HEALTH & WELLBEING BOARD SUPPLEMENTARY AGENDA

7 May 2025

The following report is attached for consideration and is submitted with the agreement of the Chairman as an urgent matter pursuant to Section 100B (4) of the Local Government Act 1972

4 MINUTES (Pages 3 - 6)

Minutes of the previous meeting attached for approval as a correct record and signing by the Chairman

10 HEALTH PROTECTION FORUM ANNUAL REPORT 2024 (Pages 7 - 38)

Document attached

11 JOINT LOCAL HEALTH AND WELLBEING STRATEGY UPDATE (Pages 39 - 66)

Documents attached

Zena Smith
Head of Committee & Election Services

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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Town Hall
29 January 2025 (1.02 - 2.52 pm)

Present:

Elected Members: Councillors Gillian Ford (Chairman), Oscar Ford and Paul McGeary

Officers of the Council: Barbara Nicholls, Neil Stubbings

NEL ICB: Kirsty Boettcher (Deputy Director NEL Partnership)

Healthwatch: Anne-Marie Dean (Healthwatch Havering)

1 **CHAIR'S ANNOUNCEMENTS**

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

2 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Natasha Summers, Mark Ansell and Fiona Wheeler

3 **DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

4 **MINUTES**

The minutes of the previous meeting were agreed as a correct record and were signed by the Chairman.

5 **MATTERS ARISING**

The changes to the BCF had been agreed and would not need to be brought back to the Board.

6 **HEALTH & WELLBEING STRATEGY 2019-24 PROGRESS UPDATE**

The Board received the 2019-2024 Health & Wellbeing Strategy and were asked to agree which priorities to keep within the strategy.

The Board agreed to keep the following priorities within the strategy:

- Priority 1 – Assisting people with health problems into or back to work

- Priority 3 – Provide strategic leadership for collective efforts to prevent homelessness and reduce harm caused
- Priority 5 – Improve support to residents whose life experiences drive frequent calls on health and social care services
- Priority 6 – Obesity
- Priority 7 – Reducing Tobacco Harm
- Priority 9 – Development of integrated health and social care services for CYP and adults at locality level
- Also to include the 5 priorities from the Happy Healthy Lives Starting Well Plan

7 PRIORITIES FOR A REFRESHED JLHWS

This item was merged with item 6.

8 HAVERING ALL-AGE SUICIDE PREVENTION STRATEGY 2025-2030

The Board received the All-Age Suicide Prevention Strategy 2025-26.

Members noted the strategy had been out for public consultation from 10th September 2024 to 18th October 2024 with the proposed strategy having come before the Board in summer 2023.

Part 1 of the strategy regarded Citizen Space and was launched for members of the Borough on Suicide Prevention Day. 66 responses had been received with 79% of the respondents having been directly impacted by suicide. 97% felt prevention was important with 71% responding positively about the strategy.

Part 2 of the strategy regarded engaging with high impact stakeholders. PCNs highlighted the need for better training, resources and crisis pathways.

The Board noted the strategy was due for Cabinet approval in March 2025.

The Board approved the recommendations as set out in the report.

9 HAVERING JOINT DEMENTIA STRATEGY

The Board received the Joint Dementia Strategy.

Members noted the strategy had been endorsed by Cabinet on 6th November 2024 and there had been 2 changes made since then. Members noted the aim of the strategy was to listen to and engage with people with dementia and give them access to the right services at the right time whilst tackling the stigma surrounding dementia.

The strategy had 5 priorities:

1. Preventing – to minimise the risk of people developing dementia and to provide better training and education on dementia and how to spot signs of it early
2. Diagnosing – due to Havering having the lowest diagnosis rate in NEL, this priority wanted to enable access to timely and accurate diagnosis and to ensure a care plan is well devised
3. Supporting – to improve support for residents following diagnosis with timely access to health and social care professionals with a central point for information
4. Living – to support people to remain in their own homes or their choice of residence and to be as independent as possible
5. Dying well – to provide safe places and safe opportunities for advance care plan with training and education for carers on the dying process and support for bereavement

The Board approved the recommendations as set out in the report.

Chairman

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Havering
LONDON BOROUGH

Havering Health Protection Forum

2024 Annual Report (January – December)

Contents

Foreword by Mark Ansell, Director of Public Health

As Director of Public Health, it is my privilege to present the Havering Health Protection Annual Report 2024, highlighting the progress we have made and the challenges we face in safeguarding the health of our community.

The past year has tested our resilience, dedication, and adaptability as we navigated the complexities of emerging health threats, sustained efforts against longstanding challenges, and advanced initiatives to ensure equitable access to health protection measures. This report underscores our commitment to proactive preparedness, effective response, and the continual improvement of health outcomes.

Health protection extends beyond human biology—it is deeply interconnected with the health of our environment. The increasing frequency of extreme weather events, air and water pollution, and the spread of vector-borne diseases are vivid reminders of the environmental challenges we face. Climate change continues to influence the patterns of disease transmission, disrupt ecosystems, and amplify health inequities. Addressing these environmental risks requires coordinated action to safeguard not just today's population but future generations.

Public health is, at its core, a collective endeavour. It relies on the collaboration of healthcare professionals, policymakers, researchers, and, most importantly, the community itself. Throughout the year, we have witnessed remarkable partnerships that strengthened our capacity to prevent, detect, and mitigate health risks. Whether through vaccination programs, disease surveillance, community outreach, or initiatives to monitor and analyse environmental health hazards, these efforts have played a crucial role in protecting and promoting public health. I would like to thank Samantha Westrop and Esosa Edosomwan for their work chairing Havering's Health Protection Forum and managing its work programme.

This year's report is not only an account of our collective achievements but also a call to action for the future. As new challenges emerge—whether environmental, epidemiological, or societal—we must remain vigilant and innovative. By fostering collaboration, embracing evidence-based strategies, and championing health equity, we can build a healthier and more resilient society.

Mark Ansell

Director of Public Health

1 Introduction

The Havering Health Protection Forum (HPF) supports the Council Director of Public Health (DPH) in discharging the DPH duty to protect health. The HPF meets routinely each quarter to consider health protection arrangements for the local area. This HPF annual report for 2024 gives a summary about how individual health protection programmes are working, and provides:

- Demonstration of how the system works
- Programme status
- Actions taken and Recommendations

In addition to routine quarterly meetings, a series of special-interest topic focused meetings have been held, involving key agencies and stakeholders. These topic-focused meetings have encouraged discussion and debate with wider partners to generate improvements in the local health protection system.

This year, it was decided that going forward screening programmes would not be within the remit of the Health Protection Forum; the assurance of this area of public health is included in various other forums in conjunction with the ICB.

2 Health Protection Forum Members

- London Borough of Havering (Public Health, Public Protection)
- NHS North East London Integrated Care Board (NHS NEL ICB)
- North East North Central London Health Protection Team, UK Health Security Agency (UKHSA)
- NHS England (NHSE)
- Chair of the Havering Borough Resilience Forum (BRF)
- Barking, Havering and Redbridge University Trust (BHRUT)
- North East London Foundation Trust (NELFT)

3 Health Protection Forum Topics 2024/25

Table 1 Subjects discussed at quarterly Health Protection Forum meetings 2024/25. NB: the June meeting was not held.

	25th September 2024	12th December 2024	24th March 2025
Standing items and updates	• Health Protection Surveillance Report (UKHSA) • Launders Lane • Immunisations (recent data and activities: including planned activities) • Any new Strategy • Health protection issues not covered elsewhere on agenda • Forward Plan (24/25)		
Substantive items	• Winter preparedness o Adverse weather plan and cold weather planning o Adult immunisations (PPV, Covid-19, Shingles, Flu, RSV) o Flu vaccinations program NHS England 2024/25 o Emergency preparedness resilience and response (Cold weather) • Childhood immunisations (commentary on the annual report)	• Sexual health update • Drugs harm • School-age immunization • Update on GP federation activities	• Annual report • New HPF dashboard • Emergency preparedness resilience and response (heat) • Air quality / AQAP • MOU for managing incidents and outbreaks
Reports on matters not covered elsewhere on agenda	• NEL TB Workshop • Winter virus report 2024/25		
Annual or detailed reports (for noting)	• HPF Terms of Reference • Adverse weather plan		• HPF Annual Report 2024 • 2025 03 07 draft • London Memorandum of Understanding For managing complex infectious disease incidents and outbreaks and that require a multi-agency response

4 Review of 2022/23 Annual Report Actions

The last publication of the Health Protection Forum annual report covered the time period 2022/23. A decision was made for this schedule of this report to change to cover full calendar years. Most recent data is used throughout.

Actions relating to priorities identified in the previous report are summarised in Table 2 and reviewed in detail throughout section 6.

Table 2 Summary of priority areas identified in the 2022/23 annual report, actions completed throughout 2024 and planned future actions and recommendations for 2025.

	Topic	Why was this topic chosen as a priority in the 2022/23 annual report?	What has been done throughout 2024?	Planned Actions and Recommendations for 2025
4.1	Childhood Immunisations	• The percentage of children receiving the required 2 doses of MMR vaccine by 5 years of age continues to decline. • UK lost its status of eradicated measles by the WHO. • Whilst uptake of routine childhood immunisations remains higher than London, there has been a steady, but slow decline since 2017/18. • Coverage of the whooping cough (pertussis) vaccine is low. Levels of disease are likely to increase among young infants due to low uptake of the maternal immunisation programme. • High RSV rates.	• Rising rates of measles infections across England and London lead to significant activity to increase MMR coverage. • NEL ICB 'Bright Start in Life' campaign which launched in July 2024. • Public Health maintains surveillance of vaccine-preventable conditions and continues to work with key internal and external stakeholders to support programmes of work that promote and enable vaccine uptake. • Launch of new maternal RSV programme. • Recommendation for chicken pox vaccination to be included in routine schedule.	**1. Surveillance of VPD and promotion of childhood immunisations to continue.** **2. HPF should ensure awareness of plans for future implementation of chicken pox vaccination programme, the potential impact on MMR uptake and the required amendments to health promotion material.**
4.2	Adult Immunisations – Shingles, Pneumococcal, RSV and Pertussis	• Coverage for the PPV vaccine is substantially lower in high-risk individuals compared to those aged 65 years and above. • The task and finish group established in 2022, to carry out a deep dive in shingles vaccine uptake across London following a modest decrease in coverage is no longer in operation. The decline in shingles vaccine	• Discussions through the HPF to establish and strengthen the arrangements in place to support uptake in those eligible for the PPV vaccine owing to clinical risk. Initiatives included outreach programs, dedicated clinics organised by some GP practices, and targeted efforts to provide vaccinations to housebound residents. • Uptake of pertussis vaccine during pregnancy, although still lower than national averages in	**3. Shingles vaccine should continue to be promoted to local residents as part of winter wellness communications, as well as opportunistic inclusion in health promotion activity targeted at cohorts of an eligible age.** **4. Monitoring information of the new RSV vaccination programme be discussed at the HPF in 2025, and included in the 2025 annual report.**

	Topic	Why was this topic chosen as a priority in the 2022/23 annual report?	What has been done throughout 2024?	Planned Actions and Recommendations for 2025
		uptake seen nationally 2018/19 – 2020/21 was not seen in Havering.	NE London, has increased by 10.6% compared to a year before.	**5. Efforts to increase pertussis vaccine uptake amongst pregnant women are continued.**
4.3	Adult Immunisations – Seasonal Influenza	• The focus on COVID-19 vaccines and subsequent boosters has diverted public attention to influenza vaccine, and has generated questions regarding safety and efficacy leading to reduced uptake in at-risk groups and those aged 65 and above during the winter of 2022/23	• Continued promotion of the flu vaccine through established comms and engagement channels including winter planning. • Continued call, recall processes • Ongoing monitoring of disease epidemiology. • Continued engagement with local providers.	**6. The system should continue to seek further improvement in uptake locally aiming to meet future WHO/NHSE target ambitions.** **7. Higher uptake of 'flu vaccination amongst children should be encouraged to reduce levels of circulating virus.**
4.4	Adult Immunisations – COVID-19	• Ongoing relevance owing to recent global pandemic.	• Risk assessment of individual patients performed by GP or specialist secondary care clinician. • Patients are contacted and invited for vaccination according to risk criteria.	**8. Unless indicated by epidemiology/advice from system partners, COVID-19 vaccination is no longer identified as a priority for HPF action in 2025.**
4.5	Infectious Diseases	• Notifiable infectious disease (including TB) to forward plan for potential emerging disease threats.	• Eligible children in Havering are offered the targeted BCG vaccination. • TB cohort reviews, with LA partners invited, have taken place, as has a TB workshop. • Participation in an HCID incident management team and subsequent in action review process. • As of October 2024, commissioners and BHRUT agreed a new funding model for the integrated sexual health service. Including improving uptake of HepB vaccination and HIV PrEP. • Havering, along with other NEL boroughs submitted a successful collaborative bid to the Elton John AIDS Foundation in November 2024, seeking funding for an 18-month pilot of a digital PrEP pathway. • Work, led by the UKHSA as the lead agency, is progressing towards the 20-year vision on AMR. The NEL AMR Strategy Group (AMRSG)	**9. March 2025 additional infections were added to the list of NOIDs to support prompt public health action to prevent and control infections and enables assessment of vaccine programme effectiveness.** **10. TB workshops and/or cohort review work continues and members of the HPF facilitate training from UKHSA to colleagues in GP (April 2025) and other areas with particular relevance to TB management and control (such as homelessness teams).** **11. Work is required to better understand the risk of TB among the underserved and social-risk populations in Havering.** **12. Establish potential routes of financial support, funding and provision of**

	Topic	Why was this topic chosen as a priority in the 2022/23 annual report?	What has been done throughout 2024?	Planned Actions and Recommendations for 2025
			Aconvenes quarterly to ensure appropriate prescribing.	**accommodation for cases/contacts of HCID requiring long periods of isolation.** **13. Review current local processes for transfer of HCID contacts to the clinical setting.** **14. It is recommended that CGL continue their ambition towards hepatitis C micro-elimination status, and to sustain it.** **15. Hepatitis B vaccine and PrEP uptake should be discussed at HPF.** **16. The progress of the EJAF-funded PrEP pilot be discussed at HPF.** **17. AMR should be a 2025 priority area for HPF.**

	Air Quality	• Air quality is on the London risk register
		• The Arnold's Field landfill in Launders Lane, Rainham, has been the location of a large number of fires since around 2013. There is ongoing considerably public and political interest and investment into monitoring and reporting.
			• Several air quality monitoring stations/nodes exist around the borough, including enhanced air quality monitoring around the Arnold's Field site in Launders Lane.
			• Launders Lane
			  ○ Production of monthly air quality reports in publicly available dashboard, cancer incidence and health impact (time series) reports. Commissioned reports from TRL investigating multiple specific pollutants, asbestos sampling report and Breathe London report ($PM_{2.5}$).
			  ○ Leadership of Launders Lane technical subgroup, representation at Officer's Group, Partners and public meetings.
			  ○ Contribution to external communications and legal processes.
			• All Havering schools are encouraged to maintain active School Travel Plans and several
				18. Air quality action plan draft to be presented to March HPF, and final version circulated to partners as soon as possible.
				19. It is recommended that the Air Quality Annual Status Report process is reinstated and diffusion tube data submitted to the London Data Store.
				20. Build relationships and establish data monitoring flows with the new provider of the GLA-funded air quality monitoring nodes as soon as possible.
				21. Continued commitment that the sampling, and presentation of data, by council funded Breathe London nodes continues throughout 2025.
				22. Enhanced air quality monitoring performed by TRL should not continue.

	Topic	Why was this topic chosen as a priority in the 2022/23 annual report?	What has been done throughout 2024?	Planned Actions and Recommendations for 2025
			funding opportunities to support healthier travel to school have been implemented. • Tree planting schemes and additional electric vehicle charging point installations have been implemented, with more planned in 2025.	
4.7	Health Emergency Planning	• Climate change increases the likelihood and impact of adverse weather events including extreme cold, heatwaves and flooding. • Importance of mitigation being in place in advance of extreme weather events occurring. Borough resilience processes can also be utilised for emerging health threats.	• Multi-agency collaboration to protect individuals and communities from the health effects of adverse weather and to build community resilience through year-round planning in advance of extreme weather periods. • Updated Advice to Keep Well this Winter webpage and accompanying communications. • The Winter Wellness Scheme to identify isolated and lonely adults by creating an active risk register based on evidence-based risk factors. • Review of Cold weather plan. • Work to establish a local synthetic opioid preparedness plan.	**23. Advice to Keep Well this Winter webpage is reviewed and updated earlier in the year (Sep/Oct 2025).** **24. It is recommended that the Winter Wellness Scheme is evaluated following its conclusion, and if appropriate re-instated for winter 2025.** **25. The new Cold Weather plan to be adopted before October 2025.** **26. Hot weather plan preparedness exercise and resulting updated hot weather plan to be completed and shared with HPF in advance of summer 2025.** **27. The synthetic opioid preparedness plan should be tested with the BRF.**

4.1 Childhood Immunisations

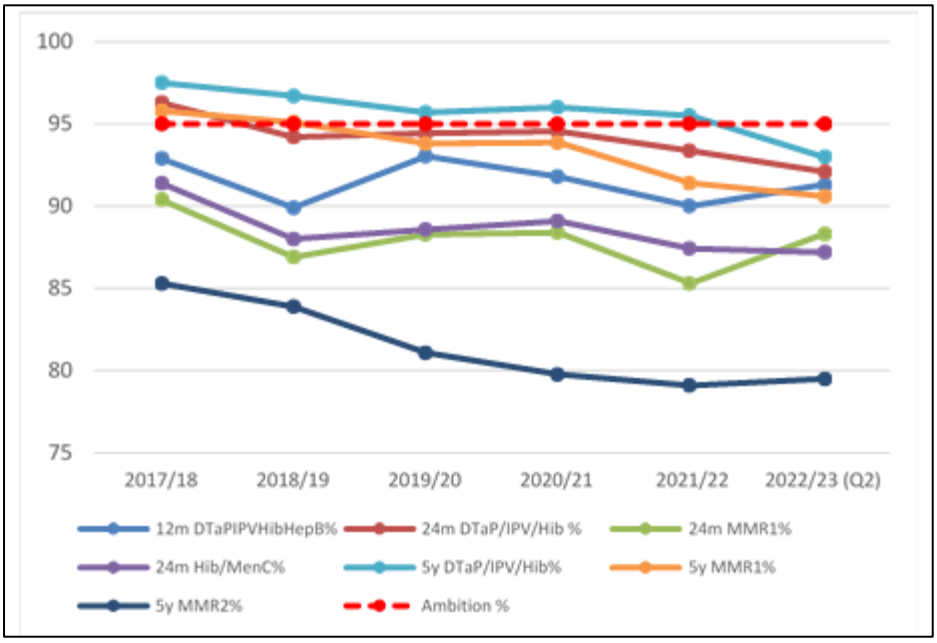


Figure 1 Uptake of routine childhood immunisations in Havering 2017/18 to Q2 2022/23 (most recent data).

How the System Works

- NHSE commissions all childhood immunisation. This is due to be delegated to ICBs, but has been delayed until at least April 2026.
- UKHSA provides advice, vaccine preventable disease surveillance and guidance.
- DPH supports and advocates for improved access and uptake.
- GPs deliver immunisations to under 5's plus catch up for older, unvaccinated cohorts.
- NELFT delivers paediatric BCG vaccination for eligible babies.
- Vaccination UK deliver school-aged immunisations for eligible babies.
- Childhood immunisation are recorded on GP clinical systems, and fed into the Child Health Information System (CHIS).

Programme status

- While most children in Havering receive the recommended universal vaccinations laid out in the routine immunisation schedule, coverage rates remain well below the 95% target, increasing the risk of sporadic cases or localised outbreaks.
- Despite a worsening trend, uptake of routine childhood immunisations in Havering remains consistently higher than uptake for London, and similar to England rates.
- In 2023/24, one in ten children of reception age (5 years old) in Havering had not received a dose of MMR vaccine.
- Starting in December 2023, there was a significant rise in measles cases across London, with a total of 1,283 confirmed and 409 probable measles cases reported to UKHSA between 1 January 2024 and the end of November 2024. This required UKHSA to move to business continuity arrangements which limited the level of health protection response that would be instigated in response to a case, with focus given to the management of vulnerable contacts. There were no confirmed cases of measles reported in Havering, in part reflecting the higher rates of MMR vaccination in the borough compared to many other parts of London.
- Persistently low maternal pertussis vaccination uptake across London, alongside below target uptake of pertussis-containing childhood immunisations has also contributed to a large number whooping cough cases during 2024.
- For the 2023-24 'flu season, the in-school vaccination offer was made to pupils from reception to year 11, with priority given to the reception to year 9 cohort. Across the whole school cohort, Havering achieved an uptake of 58.8% - a 15% improvement on the previous year. Vaccination uptake remains higher amongst primary cohorts (68.9%) compared to secondary (43.1%); though this in part may reflect the priority given to vaccinate younger cohorts.

Actions being taken and recommendations

- In the face of rising rates of measles infections across England and London, there has been significant activity to increase MMR coverage. This has included nationally and locally co-ordinated call and recall to primary care of children and young people aged 12 months to 25 years, with support also provided for school-aged cohorts by Vaccination UK.
- As well as targeted communications about MMR, sub-regional, regional and national childhood immunisation campaigns have been developed, including the NEL ICB 'Bright Start in Life' campaign which launched in July 2024. NEL ICB funding has been used to support promotion and dissemination of Bright Start in Life resources through key routes including Primary Care, Midwifery, Children's Centres, and at local summer family events. Some dedicated outreach to community venues, including the offer of drop-in MMR vaccination, has also been during summer 2024.
- Public Health maintains surveillance of vaccine-preventable conditions and continues to work with key internal and external stakeholders to support programmes of work that promote and enable vaccine uptake. This has included close work with education colleagues and Vaccination UK, with public health supporting direct liaison with individual schools, and helping to facilitate a meeting between Vaccination UK and a number of head teacher representatives, to look at streamlining processes relating to the annual flu vaccination programme in primary schools. **It is recommended that this work continues.**
- A new maternal Respiratory Syncytial Virus (RSV) vaccine programme was launched in September 2024, with the vaccine being offered to all women at their 28-week antenatal appointment, to infer passive immunity to infants (see section 4.2 for more details).
- JCVI recommended in November 2023 that chickenpox vaccination be included in the routine childhood immunisation schedule. The timeline for implementation of this recommendation has not yet been established. **It is recommended that the HPF ensures awareness of plans for future implementation, the potential impact on MMR uptake and the required amendments to health promotion material.**

4.2 Adult Immunisations – Shingles, Pneumococcal, RSV and Pertussis

Five vaccinations are given routinely in adulthood; shingles, pneumococcal, seasonal influenza, COVID-19 and respiratory syncytial virus (RSV) vaccinations to adults in specific risk groups (including 'flu and RSV during pregnancy). Additionally; pertussis vaccination (whooping cough) is offered during pregnancy.

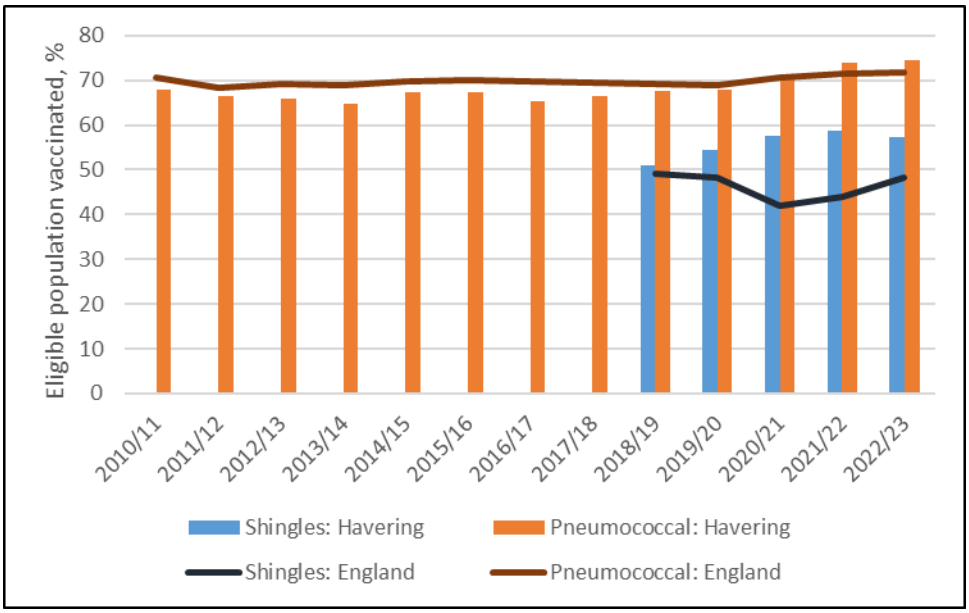


Figure 2 Population vaccine coverage for Pneumococcal and Shingles vaccination amongst the eligible adult population of Havering compared with England.

How the System Works

- NHSE commission routine adult immunisations. Maternal immunisation commissioning is due to be delegated to ICBs, but has been delayed until at least April 2026.
- UKHSA provides advice, vaccine preventable disease surveillance and guidance.
- DPH supports and advocates for improved access and uptake.

- Delivery of adult immunisations is done through GP, pharmacies and maternity providers (dependent on programme and eligible population group).
- Pregnant women are offered an RSV vaccination from 28 weeks' of gestation for infant protection through maternal immunity.
- Starting from 1 August 2024, the RSV vaccine is offered to: Older Adults: Individuals aged 75 to 79 years and those turning 75 years old between 1 August 2024 and 31 July 2025.

Programme status

Pneumococcal Disease

- Adults aged 65 years and over (and clinical risk groups aged 2 years and over) are eligible for a pneumococcal polysaccharide vaccination (PPV23), given once only (unless at specific clinical risk[1]).
- In Havering the programme has observed a sustained increase in coverage since 2016/17 compared with a relatively stable level of coverage, around 70% for the past 13 years, nationally (Figure 2).
- Coverage in Havering for the period 2022/23 was 74.4%; an increase of 0.6 percentage points compared to 2021/22 (73.8%). As with the national trend, whilst continued uptake in those eligible in subsequent years suggests sustained opportunistic vaccine offer in primary care, coverage between practices varies, and coverage is substantially lower in high-risk individuals compared to those aged 65 years and above.

Shingles

- The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that the routine shingles immunisation programme should offer two doses of Shingrix vaccine at 60 years of age. This is being rolled out over a period of several years starting with adults aged 65 and 70 years. This is a change in the eligibility criteria, and those who were previously eligible to receive a shingles vaccination will remain eligible up until their 80th birthday, with the second dose due before their 81st birthday. From 1 September 2023 the eligibility criteria expanded to include severely immunosuppressed individuals aged 50 years and over (with no upper age limit) who should also be offered two doses of Shingrix.
- Data since 2018 shows an upward trend in uptake in Havering until 2022/23, where a 1.4% reduction in uptake was recorded compared to the previous year. Local uptake for 2022/23 (57.4%) exceeds the national average (48.3%; Figure 2).

Pertussis

- Pregnant women are offered a pertussis vaccination from 16-32 weeks' gestation to prevent whooping cough in their infants. This passive immunity, passed through the placenta during pregnancy, lasts until the child is old enough to be routinely vaccinated[2].
- Maternal vaccination was first introduced in 2012 due to very high rates of whooping cough. A study published last year found the vaccine provided 89% protection against hospitalisation and 97% protection against death from whooping cough in babies born to vaccinated mothers[3].
- Most recent data (September 2024) shows an average uptake across England of 65.9%, an increase of 8.1 percentage points from September 2023 (Figure 3). Coverage in North East London ICB, including Havering, is particularly low at 39.0% (September 2024),[4] however this uptake has increased by 10.6% compared to a year before.
- Throughout 2024 UKHSA reported 14,905 confirmed cases of pertussis and 10 reported deaths in infants who developed pertussis in England. This was 17.4 times higher than the previous year (2023)[5]. The recent increase in

[1]Those with asplenia, splenic disfunction or chronic renal disease are recommended to be re-immunised ever 5 years.

[2] https://www.gov.uk/government/publications/vaccine-update-issue-337-april-2023/vaccine-update-issue-337-april-2023#maternal-whooping-cough-vaccine

[3] https://www.gov.uk/government/publications/vaccine-update-issue-337-april-2023/vaccine-update-issue-337-april-2023#maternal-whooping-cough-vaccine

[4] https://www.gov.uk/government/publications/pertussis-immunisation-in-pregnancy-vaccine-coverage-estimates-in-england-october-2013-to-march-2014

[5] https://www.gov.uk/government/publications/pertussis-epidemiology-in-england-2024/confirmed-cases-of-pertussis-in-england-by-month

pertussis cases, (after the exceptionally low number of cases from April 2020 – September 2023 due to COVID-19 pandemic intervention measures), has been observed across all age groups and in every region in England.

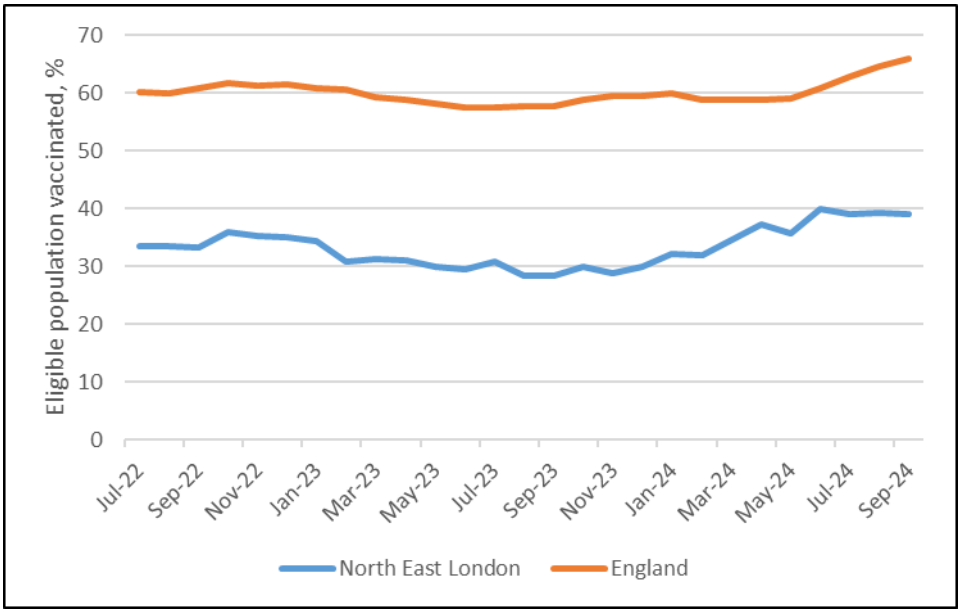


Figure 3 Prenatal pertussis vaccination uptake. Data is not available at borough level, instead the graph details North East London subregion, to in which Havering is located, and England.

Respiratory Syncytial Virus (RSV)

- The new maternal Respiratory Syncytial Virus (RSV) vaccine programme was launched in September 2024, with the vaccine being offered to all women at their 28-week antenatal appointment. This coincided with the introduction of the use of the RAV (Record a Vaccination) system to capture data on all maternal vaccinations, which should lead to an improvement in the data quality across all maternal vaccine programmes. Anecdotal feedback from NHSE suggests that the RSV programme has seen a good level of uptake amongst pregnant women.

Actions being taken and recommendations

- Most recent data in Havering shows a slight decline in shingles vaccine uptake compared to the previous year, however uptake still exceeds the National average. **Locally it is recommended that shingles vaccine continues to be promoted to local residents as part of winter wellness communications, as well as opportunistic inclusion in health promotion activity targeted at cohorts of an eligible age.**
- There are no concerns for PPV vaccine uptake in the over 65s in Havering. However, it was previously identified that arrangements to ensure that eligible younger patients at risk are identified and offered vaccination should be strengthened. Initiatives to address this included outreach programs, dedicated clinics organised by some GP practices, and targeted efforts to provide vaccinations to housebound residents.
- Pertussis activity remains high and continues to be closely monitored by UKHSA. **It is therefore recommended that efforts to increase pertussis vaccine uptake amongst pregnant women are continued.**
- As the RSV programme is new, it is **recommended that the available monitoring information of this new vaccination programme be discussed at the Health Protection Forum in 2025, and is included in the 2025 annual report.**

4.3 Adult Immunisations – Seasonal Influenza

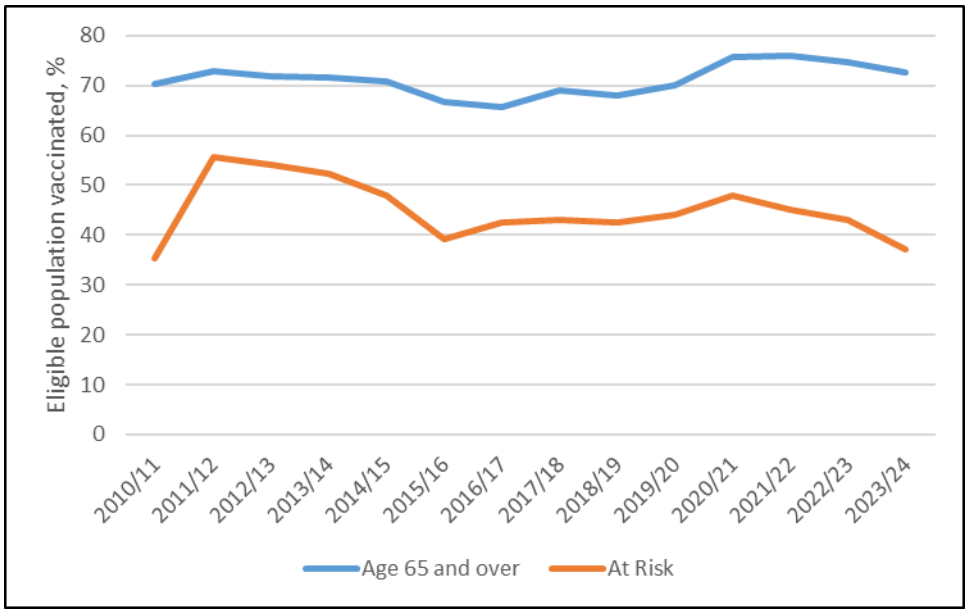


Figure 4 Population seasonal Influenza vaccination coverage in Havering for those aged 65 and over and those belonging to clinical risk groups.

How the System Works

- NHSE commissions GPs and pharmacists to administer adult 'flu vaccinations.
- Children, pregnant women, people 65 and over, under 65s clinically at risk, and Carers, are eligible for free seasonal 'flu vaccination
- The list of clinical risk groups is not exhaustive, healthcare practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease as well as the risk of serious illness from flu itself.
- Frontline health and social care staff[6] eligible for free 'flu vaccination at GP or pharmacy by showing their ID badge
- Other people can buy a 'flu vaccination from most pharmacies
- Several employers offer a voucher scheme to employees to cover the cost of seasonal 'flu vaccination, however this private provision of vaccine may not be always be accurately captured in monitoring data.

Programme status

- Uptake increased during the early phase of the COVID-19 pandemic, however coverage in Havering has since demonstrated a steady decline for both over 65s and adults in "at risk" clinical groups. Most recent data (2023/24) showed that uptake amongst over 65s in Havering was below the WHO target ambition (72.7%; Figure 4), and below National average (77.8%)[7].
- It is thought that a combination of vaccine hesitancy and shift in focus of importance resulting from the COVID-19 vaccination programme diverted public attention from influenza vaccine, leading to reduced uptake.

Actions being taken and recommendations

- A call and recall processes was previously implemented nationwide to support uptake in 'flu vaccine in at risk groups, and this continues.
- Ongoing monitoring of 'flu and influenza like illness (ILI) activity continues.
- Communications activity including promotion of 'flu vaccines as part of adverse weather planning, winter planning, workforce offer and antimicrobial resistance awareness raising.

[6] Frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

[7] https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-winter-season-2023-to-2024/seasonal-influenza-vaccine-uptake-in-gp-patients-in-england-winter-season-2023-to-2024

- Continued engagement with providers, including local immunisation co-ordinators and Vaccination UK, with the aim of increasing vaccination uptake in all groups.
- There are a large number of older people in the borough, and with declining uptake rates a growing population who are not vaccinated. **The system should continue to seek further improvement in uptake locally aiming to meet future WHO/NHSE target ambitions and achieve uptake similar/above the national average.**
- Additionally, with a growing proportion of children in the borough, the success of the childhood 'flu vaccination programme is increasingly important. **Higher uptake amongst children is recommended to impact levels of circulating virus that adult residents are exposed to.**

4.4 Adult Immunisations –COVID-19

How the System Works

- NHSE commissions GPs and pharmacists to administer COVID-19 vaccinations, with some provision via walk-in sites and visits to care homes. Vaccination is offered in spring and early winter.
- COVID-19 vaccine is recommended for those at increased risk from COVID-19. This includes those aged 75 or over, aged 6 months to 74 years in a clinical risk group (those a weakened immune system because of a health condition or treatment) and people who live in a care home for older adults.

Programme status

- The Office for Health Improvement and Disparity (OHID) calculates that in Havering from September 2023 to March 2024 there have been 157 fewer deaths due to COVID-19 than expected deaths (1,314 registered deaths compared to 1,490 expected deaths)
- The Covid-19 vaccination programme was scaled down in Spring 2023. Future Covid-19 booster doses have been offered to people who are at increased risk from Covid-19, and any changes to this or eligibility criteria will follow advice from the Joint Committee on Vaccination and Immunisation.
- COVID-19 vaccination data is not published at Borough level, and only available by region only (e.g. London) on NHS site. Local vaccine uptake data used to be shared via a regular situational awareness report, however this is no longer produced.

Actions being taken and recommendations

- Risk assessment of individual patients is performed by GP or specialist secondary care clinician (for those in a clinical risk group).
- Patients are contacted and invited for vaccination according to COVID-19 disease risk criteria.
- **It is recommended that unless indicated by disease epidemiology and advice from system partners, COVID-19 vaccination is no longer identified as a priority for HPF action in 2025.**

4.5 Infectious Diseases

Under the Health Protection (Notification) Regulations 2010 (HPNR), all doctors (registered medical practitioners) are required to report notifiable diseases to the Proper Officer of the local authority (for Havering this is the North London Health Protection Team, UKHSA). There is also a legal requirement for diagnostic laboratories that process human samples in England to report certain pathogens to UKHSA.

Reporting of notifiable disease is a critical public health tool which informs local and national surveillance of serious infectious diseases. Notification allows us to take prompt public health action to prevent and control infections. It also enables assessment of effectiveness of vaccination programmes.

In March 2025, the following infectious diseases were added to the list of notifiable diseases[8]:

- Middle East respiratory syndrome (MERS)
- influenza of zoonotic origin
- chickenpox (varicella)
- congenital syphilis
- neonatal herpes
- acute flaccid paralysis or acute flaccid myelitis (AFP or AFM)
- disseminated gonococcal infection (DGI)
- Creutzfeldt-Jakob disease (CJD).

Specific notifiable diseases, either identified as priorities in 2022/23 annual report or those with particular relevance to Havering are discussed in further detail below.

Tuberculosis

Tuberculosis (TB) is a bacterial infection, strongly associated with deprivation and transmitted through an airborne route. Infection can be active or latent (latent TB can be reactivated in later years) and often affects the lungs (pulmonary TB) but can also affect other parts of the body (extrapulmonary TB). TB can be treated with antibiotics.

The long incubation period of tuberculosis means that changes in incidence happen much more slowly than for other diseases with rapid onset (e.g. 'flu). Several factors influence incidence rates including sociodemographic population change, increased testing/detection rates as well as increased numbers of infections.

The Bacillus Calmette-Guérin (BCG) vaccine is delivered through a targeted programme, given shortly after birth to babies who, through either place of current residence, place of birth or family links to a country with high prevalence, are at an increased risk of exposure to TB. It is 70-80% effective against the most severe form of disease (TB meningitis).

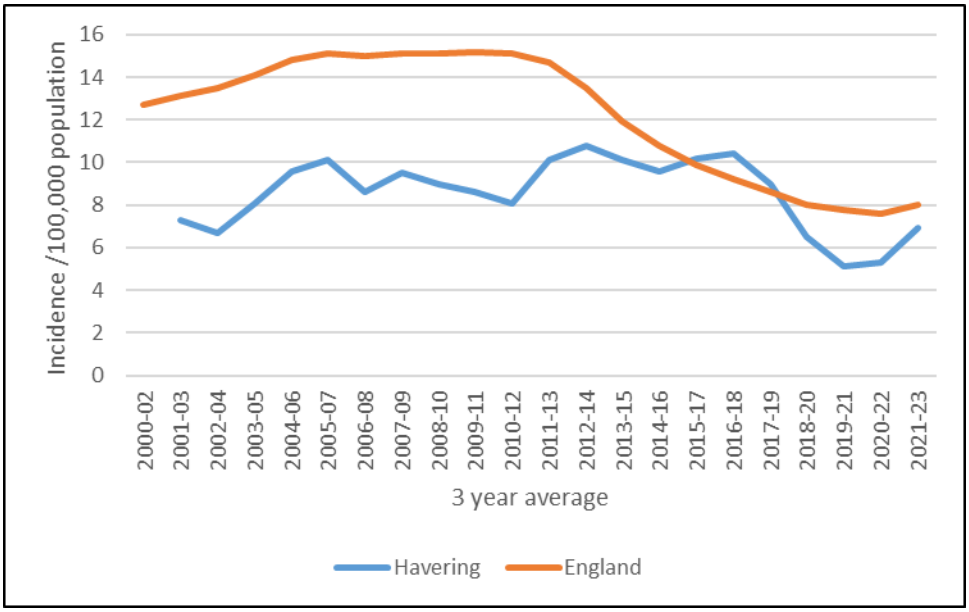


Figure 5 Tuberculosis incidence (3 year average) crude rate per 100,000 for Havering and England.

How the System Works

- NHSE commissions the BCG vaccination programme delivered by Vaccination UK, for babies up to 12 months old who are at increased risk of exposure to TB.

[8] https://www.gov.uk/government/collections/notifications-of-infectious-diseases-noids

- There are 7 Tuberculosis Control Boards (TBCB) across the UK which have been functioning since September 2015; Havering is part of London TBCB.
- North East London Integrated Care Board (NEL ICB) are responsible for commissioning TB services. In Havering this is provided by BHRUT.
- A Find-and-Treat service is commissioned pan-London; Local Service staff who work with homeless, prisoners or substance misusers should follow the NICE guidance for managing active or latent TB in these hard to reach.
- Suspected and confirmed diseases must be notified to the North London HPT (UKHSA) within 3 working days

Programme status

- In 2024, provisional data indicates that 5,480 people were diagnosed with tuberculosis (TB) in England, resulting in a notification rate of 9.5 per 100,000 population. This represents a 12.9% increase in the number of notifications compared to 2023, when 4,855 cases were reported. England however remains a low incidence TB country (less than or equal to 10 per 100,000).
- TB incidence is not evenly distributed across the country, and is particularly concentrated in large urban areas. London remains the area of highest TB incidence in England, averaging an incidence rate of 18.1 per 100,000 (2021-2023) which is over double the national rate.
- Rates in Havering have historically shown a decrease reaching an all-time low of 5.1 per 100,000 in 2019-21, however since 2019 there has been an increase in incidence of TB diagnosis in Havering (Figure 5). The most recent data (6.9/100,000; 2021-23) demonstrated a 1.6% increase in incidence compared to the previous time period (5.3/100,000; 2020-22). This increase in incidence was also seen nationally, albeit at a smaller magnitude (0.4% increase from 2020-22 to 2021-23).
- Havering has the third lowest rate of TB infection of all London Boroughs, with nearby Newham having the highest rate in London (40.6 per 100,000[9]) and Redbridge having the 5th highest rate in the London region (28.1 per 100,000). Both of these North East London boroughs are home to a more deprived and ethnically diverse population compared to Havering.
- Nationally, and consistent with historical trends, rates of TB continue to be highest in people born outside the UK, accounting for 81.5% of 2024 infections. Among those with social risk factors (SRFs), 13.1% of people with TB aged 15 years and older had at least one SRF recorded in 2024.
- Resistance to antimicrobial therapy remains a major concern for treatment of TB, requiring extended therapy of between 12 to 24 months, instead of the 6 months of treatment for non-drug resistant infections.
- Treatment delay leads to more serious illness and increased infectivity and/or transmission[10]. The proportion of pulmonary TB cases starting treatment within four months of symptom onset in 2023 in Havering was 70% - slightly lower than the London (76.2%) and England (70.2%) average.
- Eligible children in Havering are offered the targeted BCG vaccination. A total of 1,517 children were eligible for the vaccination; 1,112 children receiving vaccination (an uptake rate of 73.3%).

Actions being taken and recommendations

- TB incidents are led by the North London Health Protection Team (UKHSA). Risk assessment is carried out jointly by the TB clinical team and HPT to decide requirement for screening at the setting/within the household and other actions.
- Cohort reviews, with Local Authority partners invited, have taken place, as has a workshop. **It is recommended that workshops and/or cohort review work are attended.**

[9] WHO considers territories with an estimated incidence rate of 40 per 100,000 or greater to have "high incidence".

[10] Ayalew YE, Yehualashet FA, Bogale WA, Gobeza MB. Delay for Tuberculosis Treatment and Its Predictors among Adult Tuberculosis Patients at Debremarkos Town Public Health Facilities, North West Ethiopia. Tuberc Res Treat. 2020 Sep 19;2020:1901890. doi: 10.1155/2020/1901890. PMID: 33014464; PMCID: PMC7520669.

- TB notification rates since 2016 have exceeded those required annually to achieve the goal of 90% reduction by 2035[11]. UKHSA is committed to meeting the WHO TB elimination targets by 2035 as outlined in the TB Action Plan for England 2021-2026[12]. Nationally, the five priority areas include work to understand the impact and learning from the COVID-19 pandemic, prevent TB, detect TB, control TB and ensure workforce capacity to manage TB. **It is recommended that UKHSA deliver a training session to local GP through the PTI session.**
- Whilst incidence of TB in Havering is lower than the National average, there is potential for infections to increase with sociodemographic change of the local population. Changes to local age structure and ethnic diversity, are likely to impact on crude TB incidence, however the sociodemographic distribution within the borough remains more similar to England as whole than the rest of London. **Work is required to better understand the risk of TB among the underserved and social-risk populations in Havering**.

High Consequence Infectious Disease

The local, regional and national systems supporting the identification and management of high consequence infectious disease were utilised in late 2024 in response to a high consequence infectious disease in Havering.

How the System Works

- Upon notification of an HCID UKHSA Regional Health Protection team(s) convene an incident management team meeting inviting relevant partners.
- A cell structure is employed to allow for identified points of contact for differing elements of the incident to be addressed in a systematic and consistent manner.
- Communications were led by UKHSA Regional and National Comms teams, with our own Council Comms team being updated when necessary.
- HCIDs are further divided into "contact HCID" and "airborne HCID" according to the mode of transmission[13]:
    - Contact HCIDs
        - Argentine haemorrhagic fever (Junin virus)
        - Bolivian haemorrhagic fever (Machupo virus)
        - Crimean Congo haemorrhagic fever (CCHF)
        - Ebola virus disease (EBOD)
        - Lassa fever
        - Lujo virus disease
        - Marburg virus disease (MVD)
        - Severe fever with thrombocytopaenia syndrome (SFTS)
    - Airborne HCIDs
        - Andes virus infection (hantavirus)
        - Avian influenza A(H7N9) and A(H5N1)
        - Avian influenza A(H5N6) and A(H7N7) [note 1]
        - Middle East respiratory syndrome (MERS)
        - Nipah virus infection
        - Pneumonic plague (Yersinia pestis)
        - Severe acute respiratory syndrome (SARS) [note 2]

[11] https://www.gov.uk/government/publications/tuberculosis-in-england-2022-report-data-up-to-end-of-2021/tb-incidence-and-epidemiology-in-england-2021#action-plan-indicator-1-reduction-in-tb-incidence-to-meet-90-reduction-by-2035

12 UKHSA What is TB and what are we doing to combat it?

[13] https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=a4e10729-745d-462f-8970-c4f3d5d5cc0b&utm_content=daily

V.UK

Programme status

- The incident management team meetings were attended by the Director of Public Health and/or Assistant Director of Public Health with responsibility for Health Protection.
- Following conclusion of the incident management team, an in action review was attended by Public Health Havering representatives and findings shared.

Actions being taken and recommendations

- Had those requiring isolation been in different social circumstances; for example, if they were in a less secure financial position, there may have been difficulty in ensuring those contacts remained in isolation. **It is recommended that Havering HPF establish potential routes of financial support for cases/contacts requiring long periods of isolation.**
- The living situation of one of the contacts, not resident in Havering, was complex. Lessons learned from the other Borough involved included the need for an advanced plan for temporary accommodation suitable to isolate a contact/potential case of HCID. **It is recommended that Havering Public Health establish potential routes of funding and provision of accommodation for cases/contacts requiring long periods of isolation where their current living conditions would not facilitate isolation.**
- Pathways for the transfer of contacts to the clinical setting were not fully established and the process employed in the 2024 HCID incident would not be sustainable for a larger number of cases. **The Health Protection Forum should review current local processes in advance.**

Blood-borne viruses

Injecting drug users are at particular risk from blood-borne viruses such as hepatitis B, C and HIV-1. Change, Grow, Live (CGL) provides hepatitis B immunisation, testing of hepatitis B, C, and HIV-1, counselling and referral for treatment, and needle exchange programme through community pharmacies[14].

How the System Works

- The sentinel surveillance of blood borne virus testing began in 2002. Information on the testing carried out in participating centres is collected irrespective of test result and can therefore be used as a basis for estimating diagnosed prevalence among those tested.
- In 2021, sentinel surveillance captured front-line testing for hepatitis A, B, C and HIV-1, covering approximately 40% of the GP-registered population, and over 80% of the population from all 9 UK Health Security Agency (UKHSA) centre areas.
- Some specific sites, such as Homerton, also tested for hepatitis D, E and HTLV.
- Data is also submitted from outreach testing services including Find and Treat, Hepatitis C Trust, and testing conducted by the operational delivery networks (ODNs) and submitted to the NHS England and NHS Improvement (NHS EI) testing database.

Programme status

- Data suggest that BHRUT continue to perform well at delivering the emergency department opt out HIV and hepatitis testing model, with nearly 7,000 tests being conducted each month across Queen's and St George's sites, and numbers continuing to rise month on month. National data suggests that about 75% of those being tested via the ED opt out pathway have never been tested for these infections before.
- In 2024, CGL offered 100% of the service users with a history of injecting drug use a test for hepatitis C; 92.7% of whom received testing, and 85% of service users who tested positive have started treatment.

[14] https://www.changegrowlive.org/advice-info/find-advice-info/health-and-wellbeing/hepatitis#:~:text=Getting%20tested%20for%20blood%20borne%20viruses,-If%20you%27re&text=To%20test%20you%2C%20we%20take,help%20you%20get%20specialist%20treatment.

Actions being taken and recommendations

- **It is recommended that CGL continue their ambition towards hepatitis C micro-elimination status, and to sustain it.**

Sexually transmitted infections

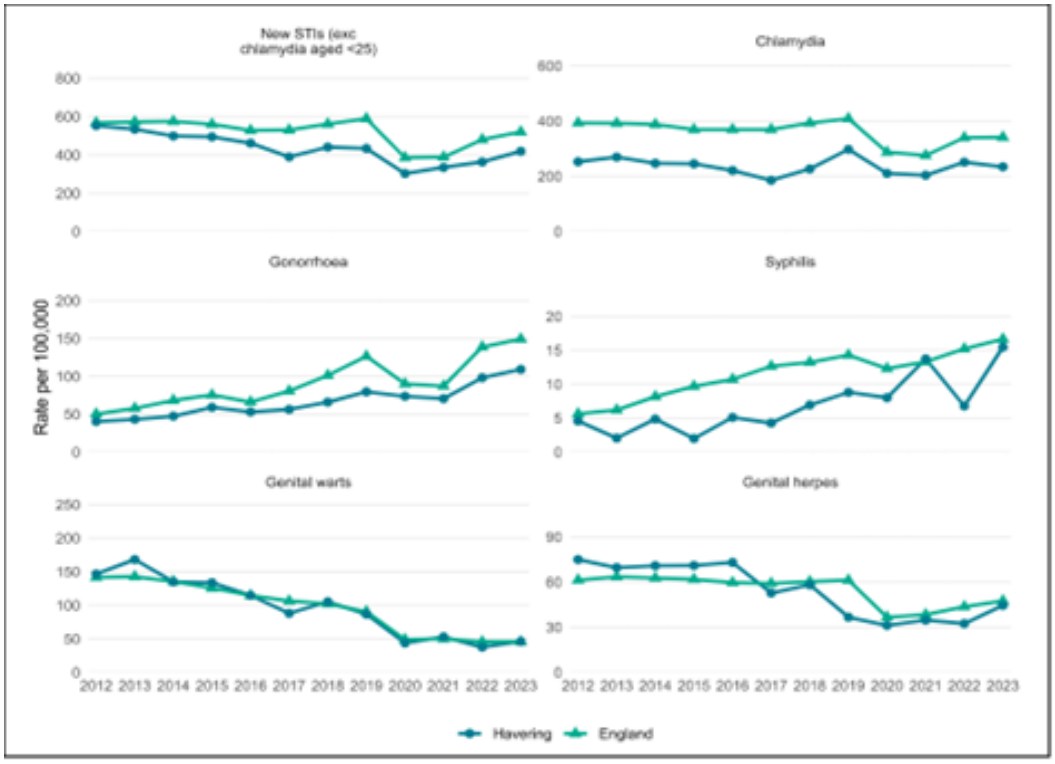


Figure 6 Rates of sexually transmitted infections diagnosed in Havering and England from 2012 – 2023.

How the System Works

- The London Borough of Havering is responsible for commissioning an integrated sexual health service provided by BHRUT (contracted jointly with Barking & Dagenham and Redbridge) which delivers services including STI testing and treatment, contraception, HIV testing and HIV Pre-exposure Prophylaxis (PrEP).
- Sexual Health London commissions an e-service on behalf of London Local Authorities for at-home STI testing.
- NHSE commissions HIV testing as part of antenatal screening, and HIV treatment and care, though this is due to be delegated to ICB by April 2025.

Programme status

- Rates of gonorrhoea and syphilis have been increasing slightly in the borough since 2012, at a similar rate to England overall, with rates in 2023 at 109.2 per 100,000 for gonorrhoea and 15.5 per 100,000 for syphilis (Figure 6). Despite this overall increase, Havering had one of the lowest diagnosis rates for syphilis and gonorrhoea in London.
- The Sexual Health London e-service has continued to be significant route for Havering residents to access asymptomatic STI testing. In 2023/24, a total of 7,336 STI tests were completed by Havering residents via the e-service, equating to 63% of STI testing activity across all providers. This channel-shift of simple STI testing online has enabled clinical services to focus on other aspects of provision, including treatment for more complex sexual health issues.
- In 2023/24, 100% of 76% of eligible Barking & Dagenham, Havering and Redbridge residents attending the BHRUT specialist sexual health services were offered a HIV test, of which had 76% a record of receiving a test during their first attendance. The HIV testing rate for Havering residents was 3,103 per 100,000 in 2023, equating to 8,215 tests completed. The Havering rate is significantly higher than that for England (2,771 per 100,000) but significantly lower than for London (6,816).
- 41.2% of Havering residents diagnosed with HIV in the UK between 2021 and 2023 were diagnosed late, which is associated with poorer health outcomes. Havering's late diagnosis rate was similar to those seen across London (41.1%) and England (43.5%).

- The most recent available data suggests there are very few or no new cases of acute hepatitis B detected in Havering each year, with zero cases detected in both 2020 and 2021. Based on the available data, the detection rate for hepatitis C in Havering in 2021 was 11.1 per 100,000, significantly below the London and England averages of 39.8 per 100,000 and 27.8 per 100,000 respectively.

Actions being taken and recommendations

- As of October 2024, commissioners and BHRUT agreed a new funding model for the integrated sexual health service, intended to drive up priority activity and improve service access.
- Key measures that BHRUT are tasked with improving through this model include hepatitis B vaccine uptake and PrEP uptake. **Hepatitis B vaccine and PrEP uptake should be discussed at future Health Protection Fora.**
- Havering, along with other North East London boroughs submitted a collaborative bid to the Elton John AIDS Foundation in November 2024, seeking funding for an 18-month pilot of a digital PrEP pathway, aimed at improving access to PrEP, particularly amongst underrepresented groups (heterosexual men and women, people from black ethnic backgrounds, young gay, bisexual or men that have sex with men). Funding was awarded in March 2025. **It is recommended that the progress of the PrEP pilot be discussed at future Health Protection Fora.**

Health Care Associated Infections and Infection Prevention and Control Measures

Health Care Associated Infections (HCAI) are infections resulting from medical care or treatments in a hospital setting, primary care setting, nursing home, or the patient's own home. HCAI pose a serious risk to patients, staff, carers and visitors, so infection prevention and control (IPC) is a key priority for the NHS and public health.

Most well-known HCAI include Methicillin-resistant *Staphylococcus aureus* (MRSA) which lives harmlessly on the skin of around 1 in 30 people but can cause serious infection if it gets deeper into the body as it is resistant to widely used antibiotics. The risk is higher among the elderly. Most cases (63%) occur in the community, while 37% were hospital-onset.

Clostridioides difficile (*C. difficile*) is usually a commensal bacterium that grows exponentially when antibiotics are given for treatment of other conditions and the normal balance of gut bacteria is disrupted. *C.difficile* can cause severe diarrhea that can be life-threatening especially among the elderly. The bacterial spores can spread very easily and cannot be disinfected by alcohol or common disinfectants. Most cases (58%) occur in the community, while 42% were hospital-onset.

Hospital-onset of both MRSA and *C.difficile* is defined as diagnosis from any specimens taken on the third day of admission onwards (when day one equals day of admission).

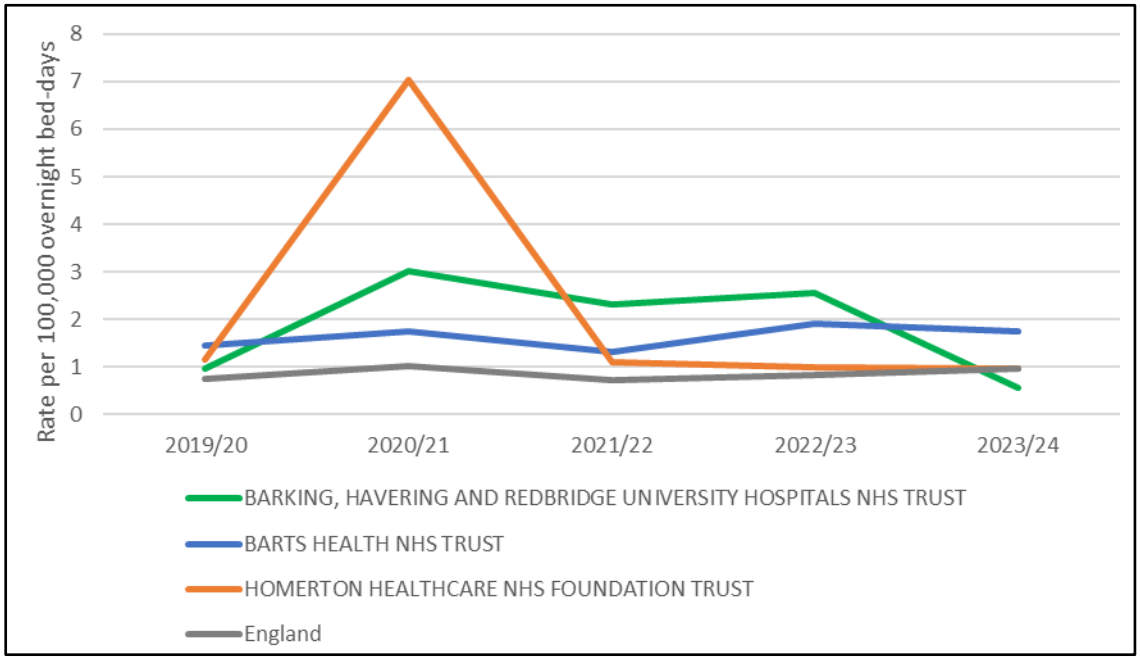


Figure 7 Hospital-onset healthcare associated MRSA bacteraemia rate by NHS Trust in the acute trusts serving Havering residents. Source: UKHSA

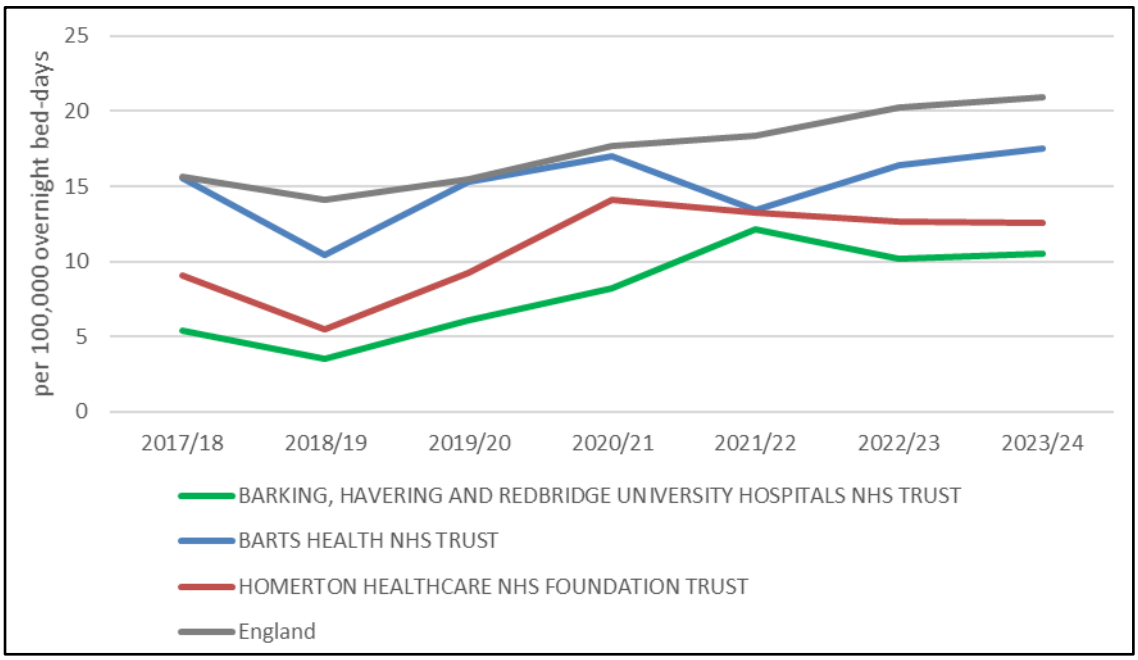


Figure 8 Hospital-onset healthcare associated Clostridioides difficile infection by NHS Trust in the acute trusts serving Havering residents. Source: UKHSA.

How the System Works

- The Department of Health sets tolerance target for Acute Trusts for MRSA (set at 0) and *C. difficile*[18]
- UKHSA monitors numbers of infections that occur in healthcare settings through routine surveillance, and advises on prevention and control in places such as hospitals, care homes and schools.
- It has been mandatory for NHS acute trusts to report all cases MRSA bacteraemia since April 2004. In October 2005, the surveillance scheme was enhanced to include patient-level data. Surveillance of *C. difficile* (previously identified as *Clostridium difficile*) infection (CDI) was originally introduced in 2004 for patients aged 65 years and over. This was then extended to include all cases in patients aged 2 years and over in April 2007. In January 2011, this scheme was extended to include surveillance of Methicillin-sensitive Staphylococcus aureus (MSSA) bacteraemia, then in 2017 other gram-negative bacteraemia due to *E. coli, Klebsiella and Pseudomonas*.
- All NHS Trusts have IPC policies and procedures in place, and report HCAIs to their respective Boards.

Programme status

- Data shows a relatively stable or decreasing trend in MRSA bacteraemia in hospitals serving Havering residents (Figure 7).

The rates of C. difficile infection has been slowly rising over time (

- Figure 8).

Actions being taken and recommendations

- IPC teams at all the NHS Trusts serving Havering and community trust (NELFT) have action plans, policies and procedures in place to reduce and/or prevent the number of infections from MRSA, *C. difficile* and other HCAI.
- The growth and spread of antimicrobial resistance, and the emergence of a pan-resistant, highly virulent bacterial strain remains a serious threat to health protection. Work, led by the UKHSA as the lead agency, is progressing towards the 20-year vision on AMR.[15] **It is recommended that the Health Protection Forum prioritises AMR in 2025.**
- The North East London Antimicrobial Resistance Strategy Group (AMRSG) convenes quarterly to ensure appropriate prescribing to reduce the risk of antibiotic resistant organisms.

4.6 Air Quality

As is seen globally, nationally and regionally, air quality has a significant impact on the health of Havering residents. Harm caused by air pollution is not evenly distributed (Figure 9), and air quality is generally worse in urban areas and the poorer, more ethnically diverse communities that tend to live in these areas are hardest hit. These communities tend to contribute less to air pollution than more affluent counterparts (e.g. they are less likely to drive their own car and more likely to use public transport.

The WHO has set aspirational targets for air quality, that represent the level above which there is evidence of harm to health. WHO criteria are routinely exceeded across the UK, highlighting the continued and widespread challenge of maintaining air quality standards and the necessity for effective public health policy.

The international scientific consensus is that airborne particulate matter is harmful to health. Therefore, anything that adds to particulate air pollution, such as the fires occurring on Arnold's Field, Launders Lane in Havering, is likely to be harmful to health. Additionally, it is very likely that fires cause further harm to wellbeing in terms of anxiety caused and loss of amenity.

[15] Tackling antimicrobial resistance 2019 to 2024: the UK's 5-year national action plan.

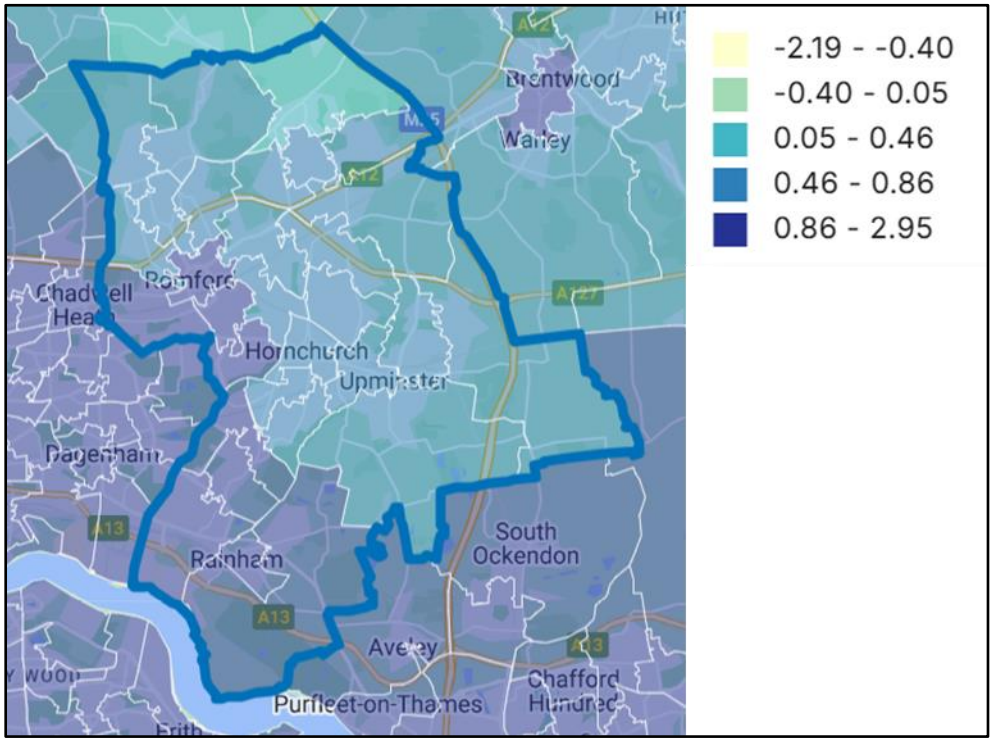


Figure 9 Map of Havering showing the geographical distribution of the Access to Healthy Assets and Hazards (AHAH) Air quality domain (2024 data). AHAH Air quality domain measures accessibility in terms of the amount of air pollutants in the atmosphere that include nitrogen dioxide, particulate matter and sulphur dioxide. Source: Consumer Data Research Centre; https://havering.localinsight.org/.

How the System Works

- The UK has signed up to a set of National Air Quality Objectives and European Directive legal limits for air pollutants; Havering has a statutory duty to provide appropriate monitoring of air quality and an Air Quality Action Plan (AQAP).
- London Boroughs monitor NO_2 using over 1,900 passive diffusion tubes across London. Data is collated and made available through the London Data Store[16].
- Several monitoring stations and passive diffusion tubes across Havering provide monthly, daily and real time readings of NO_2, PM_{10} and $PM_{2.5}$.

Programme Status

- There has not been an action plan in place since the previous AQAP expired in 2023.
- Havering hosts two continuous monitoring stations that form part of the London Air Quality Network. One is situated in central Romford (Waterloo Road) and the other in Rainham (Reference site, New Road). Both are positioned in roadside locations. The central Romford node monitors NO_2, PM_{10}, SO_2 and hosts weather sensors. The Rainham reference site monitors NO_2, PM_{10} and $PM_{2.5}$.[17]
- There are an additional five Breathe London monitoring sites around the perimeter of Arnold's Field, Launders Lane that continuously sample and report $PM_{2.5}$ and NO_2 concentrations.
- The contract between the Greater London Authority (GLA) and Breathe London ended in December 2024. This does not affect nodes around Launders Lane, as these are funded by the Council and local resident's groups/corporate sponsorship, but does impact Mayor-funded nodes across London, including some in other parts of Havering.
- There was no diffusion tube data submitted to the London data store for 2022 or 2023. 2024 data has not yet been published. The most recent Air Quality Annual Status Report published by Havering covers 2021[18].
- The most recent data available (2021) details NO_2 levels from 66 passive diffusion tubes across Havering. As with all other London boroughs, 100% of the diffusion tubes exceeded the WHO guideline, with 5 recording annual

[16] https://data.london.gov.uk/dataset/air-quality-monitoring-diffusion-tube-results

[17] https://www.londonair.org.uk/london/asp/publicdetails.asp?site=HV1&Maptype=Google&mapview=All&la_id=16&zoom=11&lat=51.5631&lon=0.220446&laEdge=&details=

[18] https://www.havering.gov.uk/downloads/download/507/air-quality-reports

means exceeding the legal limit. The highest annual mean being recorded at Romford Battis (close to Romford train station).

- In 2021 the average NO_2 concentration roadside in Havering was 28.4ug/m^3, lower than the outer London average (29.8 ug/m^3). Background NO_2 concentration however was higher at 23.2 ug/m^3 compared to the outer London average (20.7 ug/m^3). This data is 4 years out of date and likely to be impacted by differences in vehicle use throughout 2021 impacted by the COVID-19 control measures.

Actions being taken and recommendations

- Air Quality Monitoring
    - Currently Havering has 66 diffusion tubes at 46 locations, two continuous monitoring stations in Romford and in Rainham and 6 Breathe London sensors (sponsored by the Mayor of London). Additional Breathe London sensors are installed at Launder's Lane, Rainham as part of the response to ongoing fires. Following the change in provider from Breathe London in December 2024, **it is recommended that Havering Public Protection build relationships and establish data monitoring flows with the new provider of the GLA-funded air quality monitoring nodes as soon as possible.**
    - Havering Council is currently developing the AQAP and there has not been an Air Quality Annual Status Report published since 2021. **It is recommended that the finalised AQAP is shared with the Health Protection Forum as soon possible and that the report process is reinstated and diffusion tube data submitted to the London Data Store.**
- Active travel in schools
    - All Havering schools are encouraged to maintain active School Travel Plans (STPs) and report annually via TfL's Travel for Life Accreditation Programme.
        - 55 of 84 schools participated in the programme: 41 achieved Gold, 4 Silver, and 10 Bronze.
        - Over £15k worth of grants were awarded to four schools for scooters, cycle tracks, parents and carer waiting shelter plus a gate for Concordia to split access to the school for Junior/Infant pupils
        - Over £50k of funding was provided to 9 schools for cycle and scooter parking facilities providing over 86 cycle parking spaces and 191 scooter parking spaces.
        - "Miles the Mole" Air Quality Theatre in Education performance was delivered to 2,721 year 6 pupils across 40 schools – Miles goes to each performance.
        - 11 Schools received Anti-Idling workshops and events together with one school having Civil Enforcement Officers in attendance (funding secured from DEFRA).
        - 11 schools received Breathe Clean workshops and new walking maps; 2 schools had maps relaunched (DEFRA funded).
        - 34 chargers were installed at 10 schools (Government and Carbon Offset Funding).
        - 5 schools joined a Cycling Bus initiative; 6 participated in a Walking Bus (DEFRA funded).
        - 14 schools received a set of 6 pool bikes together with helmets and a cycle pump.
        - 10 schools received scooter training
    - In 2024, walking maps were launched for the Rainham Superzone areas, including Parsonage Farm, Brady, Rainham Village, and Harris Academy. 10 more walking maps are being delivered this 2025 through an Air Quality Grant from DEFRA.
- Tree planting schemes in 2024
    - In 2024, over 1,100 trees were planted across Havering, including orchards at multiple parks and 1,000 whip replacements at Harrow Lodge Park—supported by Green Streets and FCC.
    - In 2025, 8 standard trees will be planted at Dagnam Park as part of an avenue restoration, with additional commemorative plantings planned.
- Low emission vehicles
    - 61 EV charging points being installed in 10 Council car parks (operational by June 2025).
    - 68 EV charging points to be installed in 15 residential streets by August 2025.

The Launders Lane Response

As well as the importance of air quality across the borough, of considerable public concern is the air quality around Arnold's Field, a 16.94 hectare area of privately owned land off Launders Lane, Rainham in the South of the London Borough of Havering.

The site was formerly a sand and gravel quarry, subsequently registered as a landfill licensed to accept inert, commercial, industrial, household and solid sludge waste. The last waste was recorded as being accepted in 1965, however significant volumes of waste were subsequently deposited there without appropriate authorisation[19]. The site now catches fire, especially during hot weather. Residents complain about the nuisance caused by smoke, dust and odour from the fires and are concerned about potential health impacts. Local Councillors and Local Authority Officers have received concerns from residents relating to poor respiratory health amongst the local community. Havering Council has commissioned soil sampling and comprehensive air quality monitoring, and has undertaken investigations of potential health risks to residents through contract with Environmental Epidemiology experts from Imperial College London and data requests to NEL Integrated Care System (ICS), NHS and National Disease Registration Service, NHS England.

Several studies have been conducted regarding air quality and the impact on the health of the local population around the Launders Lane site, and none have shown a significant risk to health (no exceedance of UK air quality limits, daily air quality no worse than elsewhere in the borough or evidence of free asbestos fibres) or evidence of harm to health (other than a modest increase in GP attendances)[20].

How the System Works

- Havering Council commissioned an investigation of potential health risks to inform future decisions about the site.
- The health risk assessment is informed by a technical group consisting of Public Health and Public Protection and the following organisations or individuals:
    - London Borough of Havering Communications
    - Environment Agency
    - Greater London Authority
    - Imperial College London
    - London Fire Brigade
    - A residents group representative
    - UK Health Security Agency

Programme Status

- Poor air quality is likely to affect those with existing vulnerability (e.g. heart and lung conditions). There were several days throughout 2024 with a visible smoke signal in the $PM_{2.5}$ air quality monitoring data. Peaks in $PM_{2.5}$ coinciding with fires short-lived and as thresholds are based on 24 hour exposure, readings rarely exceed "low" on the daily air quality index (DAQI). Annual average national thresholds were not exceeded. WHO thresholds were exceeded, as is often the case across Havering and the rest of the UK.
- No breaches of any annual UK air quality objectives or WHO guidelines were measured (where they exist). Some slightly raised levels of PCB compounds during in the summer months which may coincide with fires.
- No airborne asbestos fibres were found by monitoring performed when fires were burning on the site.

[19] Ground investigation report for the land at Arnold's Field, Launders Lane, Rainham RM13 9FL. Geo-Environmental 2023. https://issuu.com/haveringcouncil/docs/launders_lane_arnold_s_field_-_soil_investigatio?fr=xKAE9_zU1NQ

[20] https://www.havering.gov.uk/public-health/multi-agency-response-fires-arnolds-field-launders-lane

Actions and Recommendations

- Soil sampling was performed in September 2023 by external consultants who reported that risks could be mitigated through securing the site to prevent unauthorised access. There was negligible potential for asbestos fibres to be released, however air quality monitoring was recommended.
- Air quality ($PM_{2.5}$ and NO_2) are monitored in near real-time currently by six Breathe London nodes positioned around the site. Data are presented "live" on the Breathe London website, and used to inform the monthly air quality report produced by Havering Council[21]. **It is recommended that the sampling, and presentation of data, by council funded nodes continues throughout 2025.**
- Polycyclic Aromatic Hydrocarbons (PAH); Polychlorinated Biphenyls (PCB); Lead; Mercury; Volatile Organic Compounds (VOC) were also monitored from June 2023 – October 2024. **It is recommended that this air quality monitoring does not continue.**
- Asbestos sampling was performed on two dates in Summer 2024 when fires were burning at the site.
- Requested info regarding incidence of four cancer types that may be linked to environmental exposure/heightened local interest (owing to asbestos on the site); Lung cancers (ICD10 C33-34); Haematological cancers (as defined by NDRS: www.cancerdata.nhs.uk/getdataout/Haem_Grouping); Brain cancers, (ICD10 C70-72); Mesotheliomas, (ICD10 C45). The National Disease Registration Service reported no evidence of an increase in cancer around the Launders Lane site compared to the rest of the Borough.
- Time series analysis of impact of fires on GP appointments for respiratory conditions (general population and those with long term respiratory conditions), A&E attendances and admissions for respiratory conditions, prescriptions issued for treatment of respiratory conditions.
    - An increased risk of GP attendance by those with existing long-term respiratory conditions (such as asthma or COPD) on the day of a fire. This was equivalent to one extra GP appointment every five fire days, compared to days without a fire (0.2 extra appointments per day).
    - In 2022, the year with the most fire days (n=36), this would have totalled just over 7 additional GP appointments that year amongst the local resident population of 23,656 people.
    - Unable to find a statistically significant impact of fires on attendance at GP with respiratory symptoms amongst the general population of the LSOAs of interest, prescriptions issued for the treatment of respiratory conditions, A&E attendance or hospital admissions for respiratory illness/symptoms amongst the local population on the day of a fire or during the 3 day and 7 day periods following a fire.

4.7 Health Emergency Planning

Several events can result in or contribute towards exacerbation of health emergencies, including environmental hazards, accidents, outbreaks of disease, terrorist attacks and civil unrest. Emergencies can impact the health and lives of local communities or the whole population. Year-round planning is essential to ensure both the population and the emergency planning system is prepared for extreme events or emergencies.

Local authorities are a Category 1 responder under the Civil Contingencies Act which establishes a clear set of roles and responsibilities for those involved in emergency preparation and response. Whilst the UKHSA is responsible for planning, preventing and responding to external health threats, a multi-agency response is often required when responding to particular threats and challenges.

The multi-agency Havering Borough Resilience Forum (BRF), the membership of which is set out in legislation, facilitates planning the local response in the event of a major incident, including a response to public health

21 https://app.powerbi.com/view?r=eyJrIjoiMDJlYTViZGItMWFmNi00YTJhLTg4MDktYmRjNDE3ZDYyNTliIiwidCI6IjM1MzY2OWUxLTk3MTgtNDZmOC05YmVkLTk1YWZjODc3NmM4YSIsImMiOjh9

emergencies. The Havering BRF Risk Advisory Working Group assesses risks and produces a local risk register, and contributes to the community risk register for the London Local Resilience Forum.

The Havering Borough Risk Register[22] (last update published in March 2022) and London Risk Register[23] (last published in February 2024) consider the wider risk of emergencies which could cause significant harm to people or the environment to inform organisational business continuity and emergency response planning.

Top risks to health as identified in both registers include:

- Pandemic
- Outbreak of an emerging infectious disease
- The growth and spread of antimicrobial resistance
- Major outbreak of animal disease
- High temperatures and heatwaves
- Storms and flooding
- Low temperatures and snow
- Poor air quality
- Accidental release of a Biological substance
- Large toxic chemical release
- Radioactive incidents including both mishandling locally and release from an overseas nuclear accident

Adverse Weather and Health Plan

How the system works

- The Adverse Weather and Health Plan[24] consolidates existing guidance on weather-related health risks, providing a unified resource for health and social care services, public agencies, and professionals. The plan emphasises building resilience within communities to better withstand and respond to adverse weather events.
- The Havering Borough Resilience Forum (HBRF) continues to play a pivotal role in preparing for, responding to, and recovering from adverse weather conditions such as severe winter and extreme heat. The HBRF collaborates with local agencies to develop and implement effective response strategies, ensuring that the borough is well-prepared for adverse weather conditions.
- NHS England (NHSE) provides the national leadership in improving health outcomes and commissioning primary care services directly. NHSE ensures that the NHS is adequately prepared for adverse weather events, issuing guidelines and support to healthcare providers to manage the increased demands typically experienced during extreme weather conditions.
- Extreme weather activity locally centres around Winter Preparedness and Extreme Heat preparation and response.

Programme status

- Cold weather alerting begins on 01 November each year until 31st March and is provided by UKHSA in partnership with the Met Office.
- Hot weather alerting takes place between 01 June and 30 September each year, with the ability for an extraordinary alert to be issued outside of this window should an episode of heat occur.

[22] https://www.havering.gov.uk/downloads/file/1295/havering-borough-resilience-forum---borough-risk-register
[23] https://www.london.gov.uk/programmes-strategies/fire-and-resilience/london-resilience-partnership/london-risk-register
[24] https://www.gov.uk/government/publications/adverse-weather-and-health-plan#:~:text=Documents-,Adverse%20Weather%20and%20Health%20Plan,-Ref%3A%20GOV%2D16451

- Both the cold-health and heat-health alerts have four colour states. The designation of the colour of alert considers two aspects, adverse weather and health-sector resilience. Both the Met Office and UKHSA contribute to the assessment[25].

Actions being taken and recommendations

- The Havering Advice to Keep Well this Winter webpage[26] was updated in late December and went live and was advertised to residents in the first week of January 2025. It includes up to date advice on eligibility criteria for immunisations, circulating infectious diseases and advice on prevention and management of illness. Also included was advice for planning for and responding to cold weather including links to the Council's winter webpage and cost of living webpage. **It is recommended that the Advice to Keep Well this Winter webpage is reviewed and updated earlier in the year (September/October 2025).**
- A new initiative, The Winter Wellness Scheme, aims to identify isolated and lonely adults by creating an active risk register based on evidence-based risk factors. The scheme established a wellness call team to assess individuals identified as potentially isolated and lonely and direct them to appropriate allied health and care services, helping to prevent unnecessary use of A&E, GP, and social care services during the winter of 2024/25. **It is recommended that the intervention is evaluated following its conclusion, and if appropriate re-instated for winter 2025.**
- The Havering Cold Weather Plan has recently been reviewed with the **ambition to adopt the new plan before October 2025 in advance of the winter season.**
- A hot weather plan preparedness exercise is scheduled for 31 March 2025 and it is expected that there will representation from key partners including public health, public protection, social care, NHS and voluntary sector organisations. **Following this exercise, it is recommended that the hot weather plan be shared with the Health Protection Forum membership in advance of the summer season (May 2025).**

Synthetic Opioids

Synthetic opioids such as illicit fentanyl and isotonitazene are many times more potent than heroin, and they could be seen as an adulteration or contamination of heroin and other drugs, causing additional drug-related deaths in England. The number of cases has been increasing as heroin has become scarcer in the market and synthetic opioids are becoming much more prevalent. Therefore, DHSC expects all local Combatting Drugs Partnerships (CDP) to have plans in place to manage the risk of synthetic opioids and use multi-agency working to galvanise this work locally. The plan will enable local partners to be prepared for the emerging risk of synthetic opioids, monitor the scale of the threat and assess the risk, communicate the threat rapidly across the partners and take actions including treatment and law enforcement to mitigate the threat.

How the System Works

- Local Drug Information System (LDIS) coordinator will risk assess local incidents of non-fatal and fatal opioid overdoses, considering the following factors: cluster linkage, size of the impact, severity of the problem and further threat imminent or occurring now
- When required, LDIS coordinator will call Synthetic Opioid Incident Response (SOIR) group meeting within 24 hours.
- The SOIR group will:
    - Review and assess situation collectively
    - Identify risk control measures and assign ownership
    - Devise multi-agency response plan
    - Escalate issues to BRF with a view to transfer coordination responsibility to BRF when the majority of SOIR group members agree

[25] https://assets.publishing.service.gov.uk/media/6661d77d1669db82a64c1b95/WHA_User_Guide.pdf
[26] https://www.havering.gov.uk/news/article/1471/advice-to-keep-well-this-winter

- Keep a record of decisions made

Programme status

- LDIS has been in place since October 2023.
- Havering Synthetic Opioid Preparedness Plan submitted to JCDU – Oct 2024.
- SOIR Protocol drafted in Dec 2024.

Actions being taken and recommendations

- A part of the local plan is to have escalation links to a local resilience forum (in Havering this is Borough Resilience Forum) so that the next step will be to **have the synthetic opioid preparedness plan tested with the BRF.** This is due to be discussed at the BRF meeting taking place in April 2025.

5 Summary of Priorities for 2025

The following describes the topics that the HPF plans to focus on throughout 2025.

The topics have been chosen either because the HPF has identified a priority issue that requires improvement/closer scrutiny, or that the HPF considers that there is value in partner organisations coming together to look at existing arrangements and considering whether there is anything further that could be done to make improvements locally.

Substantial ongoing activity in areas outside of these priorities will continue as "business as usual"; monitoring will continue across all areas of health protection, and where issues arise, these will be considered as a further priority as appropriate.

5.1 Top Priorities for Health Protection Forum Action in 2025

1. **Air Quality** – A global, national and local priority, and area of risk regarding a current local AQAP and timeliness of Air Quality Annual Status Report, in addition to the considerable public concern regarding the air quality around Arnold's Field, Launder's Lane.

   The HPF should support colleagues to publish and implement the Havering AQAP and ensure there is a method of monitoring progress and reporting actions taken to improve air quality. Measures of success including what local evidence of health impact can be used to inform action should be scoped. Opportunities to increase awareness amongst local residents about behaviour modification to reduce exposure to air pollution should also be considered.

2. **Adverse Weather** – it is a realistic possibility that extreme temperatures (hot and cold) will affect the local population in the coming year.

   Members of the HPF should assist the BRF to update plans and related documentation, this will ensure that system partners all have the opportunity to contribute to, and are aware of, the combined efforts required to plan successfully for such events. The possible use of finer resolution data relating to surface temperature should be scoped which would identify inequalities experienced across the borough with regard to extreme temperatures. Possible actions to better target those at increased risk could be identified and included in preventative actions prior to adverse weather events.

3. **Tuberculosis -** TB remains a serious issue throughout the UK, and Nationally we are soon to lose "low" prevalence WHO status.

   Whilst Havering has relatively low TB prevalence compared to neighbouring boroughs, there is a need to better understand the local population at increased risk, and seek assurance that the health and social care system and wider community locally has the knowledge and confidence to ensure that those at risk of TB are able to access testing and treatment.

4. **Changing roles and relationships with Acute Trusts, Commissioners and Providers –** as the changes resulting from the National Government decision to abolish NHS England and reduce staff numbers from the ICB come into effect there will be a need for the HPF to have a clear understanding of the roles and responsibilities in the new commissioner/provider landscape.

   HPF should further develop links with the local NHS Acute Trusts (BHRUT and NELFT) and update the understanding of relationships following changes to the commissioner/provider landscape. This is of particular relevance to AMR, HCAI, delivery of community IPC, childhood and prenatal immunisations.

5.2 Forward plan for Health Protection Forum Meetings

Table 3 Proposed forward plan for quarterly HPF meetings 2025/26.

	5th June 2025 1pm-3pm	**11 September 2025 9:30am-11:30am**	**11 December 2025 10am-12pm**	**02 April 2026 12pm-2pm**
Standing items and updates	1. Health Protection Surveillance Report (UKHSA) 2. Immunisations (recent data and activities: including planned activities) 3. Any new Strategy 4. HPF Dashboard 5. Health protection issues not covered elsewhere on agenda 6. Forward Plan			
Substantive items	• Health Protection Forum Annual Report • Air quality and Launders Lane • Seasonal 'flu and outcomes – improvement of integration for Winter 2025. Lessons learned and areas for improvement for next year.	• Winter preparedness ○ Adverse weather plan and cold weather planning • Adult immunisations (PPV, COVID-19, Shingles, RSV) ○ Flu vaccinations program NHS England 2025/26 • Emergency preparedness resilience and response • Childhood immunisations (commentary on the annual report)	• Sexual health update • TB • BBV • Drugs harm • School-age immunisations	• Annual report 2025 • Emergency preparedness resilience and response (heat) • Air quality progress against AQAP
Annual or detailed reports (for noting)	HPF Terms of Reference Final HPF annual report 2024 Final AQAP	Adverse weather plan		

Consultation about a refreshed Joint Local Health and Wellbeing Strategy

7 May 2025

Mark Ansell, Director of Public Health

What is this consultation about?

Health and Wellbeing Boards (HWB) are required to consult with local residents before adopting a **new joint local health and wellbeing strategy.**

This slide pack explains

- What the Havering HWB is and how it works with other bodies
- What a joint local health and wellbeing strategy (JLHWS) is
- The overall aim of the Havering JLHWS
- The priorities included in the JLHWS
- How the HWB intends to oversee progress with its proposed priorities over the 5 year life of the new JLHWS

If you live or work in the borough, the Havering HWB would welcome your views about its plans and how they can be improved.

Please take 10 minutes to read what follows and answer the questions posed.

The consultation is open for 8 weeks from X to Y.

There will be online and face to face events *(link to web page listing events)* during this period at which HWB members will be available to answer questions if you want to know more before responding.

What the health and wellbeing board does

Health and Wellbeing Boards (HWBs) are partnerships established under the Health and Social Care Act 2012.

The Havering HWB brings together leaders from Councils, the NHS, Healthwatch and community and voluntary sector organisations to work on : -

- Improving health and reducing inequalities
- The integration of health and care services to improve quality and user experience

The HWB must produce a joint strategic needs assessment (JSNA) describing the health needs of the local community and a joint local health and wellbeing strategy (JLHWS) setting out what issues it intends to prioritize. Our current strategy has elapsed and needs refreshing.

The HWB doesn't have formal decision making powers but the Council and NHS partners have a duty to consider the JLHWS in developing their plans.

How the HWB works with other bodies – NEL ICP

Integrated Care Partnerships (ICPs) were created in 2022. Like HWBs, they bring together NHS and local authorities to improve health and care services in their areas.

Havering is part of the North East London (NEL) ICP.

When agreeing its JLHWS, the HWB must consider the ICP's integrated care strategy.

NB. NEL ICP's current strategy is likely to change when a new 10 year health plan for England is published. The priorities proposed for the refreshed Havering JLHWB strategy have been developed with the three priorities expected to feature in the 10 year health plan in mind: -

1. Preventive Health Focus: Moving from a service that treats sickness to one that focuses on preventing illness.
2. Community-Based Care: Delivering care closer to home, in communities and primary care settings.
3. Digital Transformation: Making better use of technology to improve service delivery and patient care.

How the HWB works with other bodies - HPBPB

Each borough within NEL ICP has a Place Based Partnership Board (PBPB) leading on issues that can best be resolved more locally.

To minimise duplication, the Havering HWB and PBPB have agreed that : -

- The HWB will focus on creating the conditions that will foster good health for all in the long term
- And the PBPB will lead on the integration and improvement of health and care services in the here and now.

The remit of the HWB is reflected in the priorities included in the JLHWS.

What does the HWB want to achieve through the JLHWS?

The aim of the JLHWS is to promote good health for all and narrow existing inequalities.

In the long term, the HWB will measure its success in terms of:-

- The rate of improvement in healthy life expectancy of Havering residents and
- The reduction in the gap in healthy life expectancy between residents who live in the most and least disadvantaged communities within the borough.

When talking about good health the HWB places equal importance on physical and mental health and both should feature in the JLHWS.

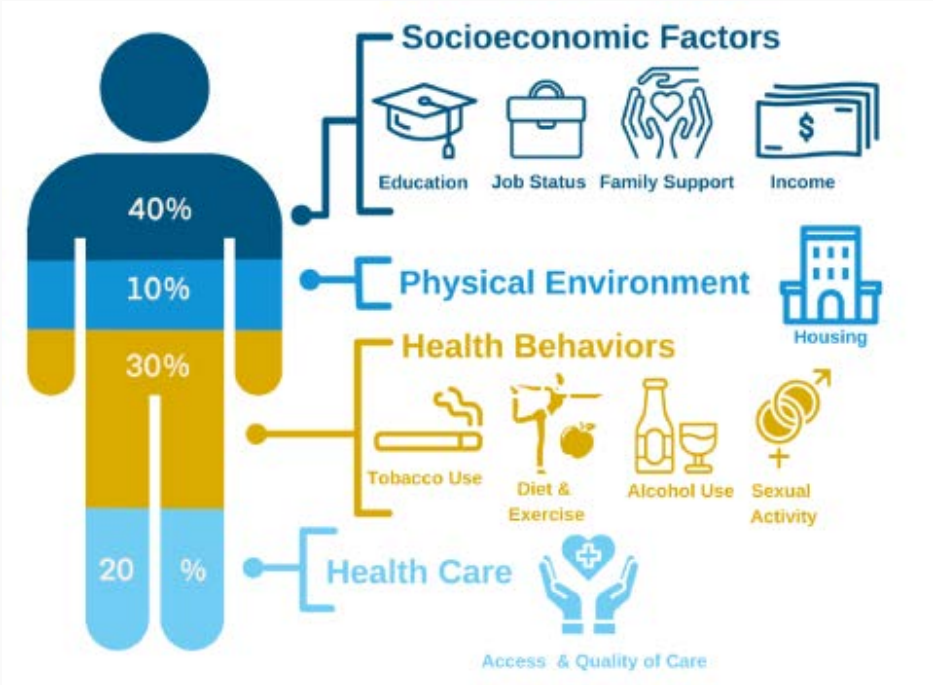
To be consistent with what we know about the factors that maximise good health and narrow inequalities, the JLHWS should address:-

- the four pillars of population health
- the whole life course
- and seeks to prevent ill health rather than treat it wherever possible

More information about these three themes is presented in the slides that follow.

Creating good health and wellbeing (1): four pillars of population health

1. **Wider Determinants of Health**: Education, job opportunities and income directly impact on health. Family and friends boost wellbeing in the good times and help people cope with adversity. Overall, socioeconomic factors account for 40% of health outcomes.
2. **Physical environment**: Housing quality, access to green space; opportunities for leisure and safe active transport, air quality, community safety etc account for another 10% of health outcomes.
3. **Health Behaviours and Lifestyles**: unhealthy behaviours and lifestyles predispose to ill-health and collectively account for 30% of overall health.
4. **Integrated Health and Care System**: High quality, well coordinated and person-centred health and care services help people recover from and / or cope with ill health and disability and account for 20% of health outcomes at population level.



Creating good health and wellbeing (2): working across the life course

The factors captured in the 4 pillars effect health for good or bad from conception onwards e.g.

- Conditions during pregnancy and the first 1000 days of life effect children's readiness to learn
- Achievement in school directly influences job opportunities and earning potential
- Well paid, secure employment affords access to high quality, affordable housing and enables full participation in the wider community for the individual and their family
- Strong family and community networks, adequate income and secure housing that meets our changing needs increase the likelihood of enjoying a long, happy and independent old age.

Every life stage comes with its challenges. Support at crucial times can help people back on track to the life they want, preserving their independence and minimising the need for further support from health and care services.

Through the JLHWS, the HWB will address priorities across the whole life course, but will focus on starting and living well life stages that provide the greatest opportunity to promote good health and wellbeing.

Creating good health and wellbeing (3) : Prevention

Some problems cannot be remedied after they occur – at best they can be managed to slow the rate of progression or limit further harm; leaving individuals with reduced wellbeing and ongoing care needs – so **prevention is the best option wherever possible**.

The factors under the heading '*wider determinants of health*' are the biggest influence on health and wellbeing at population level. Creating conditions that give more residents access to the social, economic and environmental factors that underpin good health – sometimes called **primordial prevention** - is essential.

Primary prevention seeks to prevent disease and injury before it occurs and any harm is done e.g. immunisation to protect against infection; lifestyle advice and support to quit smoking; sex and relationships education and contraception to minimise domestic abuse and unwanted pregnancy etc.

Secondary prevention involves early detection and prompt treatment of disease to halt their progression and minimize harm. Screening programs and health check-ups coupled with timely and effective treatment are examples. The goal being to identify and treat diseases at an early stage before significant and irreversible harm is done to health and wellbeing.

Tertiary Prevention involves managing and reducing the impact of established diseases. It includes treatment, rehabilitation, and supportive care to prevent complications and improve the quality of life for individuals LTCs.

Given the agreed remits of the HWB and HPBPB, the JLHWS will focus on upstream interventions.

12 priorities are proposed for inclusion in the JLHWS: -

1	Early intervention to improve school readiness	7	Reduce tobacco related harm - including from vaping
2	Reduce inequality in educational outcomes	8	Supporting people with mental health problems to live fulfilling, meaningful and health lives
3	Adolescent mental health and wellbeing	9	Reducing homelessness and the harm caused
4	Prevention of self harming by young people	10	Improve employment and wage levels to reduce poverty
5	Improve transition from child focused to adult services	11	Empowering older people to live independently
6	Reducing obesity and the harm caused	12	Improve diagnosis and support for people effected by dementia

Type of prevention
primordial
primary
secondary
tertiary

	Wider determinants	Physical environment	Lifestyle and behaviour	Health and care services
Start well	1 2 6	6	6 7	1 2 3 4 5 6 7
Live well	6 8 10	6 8 9	6 7 8	6 7 8 9 10
Age well	11 12	11 12	11	11 12
Die well				

1	Early intervention to improve school readiness	4	Prevention of self harm by young people	7	Reduce tobacco related harm - including from vaping	10	Increase levels of employment and income to reduce poverty
2	Reduce inequality in educational outcomes	5	Improve transition from child focused to adult services	8	Supporting people with mental health problems to live fulfilling, meaningful and healthy lives	11	Empower older people to live independently
3	Adolescent mental health and wellbeing	6	Reduce obesity	9	Reducing homelessness and the harm caused	12	Improve diagnosis and support for people effected by dementia

How will the HWB monitor progress with the JLHWS ?

The HWB will meet 4 times a year.

At each meeting, the leads for three priorities in the JLHWS will outline progress made in the preceding year; obstacles that the HWB need to be aware of and or may be able to help remove and plans for the coming year.

A template for this report setting out the minimum content is shown in the next slide.

The HWB will invite additional attendees with relevant expertise and responsibilities to join as appropriate e.g. LBH lead for learning and achievement and representatives from local schools may be invited to discuss progress with reducing inequalities in educational achievement.

Issues will be grouped together where they relate to one another or share stakeholders e.g. reducing inequalities in educational achievement and improving school readiness.

A page on the Council website will be created to host the annual reports demonstrating progress achieved over the 5 year lifetime of the JLHWS

Template for annual report to HWB

Yr 1 report

- Describe the priority and why it is important
- Outline achievements in past 12 months if this is an existing work programme
- Outline how progress will be monitored, specifying at least two metrics – one about the borough as a whole and one about inequalities between communities / population groups within the borough. Describe the Havering position relative to England and London and direction of travel over last 5 years.
- Describe plan for the forthcoming year in terms of 5 top actions, giving lead for each.

Reports for subsequent years

- Outline any significant changes in national / local context in past 12 months e.g. changes in legislation
- Outline achievements in past 12 months – making reference to plan shared with HWB the previous year
- Give performance against agreed KPI's with explanatory commentary
- Highlight any obstacles limiting progress particularly if partners on HWB may be in a position to help.
- Describe plan for the forthcoming year in terms of 5 top actions, giving lead for each.

Next steps for JLHWS

Either

- Proceed direct to public consultation, based on this presentation
- Update strategy to reflect results of consultation
- Adopt strategy and proposed new way of working

Or

- Informally adopt the 12 priorities and proposed way of working
- Review after 10 yr health strategy is published and impact of DHSC / NHSE / ICB changes understood
- Confirm final draft before undertaking formal public consultation
- Update strategy to reflect results of consultation
- Adopt strategy

Priority 1: We will intervene early to improve school readiness.

Why is it important? School readiness impacts a child's future academic success and overall well-being. A school ready child has the cognitive skills to engage in formal education; they can interact positively with peers and adults; they can manage their emotions and cope with new situations; they have the fine and gross motor skills needed to hold a pencil and participate in play.

Children who start school ready to learn are more likely to succeed academically. Early success can lead to a positive attitude towards education and higher educational on the long term that results in life long benefits.

Children from disadvantaged households are less likely to be school ready and this is one way that inequality is passed from one generation to the next.

Improving school readiness also benefits the wider community – schools function more effectively; the need for remedial education and behavioural support is reduced and in the long term wages and productivity are increased.

What can we do about it? The Havering Integrated Starting Well Plan 2024 to 2027 emphasizes the importance of school readiness as part of its broader strategy to support the well-being and development of children and young people. The plan highlights:

- Early Help Strategy: focusing on supporting the development of skills to ensure children are equipped to thrive and learn.
- 0-19 Healthy Child Programme: A universal service provided by health visitors gives advice to all families about all aspects of health and child development and targeted support to families' of children identified as having greater needs.
- Effective support for children and their families involves joint working with parents, childcare, early years, health visitors education settings etc. to ensure children are ready to learn at 2 and ready for school by 5.

Who owns this priority? *Tbc*

Priority 2: We will work to reduce inequalities in educational outcomes

Why is it important? Inequalities in education outcomes refer to the disparities in academic achievement and educational opportunities among different groups of students. These disparities can be associated with various factors, including socio-economic status, race, ethnicity, gender, disability, and geographic location. In the long term, education achievement strongly correlates with income, employment and health outcomes.

What can we do about it? The Havering Integrated Starting Well Plan 2024 to 2027 emphasizes the importance of tackling inequalities in educational achievement as part of a holistic approach to improving the well-being and life chances of children and young people**.** The comprehensive response outlined includes

- Ensuring children are school ready.
- Havering's Special Educational Needs, Disability (SEND) and Alternative Provision (AP) Strategy aims to ensure inclusive education and support for children with SEND.
- Continuing professional development for senior curriculum leaders and subject leaders about how to better support disadvantaged pupils.
- Parental engagement and support for families to raise aspiration and help parents to help their children learn.
- Targeted projects e.g. communication and language skills

Who owns this priority?

Tbc

Priority 3: We will work to improve adolescent mental health and wellbeing

Why is it important? The proportion of children and young people with mild to moderate emotional wellbeing and mental health concerns grew significantly after the pandemic and shows no sign of dropping. Numbers far outstrip the capacity of Child and Adolescent Mental Health Service (CAMHS). Mental health problems in childhood and adolescence can impact on educational achievement and relationship development resulting in life long impacts.

What can we do about it? Improving adolescent mental health is a critical focus area in the Havering Integrated Starting Well Plan 2024 to 2027. It describes a comprehensive approach comprising early intervention, community-based activities, specialised support services, and a strong focus on education and training.

By leveraging the THRIVE framework and fostering cross-sector partnerships, Havering aims to create a supportive environment that promotes the mental health and well-being of its young residents.

The THRIVE Framework is an integrated, person-centred, and needs-led approach to delivering mental health services. It describes of children, young people, and families into five needs-based groupings:

- Thriving: Promoting community-based activities and positive mental health.
- Getting Advice: Providing consultations and advice through services like the Primary Mental Health Team and school nursing.
- Getting Help: Offering support for mild to moderate emotional well-being and mental health concerns through services like Kooth and the Havering Emotional Support Team (HEST).
- Getting More Help: Delivering specialist treatment and assessments for severe mental health difficulties through CAMHS.
- Getting Risk Support: Providing crisis intervention through the NELFT INTERACT Crisis Team

Who owns this priority? *tbc*

Priority 4: We will work to prevent self harm by young people

Why is it important? Self-harm refers to the intentional act of causing physical harm to oneself, often as a way to cope with emotional distress. It can include behaviours such as cutting, burning, or hitting oneself. Self-harm is often a symptom of underlying mental health issues, such as depression, anxiety, or trauma.

What can we do about it? Addressing self-harm among adolescents in Havering involves a multi-faceted approach that includes early intervention, specialist support, community-based activities, and a whole school approach to mental health. Guided by the THRIVE Framework (see priority 3) and underpinned by cross-sector partnerships, Havering aims to create a supportive environment that promotes the mental health and well-being of its young residents. Key initiatives include:

- Community and school based approaches to promote emotional wellbeing and mental health; provide safe spaces for young people to engage in positive activities and protect them from abuse and exploitation that contributes to self-harm.
- A range of physical and online services provide support and advice to young people with mild, moderate and severe mental health difficulties and their families to better manage their problems and reduce the risk of self harm
- The NELFT INTERACT Crisis Team works with young people to prevent or respond to crisis situations.

Who owns this priority?

Tbc.

Priority 5: Improve transition from child focused to adult services

Why is it important? The transition from child-focused to adult services is a critical period for young people, particularly those with special educational needs and disabilities (SEND), those in care, and those at risk of exploitation.

What can we do about it? The Havering Integrated Starting Well Plan 2024 to 2027 outlines a comprehensive approach to support this transition effectively including:

- reviewing and updating safeguarding responses to ensure that young people who are at risk of exploitation continue to receive appropriate support as they move into adulthood
- re-establishing a Transitions Panel to improve the process of transferring from children's to adult health and social care services. Young people with mental health issues are identified as a particular priority.
- Preparing for adulthood – the planning and support for children and young people with SEND will focus on lifelong outcomes in terms of employment, independent living, community inclusion, and health
- Pathway plans for children in care – will set out how they will be supported to live independently, including regular assessments of their current and future accommodation needs, financial entitlements, and support with budgeting and complemented by learning to manage money, paying bills, cooking, preparing for work, and taking care of themselves

By providing tailored support and ensuring continuity of care as described, Havering aims to help young people navigate this critical period successfully and achieve positive outcomes in their adult lives.

Who owns this priority?

Tbc

Priority 6: We will reduce levels of obesity and the harm caused.

Why is it important? 2 in 5 children aged 10-11 are overweight or obese. Obesity in childhood is leading to the development of diseases previously seen only in adults, such as type 2 diabetes. Obesity can lead to stigma and bullying, resulting in lower self-esteem and impacting emotional and behavioural development and higher rates of school absence. In adulthood, obesity is the second biggest preventable cause of cancer after smoking and severe obesity reduces life expectancy by eight to ten years – similar to the harm caused by smoking.

What can we do about it? The Havering Healthy Weight Strategy 2024-2029 outlines a comprehensive approach to tackle obesity through a whole systems approach. This includes

Work at borough and neighbourhood level to make the healthier choice the easier choice by promoting healthy food environments and active travel; with targeted action in more disadvantaged communities, taking advantage of the opportunities afforded by regeneration.

Work to strengthen community capacity and build partnerships with statutory partners, the voluntary and community sector and local businesses to strengthen the local food system, promote healthier retail offers, develop active travel interventions and ensure public spaces encourage physical activity.

Work across the life course including

support for healthy pregnancies and breastfeeding

encouragement for Early years settings and schools to achieve the relevant ‘Healthy … London’ awards.

Weight management services for children and families identified through the National Child Measurement Programme.

Encourage workplaces to achieve the Good Work Standard; offer weight management support and effective treatments to eligible patients.

Who owns this priority? Healthy weight steering group, working with a professional network and community wide alliance lead implementation of the healthy weight strategy.

Priority 7: We will reduce the harm caused by tobacco.

Why is it important? About 1:8 adults in Havering smoke. Smoking remains the biggest cause of preventable death and long-term health problems, affecting smokers and those exposed to second-hand smoke - 15% of all deaths in the UK are attributable to smoking.

The benefits of stopping smoking begin almost immediately – the risk of heart disease halves within 1 year of quitting – making reducing smoking prevalence a quick and reliable way to increase healthy life expectancy.

Smoking prevalence is higher in disadvantaged communities and is the immediate cause of a significant proportion of inequalities in healthy life expectancy.

Smoking is expensive – the average annual cost per smoker is about £2,500 per year. Stopping smoking makes you healthier and better off.

What can we do about it? Most smokers want to quit but quitting is difficult because nicotine in tobacco smoke is highly addictive. Professional support and pharmaceutical aids increase successful quit attempts 5 fold.

Two thirds of smokers start smoking before the age of 18. Government is in the process of introducing a new law to stop the sale of tobacco products to children who were born on or after 1 January 2009. With effective enforcement, there will be a real opportunity to achieve a smoke free generation.

Vaping is lower risk than smoking and can help smoker quit – but it isn't risk free. We must work to ensure that children and young people do not become a generation of vapers.

Who owns this priority? The Council's Public Health team chair a multi-agency tobacco harm reduction steering group reporting to the HPBPB. The Group has developed a new strategy and is leading efforts to reducing smoking in Havering.

Priority 8: We will support people with mental health problems to live fulfilling, meaningful and healthy lives

Why is it important? About 1 in 6 adults have a common mental health problem. Two thousand (under 1%) have a severe mental illness (SMI). There are marked inequalities with black populations are more likely than white to be recorded as having SMI. People with mental illness are often complex; 4 out of 5 people entering drug and alcohol treatment are also in contact with mental health services; 2 out of 5 people with a learning disability have co-existing mental health problems. People with mental health problems are much more likely to be homelessness or unemployed. Homelessness, unemployment, debt and relationship breakdown increase the risk of mental health problems.

The harm caused by mental illness extends to family and the wider community.

And includes significant harm to physical health - life expectancy of people with SMI is typically 10 -20 years less compared to the general population.

How can we help? The live well / age well JSNA describes a diverse range of services and areas of good practice. Identified gaps include the provision of a crisis café and improvement in the provision of annual physical health checks for people with SMI and development of a smoking cessation service for people with SMI. In addition training is recommended for frontline services dealing with housing issues, debt, employment etc to increase awareness, tackle stigma and improve outcomes. An ongoing adult mental health needs assessment will provide a detailed analysis of the strengths and weaknesses of current service provision against statements of best practice and including the views of local professionals and service users.

Who owns this priority? The Community Mental Health Board reporting into the HPBPB

Priority 9: We will reduce homelessness and the harm caused.

Why is it important? Homelessness is defined as lacking accommodation that one has a legal right to occupy, which is accessible and reasonable to live in, as such it covers rough sleeping, hidden homelessness (e.g., sofa-surfing), and living in temporary accommodation. Rough sleepers are often highly complex with mental health and substance misuse problems. Their health outcomes are generally very poor – life expectancy is 20-30 years less than the general population. The much larger group of individuals in temporary housing also experience a variety of direct (higher prevalence of CMH problems) and indirect harms (diet of children likely to be poor where families lack cooking facilities; similarly education is likely to be disrupted). Reliance on temporary housing has grown due to the shortage of affordable homes and high market rents - higher than housing benefit entitlements.

In addition to harm to residents, cost of temporary housing to the Council are very significant.

How can we help? The Prevention of Homelessness and Rough Sleeping Strategy outlines Havering's approach to addressing homelessness and rough sleeping. It includes:-

- Integration of housing outreach with mental health services to facilitate engagement and development of tailored support to keep individuals off the streets.
- Action to ensure that temporary housing provides a safe and supportive environment; working jointly with children's services, adult social care, MH and LD services and acts as a bridge to long term stability.
- Action to increase the supply of new affordable homes, particularly family homes, and protection of existing social housing.

Action on housing is complemented by the Havering Poverty Reduction Strategy.

Who owns this priority? *Tbc*

Priority 10: We will work to increase employment and income to reduce poverty

Why is it important? Good (secure and well paid) employment is good for health of itself and gives access to housing, essential services and the opportunity to actively participate in the community.

Govt. has identified poor health as the reason why a significant proportion of the adult population are not looking for work and are economically inactive. This impacts their wellbeing and results in significant cost to the economy.

Some groups are much more likely to be unemployed e.g. people with MH and LD problems and unemployment may make their health issues worse.

Unemployment rates (1 in 20 adults) in Havering are relatively low.

Wages in Havering are low relative to London average which may make it harder for local people to find affordable housing. A significant proportion of people in relative poverty are in employment.

A high proportion of local people work in retail, administration and logistics roles that may be at risk as a result of changing shopping patterns, AI and automation. The Havering workforce is relatively poorly qualified which may be an increasing obstacle to finding employment in the future.

How can we help? The existing Havering poverty reduction strategy aims to support families on low incomes; increase the proportion of the population that is economically active and improve the skills and therefore employment opportunities for people on local incomes.

A number of local and national schemes to support specific groups into employment e.g. people with LTCs, MH problems, in drug and alcohol treatment are working in the borough.

A jobs and skills plan is imminent to ensure that local residents are as prepared as possible for changes in the employment market and benefit from local opportunities e.g Thames Freeport.

Who owns this priority?

Tbc.

Priority 11: Empower older people to live independently

Why is it important? The number of older people living in Havering is increasing. In particular, 'baby boomers' are starting to enter their 80's when historically the proportion of people who need significant help from health and care services rapidly increases.

Helping older people to continue to live independently has numerous benefits to them and will help slow the rate at which need for health and care services increases.

Engaging in daily activities helps maintain physical health and mobility, reducing the risk of a fall that can result in sudden and permanent disability. Independence encourages mental engagement through activities and social interactions helping maintain mental function. Staying connected with friends and community, reduces feelings of loneliness and isolation. Being able to manage our own lives gives everyone a sense of pride and accomplishment.

How can we help? A variety of things can help. Home modifications can make home safer and more accessible. Assistive devices like walkers, hearing aids, and magnifying glasses help with daily tasks and help people stay connected and engaged. Services such as meal delivery, housekeeping, and personal care can help people stay in their own home. Access to transportation can help older people access essential services, leisure opportunities, and family and friends. Participation in social activities and community events maintains social connections and allows older people to continue to contribute to their communities. Regular check-ups and monitoring of health conditions can prevent complications and minimize the need for hospital admission that can predispose to rapid loss of function and independence. Technology like medical alert systems, smart home devices, and communication tools enhance safety and contact with the community.

Who owns this priority? The Adults Board of the HPBPB brings together relevant NHS, Council and community and voluntary sector services.

Priority 12: We will improve the diagnosis and support for people effected by dementia

Why is it important? There are estimated to be more than 3100 people with dementia in Havering. However only 56% of estimated cases of dementia in Havering have been diagnosed. As a result almost half of individuals with dementia and their families are not receiving the support and advice they need.

As 'baby boomers' enter their 80's, there will be a further increase in the number of people living with dementia**.**

A proportion of dementia is preventable e.g. by not smoking, drinking within recommended limits and effective management of high blood pressure.

People with dementia can live well in their home and local community. Effective health care, social care and community support can help families cope as can a dementia friendly environment.

How can we help? The Havering joint dementia strategy sets out 5 priorities addressing all stages from prevention to end-of-life care:

- Preventing Well: reduce the risk of dementia through public health initiatives and lifestyle changes.
- Diagnosing Well: improve the rate and accuracy of dementia diagnosis, ensuring timely and effective identification.
- Supporting Well: provide comprehensive support for people living with dementia and their carers, enhancing community-based services.
- Living Well: ensure people with dementia can live well in their communities by creating dementia-friendly environments.
- Dying Well: support people with dementia to have a dignified end of life, improving palliative and end-of-life care

Who owns this priority? The Adults Board of the HPBPB brings together relevant NHS, Council and community and voluntary sector services.

Consultation with board members regarding priorities for refreshed Joint Local Health and Wellbeing Strategy

Objectives and Approach

To finalise the refreshed priorities for the Joint Local Health and Wellbeing Strategy (JLHWS) in the London Borough of Havering, a consultation process was undertaken involving the Health and Wellbeing Board members (HWB). The main objective was to condense an original list of 20 potential priorities into a streamlined set of 12 priorities, specifically suitable for leadership by the HWB and distinct from those led by other partnership groups.

Stakeholder Engagement

The HWB comprises diverse stakeholders including four elected council members (Lead Member for Adults and Public Health, Lead Member for Children's Services, Leader of the Council, and another nominated councillor), senior council officers (Directors responsible for People, Place, Resources, Living Well, and Starting Well), representatives from North East London Integrated Care System (NEL ICS), Healthwatch, Barking, Havering and Redbridge University Hospitals NHS Trust (BHURT), North East London NHS Foundation Trust (NELFT), the voluntary and community sector (VCS), a representative from Havering Primary Care Network (PCN), and the Chair of the Carers Board.

A survey was used as the primary consultation method, enabling HWB members to choose their preferred 12 priorities from the original 20 proposed with the opportunity to recommend other priorities dependent on whether it met the selection criteria. Public Health had already recommended a set of 12 priorities which were highlighted within the survey. From 18 board members, 11 responses were received. Members were also given ample time and reminders to respond. Non-responses were clearly communicated to imply agreement with Public Health's recommended list.

Challenges and Solutions

The main challenge was the initial low response rate, with 9 out of 18 members responding to the first survey. This necessitated a second round, resulting in two additional responses. No qualitative comments or further suggestions were submitted by respondents, simplifying the final priority-setting process.

Priority Selection and Finalisation

Priorities were assessed against criteria including their relevance to reducing health inequalities at the population level, avoiding duplication of responsibilities with other partnership boards, and ensuring sufficient management support for implementation. The selected priorities were aligned with Havering's strategic frameworks, encompassing the four pillars of good health (wider determinants of health, places we live in, lifestyles and behaviours, health services), the life stages approach (start well, live well, age well, die well), and alignment with NEL ICS's integrated care strategy.

Below is the list of 20 priorities that were included in the survey. They are listed in order of the number of actual votes received by members, thus the first 12 priorities will be the ones carried forward into the refreshed strategy.

1. Adolescent mental health and wellbeing strategy
2. Prevention of self harming by young people
3. Reduce inequality in educational outcomes
4. Reduce homelessness and harm caused
5. Reduce obesity and harm caused
6. Support people with mental health problems to live fulfilling, meaningful and health lives
7. Empower older people to live independently
8. Improve diagnosis and support of dementia
9. Early intervention to improve school readiness
10. Improve transition from child focused to adult services
11. Improve employment and wage levels to reduce poverty
12. Reduce tobacco related harm - including from vaping

13. Reduce waiting times for planned care
14. Increase cancer survival
15. Increase diagnosis and management of CVD and risk factors
16. Improve management and monitoring of LTCs
17. Use PHM to reduce need for / cost of care packages and improve outcomes achieve where necessary
18. Same day access to urgent care / improved experience ED
19. Improve uptake of adult immunisations
20. People are supported in last stages of life