & Property (HRA)	300.426	143.512	140.679	463.105	1047.722
Planning & Public Protection	0.169	1.427	0.084	0.000	1.680
<b>Place</b>	<b>381.353</b>	<b>202.984</b>	<b>332.184</b>	<b>722.815</b>	<b>1,639.336</b>
Customer Services	6.759	0.636	0.030	0.000	7.425
Finance	0.000	0.240	0.048	0.000	0.288
Partnership Impact and Delivery	11.473	15.492	14.297	5.344	46.606
Resources - Public Health	0.000	0.200	0.101	0.000	0.301
<b>Resources</b>	<b>18.232</b>	<b>16.568</b>	<b>14.476</b>	<b>5.344</b>	<b>54.620</b>
<b>Grand Total</b>	<b>439.266</b>	<b>231.048</b>	<b>378.690</b>	<b>767.444</b>	<b>1,816.448</b>

GF / HRA Split	Previous Budget Amount £m	2023- 24 Budget £m	2024-25 Budget £m	2025-26+ Budget £m	Total Budget £m
General Fund	138.840	87.536	238.011	304.339	768.726
Housing Revenue Account	300.426	143.512	140.679	463.105	1,047.722
<b>Grand Total</b>	<b>439.266</b>	<b>231.048</b>	<b>378.690</b>	<b>767.444</b>	<b>1,816.448</b>

- 1.2. Financing - The Council finances its capital expenditure through a combination of resources both internal and externally generated. Each funding stream is considered in terms of risk and affordability in the short and long term. The current and future climates have a significant influence on capital funding decisions. As a result, the planned disposals and borrowing costs are kept under regular review to ensure timing maximises any potential receipts or reduces borrowing costs.

- 1.3. Excluding previous years spend of £439.266 (shown for information in the table above), the total capital programme for 2023/24 and beyond is £1,377.182m split between the GF (£646.338m) and HRA (£730.843m). Funding for the planned capital expenditure for both the GF and HRA is set out in the 2 tables below.

<b>General Fund Financing</b>	<b>2023/24 Financing Budget £m</b>	<b>2024/25 Financing Budget £m</b>	<b>2025/26+ Financing Budget £m</b>	<b>Total Financing Budget £m</b>
Capital Receipts	25.794	98.724	109.976	234.494
Revenue & Reserves	3.342	1.260	0.000	4.602
Grants & Other Contributions	21.367	34.408	51.881	107.656
Borrowing	37.729	103.914	157.944	299.587
<b>Total GF Financing</b>	<b>88.232</b>	<b>238.306</b>	<b>319.801</b>	<b>646.338</b>

<b>HRA Financing</b>	<b>2023/24 Financing Budget £m</b>	<b>2024/25 Financing Budget £m</b>	<b>2025/26+ Financing Budget £m</b>	<b>Total Financing Budget £m</b>
Capital Receipts	26.933	30.483	123.725	181.141
Revenue & Reserves	7.847	25.036	35.555	68.438
Grants & Other Contributions	9.873	0.000	23.587	33.460
Borrowing	98.163	84.865	264.776	447.804
<b>Total HRA Financing</b>	<b>142.816</b>	<b>140.384</b>	<b>447.643</b>	<b>730.843</b>

## **2. Capital Achievements as at 31<sup>st</sup> December 2023**

- 2.1. Capital expenditure as at the 31<sup>st</sup> December is £86.615m to date. Notable achievements so far for 2023/24 are as follows.

- £16.047m on the 12 Estates project to improve housing across borough.
- £38.003m spent on enhancing and increasing our existing housing stock.
- £6.672m on improving the quality of our roads and infrastructure.
- £7.867m on purchase of refuse vehicles.
- £3.348m on Central Depot Expansion.
- 10 schools have had capital works totalling £1.469m.
- £1.870m has been spent on enhancing ITC Infrastructure.

### 3. 2023/24 Capital Programme

- 3.1. The report below sets out the Period 9 position for the Council's capital programme for the 2023/24 financial year.

	Budget 2023/24	2023/24 Forecast Period 9	2023/24 Variance
	£m	£m	£m
Starting Well	6.284	6.740	0.456
Living Well	1.309	1.468	0.159
Ageing Well	3.902	3.931	0.029
<b>People</b>	<b>11.495</b>	<b>12.139</b>	<b>0.644</b>
Housing & Property (GF)	35.231	39.944	4.713
Housing & Property (HRA)	143.512	98.263	(45.249)
Planning & Public Protection	1.427	0.037	(1.390)
Environment	22.814	21.370	(1.444)
<b>Place</b>	<b>202.984</b>	<b>159.614</b>	<b>(43.370)</b>
Partnership Impact and Delivery	15.492	7.590	(7.902)
Customer Services	0.636	0.566	(0.070)
Finance	0.240	0.000	(0.240)
Public Health	0.201	0.030	(0.171)
<b>Resources</b>	<b>16.569</b>	<b>8.186</b>	<b>(8.383)</b>
<b>Total</b>	<b>231.048</b>	<b>179.939</b>	<b>(51.109)</b>

General Fund/HRA Split	Budget 2023/24	2023/24 Forecast Period 9	2023/24 Variance
General Fund	87.536	81.676	(5.860)
Housing Revenue Account	143.512	98.263	(45.249)
<b>Total</b>	<b>231.048</b>	<b>179.939</b>	<b>(51.109)</b>

- 3.2. The forecast expenditure for 2023/24 is £179.939m with actual expenditure at the end of Period 9 of £86.615m. Whilst most project budgets are on track to be spent over the full MTFS period there are a number of projects where expenditure has slipped back into future years, the explanations for the main programmes that contribute towards the slippage provided below:

### 3.3. PEOPLE

#### 3.3.1. Starting Well

Programme Directorate	Area /Service/	Budget 2023/24 £m	2023/24 Forecast Period 9 £m	2023/24 Variance £m
Children's Social Care Programme		1.435	1.368	(0.067)
Schools		4.850	5.371	0.523
<b>Education</b>		<b>6.284</b>	<b>6.740</b>	<b>0.456</b>
<b>Starting Well</b>		<b>6.284</b>	<b>6.740</b>	<b>0.456</b>

#### 3.3.1.1. Schools – Acceleration of £0.523m

The acceleration relates to two SEND Units, which were implemented earlier than anticipated.

### 3.4. PLACE

#### 3.4.1. Housing and Property – General Fund

Programme Directorate	Area /Service/	Budget 2023/24 £m	2023/24 Forecast Period 9 £m	2023/24 Variance £m
Mercury Land Holdings		3.494	13.086	9.592
Rainham & Beam Park		15.700	14.203	(1.497)
Regeneration - Other		1.083	0.600	(0.483)
Regeneration - TFL		0.209	0.070	(0.139)
<b>Regeneration &amp; Place Shaping</b>		<b>20.486</b>	<b>27.959</b>	<b>7.473</b>
Asset Management - Other		0.000	0.000	0.000
Corporate Buildings		4.785	4.785	0.000
Health & Safety		0.159	0.209	0.050
Pre Sale Expenses		0.383	0.333	(0.050)
Schools Building Maintenance		4.389	3.927	(0.462)
Schools Expansions		3.052	2.411	(0.641)
Vehicle Replacement		1.977	0.321	(1.657)
<b>Housing, Property and Assets</b>		<b>14.745</b>	<b>11.985</b>	<b>(2.760)</b>
<b>Housing &amp; Property (GF)</b>		<b>35.231</b>	<b>39.944</b>	<b>4.713</b>

#### 3.4.1.1. MLH – Acceleration of £9.592m

The acceleration relates to the Reactive Acquisition Fund Budget. The forecast includes an additional £12.000m budget requirement for equity to advance funds for council disposal sites.

#### 3.4.1.2. Rainham & Beam Park – Slippage of £1.497m

The slippage relates to the Rainham & Beam Park Commercial Acquisition project. The activity on this project focuses around some smaller potential property acquisitions, settlement of CPO claims from land owners and professional fees to develop the scheme options.

#### 3.4.1.3. School Expansions – Slippage of £0.641m

The slippage relates to the Suttons Primary School SEND Unit. Contract works are now due to start in January/February 2024.

#### 3.4.1.4. Vehicle Replacement – Slippage of £1.657m

The slippage relates to the procurement of 36 vehicles for Public Realm. The project has experienced delays.

#### 3.4.2. Housing & Property (HRA)

Programme Directorate	Area /Service/	Budget 2023/24  £m	2023/24 Forecast Period 9  £m	2023/24 Variance  £m
	Bridge Close Acquisitions	25.925	5.489	(20.436)
	Bridge Close Regeneration	0.644	0.616	(0.028)
	HRA Regeneration	40.936	28.170	(12.766)
	<b>Regeneration &amp; Place Shaping</b>	<b>67.505</b>	<b>34.275</b>	<b>(33.230)</b>
	HRA	57.713	55.152	(2.561)
	HRA Stock Adjustments	18.294	8.836	(9.458)
	<b>Housing, Property and Assets</b>	<b>76.007</b>	<b>63.988</b>	<b>(12.019)</b>
	<b>Housing &amp; Property (HRA)</b>	<b>143.512</b>	<b>98.263</b>	<b>(45.249)</b>

#### 3.4.2.1. Bridge Close Acquisitions – Slippage of £20.436m

The 2023/24 forecast is based on completion of a number of acquisitions totalling £3.700m plus professional fees paid via the LLP for £0.900m. Acquisitions are of significant value, forecast prepared against current acquisition schedule, which may be subject to change. Any remaining 2023-24 budget will carry forward for future acquisitions. At Period 9 the forecast was reduced by £1.500m to reflect one property acquisition slipping into 2024/25.

#### 3.4.2.2. HRA Regeneration – Slippage of £12.766m

The main elements of the slippage are discussed below –

- £3.831m of the slippage relates to 12 Sites affordable housing budget. 12 Sites affordable housing budget has been re-forecast at Period 9 to reflect requirements for concluding the Napier New Plymouth project final account, concluding Solar Serena

Sunrise in January 2024 and a £0.250m contingency amount in 2023/24. The main adjustment at Period 9 is the requirement for the £10.000m allocation for buying property from buyers at the Solar Serena Sunrise (Park Rise) project to reflect the current position and likely completions by the end of 2023/24.

- £6.938m of slippage relates to 12 Sites Phase 1 Forward Funding. The forward funding budget has been re-forecast at Period 9 to account for the professional fees agreed for the Farnham/Hilldene and Chippenham schemes, as well as remaining funds for Solar Serena Sunrise, which concludes in January 2024 plus usual project management fees. This forecast includes a £0.250m contingency amount for 2023/24.
- £1.943m of slippage relates to Hostel reprovision - Building of a new hostel. The budget forecast is revised at Period 8 in line with updated information from cost consultant. Demolition has concluded and main contract has been approved, expected construction start in spring 2024. A £0.100m contingency has been allowed for in 2023/24.

#### 3.4.2.3. HRA – Slippage of £2.561m

The main elements of the slippage are discussed below -

- £1.271m of the slippage relates to Decent Homes Works External. Forecast slippage on Hilldene and Farnham as budget higher than required. £0.500m of that will be needed in 2024/25 to supplement budget already in place for Highfield Towers cladding as project is still at feasibility stage.
- £0.598m of the slippage relates to Estate Improvement project. The project was paused due to leaseholder issues.
- £0.432m of the slippage relate Sheltered schemes lifts project. The slippage is due to a tender extension, which has delayed the programme.

#### 3.4.2.4. HRA Stock Adjustments – Slippage/Underspend of £9.458m

A £9.000m relates to the Affordable Housing budget. The underspend offsets previous years overspend, to balance out the total scheme budget.

#### 3.4.3. Planning & Public Protection

Programme Directorate	Area /Service/	Budget 2023/24 £m	2023/24 Forecast Period 9 £m	2023/24 Variance £m
Enforcement		1.401	0.011	(1.390)
Planning TFL		0.026	0.026	0.000
<b>Planning &amp; Public Protection</b>		<b>1.427</b>	<b>0.037</b>	<b>(1.390)</b>
<b>Planning &amp; Public Protection</b>		<b>1.427</b>	<b>0.037</b>	<b>(1.390)</b>

#### 3.4.3.1. **Enforcement – Slippage of £1.390m**

The enforcement CCTV procurement contract award is now anticipated to be around February/March so invoices and spend will likely be in the next financial period. 2023/24 spend will consist of initial consultancy works along with some planning costs.

#### 3.4.4. **Environment**

Programme Directorate	Area /Service/	Budget 2023/24 £m	2023/24 Forecast Period 9 £m	2023/24 Variance £m
	Environment - TFL	1.748	1.695	(0.053)
	Highways & Street Lighting	8.734	8.849	0.115
	Grounds Maintenance	0.150	0.001	(0.149)
	Public Realm - Parks	1.677	1.169	(0.508)
	Public Realm - Waste	10.190	9.341	(0.849)
	Environment - Parking	0.315	0.315	0.000
	<b>Environment</b>	<b>22.814</b>	<b>21.370</b>	<b>(1.444)</b>
	<b>Environment</b>	<b>22.814</b>	<b>21.370</b>	<b>(1.444)</b>

#### 3.4.4.1. **Public Realm - Parks – Slippage of £0.508m**

£0.508m of the slippage relates to various Park Improvement projects. This project has experienced delays and will now complete in 2024/25.

#### 3.4.4.2. **Public Realm – Waste – Slippage of £0.849m**

£0.849 relates to the Waste contract vehicle project. The project has completed, however actual costs came in lower than anticipated. The remaining budget may be needed for possible service change additional vehicles.

### 3.5. **RESOURCES**

#### 3.5.1. **Partnership Impact and Delivery**

Programme Directorate	Area /Service/	Budget 2023/24 £m	2023/24 Forecast Period 9 £m	2023/24 Variance £m
	Transformation	5.944	5.791	(0.153)
	ICT Infrastructure	9.548	1.799	(7.749)
	<b>IT, Digital &amp; Transformation</b>	<b>15.492</b>	<b>7.590</b>	<b>(7.902)</b>
	<b>Resources - Partnership Impact and Delivery</b>	<b>15.492</b>	<b>7.590</b>	<b>(7.902)</b>

#### 3.5.1.1. **ICT Infrastructure – Slippage of £7.749m**

The main elements of the slippage are discussed below

- £3.240m of the slippage relates to Data Centre & Core Network budget. End User Network project is currently in discovery/options appraisal and will be reviewed by IT Client Leads. Given the timescales for procurement processes the forecasts have been adjusted. User Network current thinking Wi-fi as a service and potentially therefore revenue. Ambiguity as to whether this project forms part of stabilisation or modernisation has resulted in forecast being revised downwards as modernisation introduces delays to the spend profile.
- £3.397m of the slippage relates to Evergreening Capital – IT. The spend was reduced due to instruction from IT client lead to halt the migration of workloads to cloud. This project has now been restarted at the request of the S151 officer.