



# Haverling

L O N D O N   B O R O U G H

## HEALTH & WELLBEING BOARD AGENDA

<b>1.00 pm</b>	<b>Wednesday, 12 September 2018</b>	<b>Committee Room 2 - Town Hall</b>
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Members: 16, Quorum: 6

**BOARD MEMBERS:**

Elected Members: Cllr Gillian Ford  
Cllr Robert Benham  
Cllr Jason Frost (Chairman)  
Cllr Damian White

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

Haverling Clinical  
Commissioning Group: Dr Atul Aggarwal, Chair, Haverling Clinical  
Commissioning Group (CCG)  
Dr Gurdev Saini, Board Member Haverling CCG  
Ceri Jacob, BHR CCG  
Steve Rubery, BHR CCG

Other Organisations: Anne-Marie Dean, Healthwatch Haverling  
Jacqui Van Rossum, NELFT  
Christopher Bown, BHRUT  
Danny Batten, NHS England

**For information about the meeting please contact:  
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## **What is the Health and Wellbeing Board?**

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

## **What does the Health and Wellbeing Board do?**

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

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

1. CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2. APOLOGIES FOR ABSENCE

(If any) – receive.

3. DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any of the items on the agenda at this point of the meeting.

*Members may still disclose any interest in any item at any time prior to the consideration of the matter.*

4. MINUTES, ACTION LOG AND INDICATOR SET (Pages 1 - 14)

To approve as a correct record the minutes of the Board held on 11 July 2018 and to authorise the Chairman to sign them, and to consider the Action Log and Indicator Set (attached).

5. HEALTHWATCH ANNUAL REPORT (Pages 15 - 40)

Report attached.

6. HEALTH IMPROVEMENT REPORT (Pages 41 - 70)

Report attached.

7. SEND STRATEGY (Pages 71 - 88)

Report attached.

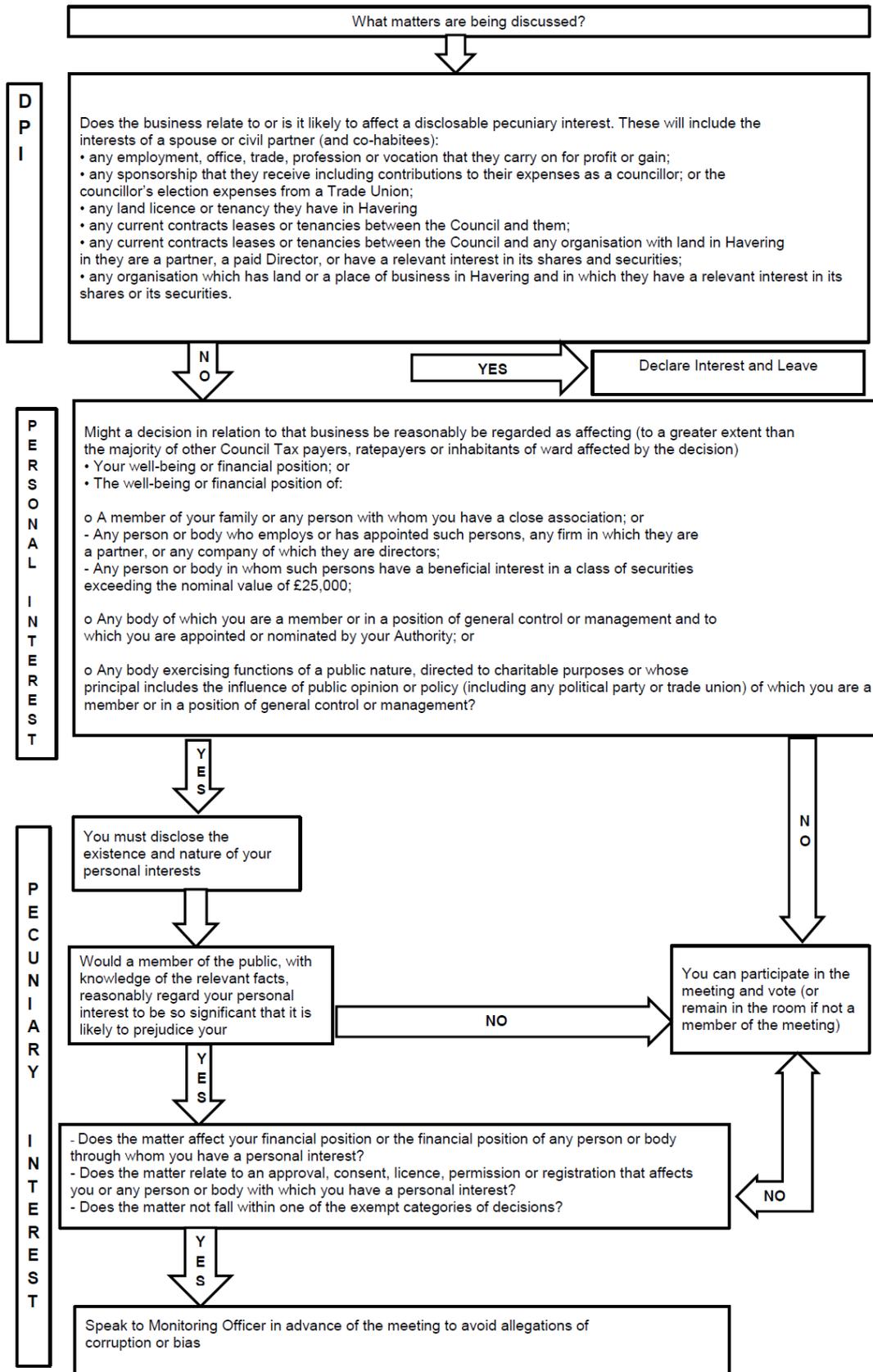
8. CANCER (Pages 89 - 126)

Reports and presentations attached.

9. DATE OF NEXT MEETING

Wednesday 14 November, 1 pm, Havering Town Hall.

## DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF





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## **MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD**

**Town Hall**

**11 July 2018 (1.00 - 4.00 pm)**

### **Present:**

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

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

Havering Clinical Commissioning Group (CCG): Steve Rubery, Interim Director of Delivery and Performance Barking, Havering and Redbridge Clinical Commissioning Group and Dr Gurdev Saini, Board Member Havering Clinical Commissioning Group.

Other Organisations: Anne-Marie Dean, Executive Chairman, Healthwatch Havering.

Also Present: Claire Alp, Senior Public Health Specialist; Victoria Freeman, Democratic Services Officer; Elaine Greenway, Consultant in Public Health; Caroline Penfold, Head of Children's and Adult with Disabilities Service (Learning and Achievement) and Dr Andrew Rixom, Consultant in Public Health .

### **63 CHAIRMAN'S ANNOUNCEMENTS**

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

The Chairman advised that he had agreed to amend the order of the agenda, to take Item No. 10 prior to Item No. 6.

### **64 APOLOGIES FOR ABSENCE**

Apologies were received from:

Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group  
Matthew Hopkins, Barking, Havering and Redbridge University Hospitals' NHS Trust (Magda Smith substituting)  
Councillor Damian White, London Borough of Havering

### **65 DISCLOSURE OF INTERESTS**

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

**66 MINUTES, ACTION LOG AND INDICATOR SET**

The minutes of the meeting held on the 14 March were agreed as a correct record and signed by the Chairman.

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

- 17.26 – The ‘See Change’ documentary produced and edited by children in care, had been premiered on the 6 March 2018 at Premiere Cinema, Romford.
- 17.27 – Members had requested that the exempt document containing data on incidences of cases referred to courts be circulated to the Board. The action remained outstanding.
- 17.28 – The Board would receive a presentation on the JSNA at a later date.
- 17.29 The Services in Havering for People who have visual impairment was on the agenda.

Members received the Health and Wellbeing Board Indicator set which provided an overview of the health of residents and the quality of care services available to them. The BHRUT had missed the 92% national incomplete standard for Referral to Treatment since August 2017. A revised recovery plan was agreed with NHS Improvement with the aim of returning to delivering the 92% standard in April 2018, however the target had not been met due to the closure of dental services commissioned by the NHS, winter pressures having impacted on surgical capacity, BHRUT being placed into financial special measures by NHSE London and a higher GP demand in some specialities than planned. Members requested that a regular report on Referral to Treatment performance be provided to the Board.

**RESOLVED:**

**That the Board noted the changes.**

**67 HEALTH AND WELLBEING STRATEGY - NEXT STEPS**

The Havering Joint Health and Wellbeing Strategy was due to expire in 2019. The Board agreed the steps and timescales for developing a new Joint Health and Wellbeing Strategy as detailed in the report.

**68 HAVERING OBESITY PREVENTION STRATEGY - ANNUAL UPDATE**

Havering’s Prevention of Obesity Strategy 2016-19 and associated action plan, published in April 2016 was focused on shaping the environment to promote healthy eating and physical activity, supporting a culture that sees

physical activity and healthy eating as the norm, and to prompt individuals to change, primarily through self-help.

The Board received an update on the progress made with implementation of the 2017/18 action plan, highlights included the Health Impact Assessment of the Local Plan; piloting the Health Early Years London awards programme; the introduction of Starting Solid Food sessions in Children's Centres; the launch of the Veggie Run app and the Healthy Schools London programme incorporating curriculum support. Excess weight remained broadly stable amongst 4-5 year olds and adults but continued to increase amongst 10-11 year olds; only 13.8% of young people and 59% of adults in Havering achieved the recommended levels of physical activity relevant to their age group; and just half of young people aged 15 (49%) and adults (57.1%) in Havering eat five portions of fruit and vegetables per day.

It was noted that national policy was changing to force industry to take more action e.g. limit advertising targeting children.

Members discussed the options to limit access to fast food outlets. It was noted that that schools could adopt a closed gate policy at lunchtimes. 12 of the boroughs 18 secondary schools operated a closed gate policy. Many schools buy into the Healthy School Programme. The Board agreed that a letter be sent to the Chair of Governors of those schools that did not operate a closed gate policy, advising them of the advantages of such a policy.

Members also discussed the benefit of allowing ball games on Council owned property and noted that the Health Impact Assessment on the Local Plan promoted opportunities to be physically active.

The Local Authority Early Help and Public Health Services and the Voluntary Sector had collaborated on a breast feeding campaign; and central government had introduced the Healthy Pupil Capital fund, which schools could use to fund various health improving schemes including funding water fountains. An example of active areas on Hungarian streets was discussed and it was noted that the Rainham regeneration plans incorporated a linear park. Members suggested that comparisons with other similar local authorities might identify areas that 'bucked' the trend and might have good practice that could be adopted.

Concern was raised regarding the saturation of food retail outlets close to schools and it was proposed that consideration be given to implementing a saturation policy to restrict further outlets. There was support for restrictions on advertising of unhealthy choices close to schools.

**RESOLVED: That**

- i) **The 2018/19 action plan be approved without further reference to the Board.**

- ii) **The next update be provided at the May 2019 meeting of the Health and Wellbeing Board, The Board give consideration to maintaining obesity as a priority and long term commitment.**

**69 SERVICES IN HAVERING FOR PEOPLE WHO HAVE A VISUAL IMPAIRMENT: A REVIEW**

The Board received a report from Healthwatch Havering which reviewed the services in the borough for people who have a visual impairment.

The report made 18 recommendations, including issuing and sharing information regarding Certificates of Visual Impairments.

Concern was raised that the visually impaired were signposted to Moorfields Eye Hospital by Accident and Emergency and consideration was not given to the difficulties they would experience in travelling there. It was suggested that Moorfields Eye Hospital and Queens Hospital work together to develop a closer link.

The Board requested that Public Health produce a report identifying opportunities to prevent sight loss to complement the report by Healthwatch about quality of care post diagnosis.

**RESOLVED:**

**That the report be noted.**

**70 HEALTH PROTECTION FORUM ANNUAL REPORT 2017-2018**

The Board received a report from the multi-agency Health Protection Forum, which illustrated how partners continue to work well together to protect the health of the population of Havering. The work programme for 2018/19 would continue to cover routine business relating to immunisations, screening and other aspects of health protection. 7 topics would receive additional focus during 2018/19. These had been selected either because of the need to make improvements, or because of the particular value of partner organisations coming together to consider how to strengthen local arrangements. The topics selected were the seasonal influenza vaccination, MMR vaccination, antimicrobial resistance, tuberculosis, air quality, meningitis vaccination and pandemic flu plan.

During discussion, concern was expressed regarding idling taxis in the borough and requested that there be proactive encouragement to reduce idling in taxi ranks. The decision to not focus on the shingles vaccination was questioned due to the age profile of residents in the borough.

The style of the report had been changed following feedback in 2017 that the report was too detailed and the Board welcomed the new style and found the presentation helpful.

The Board requested that NHS England be asked to describe what is being done locally to increase uptake of shingles vaccination.

**RESOLVED:**

**That the report be noted.**

**71 DRUGS AND ALCOHOL HARM REDUCTION STRATEGY ACTION PLAN PROGRESS AND REVIEW**

The Board received The Havering Drug and Alcohol Harm Reduction 2018 Progress Report, which summarised the main policy, highlighted successes, and summarised some of the key actions for 2018-19. A detailed Refreshed Draft Action Plan 2018-19 was discussed which supported the three priorities of the strategy: preventing harm to individuals, preventing harm to the family and preventing harm to the community.

There were 70 actions in the 2016-17 plan and 13 were completed in the first year. A further 31 had been completed in the second year (2017-18) with good progress on many of those still remaining.

The Board suggested that county lines needed to be included as an area of focus and that London comparisons be provided and it was noted that although the county lines could be reported to the Board, the Community Safety Partnership held responsibility for its monitoring.

It was requested that comparison data be provided, however noted that in some instances data was only available at MPS BCU or London level.

**RESOLVED:**

**That the Board noted the progress made in year two, as set out in the:**

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

**72 COMMUNITY URGENT CARE CONSULTATION - 'RIGHT CARE, RIGHT PLACE, FIRST TIME'**

The Board received a presentation on the Community urgent care consultation, 'Right care, right place, first time'.

The current situation had arisen due to GPs and the Accident and Emergency Departments being under increasing pressure, NHS funding challenges, challenges for GPs and practices, patients wanting to see their own GP but not always being able to get appointments quickly and the public not being aware of where to seek urgent help if unable to see their own GP.

The consultation was looking at those services the public could use when they could not see their own GP or a pharmacist was unable to assist, and included GP access hubs, walk-in centres, and GP out-of-hours services. The consultation was not looking at changes to Accident and Emergency services at any of the local hospitals or how GPs ran their practices or to pharmacies.

The need for change was due to people's confusion by the current mix of services, with services being similar or duplicated, the population growth, the digital future and the need to spend NHS money wisely.

The proposal was to make it easier to access services, by making the NHS 111 the number to call for urgent health care advice or services, to book urgent GP appointments at one of the 12 locations with a standardised service so patients know what to expect; to update facilities at some locations with better diagnostic tests at local GP or community locations; and to simplify where to go for minor illness and injury. It was highlighted that the consultation was not on changes to emergency care services or to Accident and Emergency services at any of the local hospitals.

The following options were provided:

Option 1:

- Four Urgent Treatment Centres - King George Hospital, Queen's Hospital, Barking Community Hospital and Harold Wood Polyclinic.
- Eight community locations for bookable urgent appointments (including Loxford Polyclinic and South Hornchurch Health Centre).

Option 2:

- Two Urgent Treatment Centres – King George Hospital and Queen's Hospital.
- Ten community locations for bookable urgent appointments (including Barking Community Hospital, Harold Wood Polyclinic, Loxford Polyclinic and South Hornchurch Health Centre).

Views were sought on whether the proposals would make it easier for people to get urgent care and understand their choices and on the options on changes to walk in services.

Members discussed the rationale for Option 1 and the need to continue to have provision in all areas. If enhanced treatment were needed, the facility would be available in the four locations. The challenge would be to change patient's perceptions and behaviour in accessing services by marketing the services and educating the public.

The Board requested that information detailing what was on offer for paediatrics across the borough be circulated to members.

The Board agreed that the outcome of the consultation be presented at a later meeting.

**73 LOCAL AREA INSPECTION OF SUPPORT FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)**

The Board received a report which highlighted the outcomes of the Local Area Inspection of support for children with Special Educational Needs and Disabilities (SEND) which took place between the 26 February and 2 March 2018.

Having looked at the following key areas, Inspectors identified no serious concerns in Havering:

- a) The effectiveness of the local area in identifying children and young people's special educational need and/or disabilities.
- b) The effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and / or disabilities.
- c) The effectiveness of the local area in improving outcomes for children and young people who have special educational needs and / or disabilities.

Ofsted and CQC reinforced the need to continually improve SEND services and the inspectors ratified the action plan in place. The Board acknowledged the constraints of resources and capacity necessary for Education Health and Care Plan assessments. Investigations into the efficiencies of joint commissioning were being undertaken, with the view of collaborating with Barking and Dagenham and Redbridge and to build on best practice.

The Board discussed the importance of working further with schools and post 16 provision and bringing SEND into the wider discussion of employment opportunities and apprenticeships.

The SEND Executive Board's refreshed improvement plan of the key areas of development would be presented to the next meeting of the Board for information and agreement.

**RESOLVED:**

**That the Board noted the comments of the report.**

**74 CLINICAL GOVERNANCE OF PUBLIC HEALTH COMMISSIONED SERVICES**

The Clinical Governance of Public Health Commissioned Services report explained where the clinical services public health commissions have a range of best practice, guidelines, and national standards to support their procurement and operation. The providers of clinical services are also

subject inspection by the Care Quality Commission. Some services have very established governance structures and national monitoring of performance. In addition, standard public health services contract has clauses relating to maintaining, improving, and reporting quality issues. This is a standing item in contract monitoring meetings. The report did identify that the Health Visiting service had capacity and investment issues that adversely affected their ability to offer the prescribed checks to all 0-4 year olds and had to prioritise their work; and that in a framework arrangement for a low volume service, it was difficult to monitor quality of multiple potential providers.

A member raised that the Health Visitors Alliance Group had suggested that health visitors have a lead on parental mental health, and proposed that consideration could be given to this in the restructuring.

**RESOLVED:**

**That the report be noted and for a future report to be presented to the Board.**

75 **DATE OF NEXT MEETING**

The next meeting of the Board was scheduled to be held on the 12 September 2018, commencing at 1.00pm.

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**Chairman**

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

No.	Date Raised	Board Member Action Owner	Non-Board Member Action Owner	Action	Date for completion	RAG rating	Comments
17.27	14.03.18	Barbara Nicholls / Tim Aldridge	Brian Boxhall	In terms of safeguarding, members requested that the exempt document containing data on incidents on cases referred to courts be circulated to the Board.			11.07.18 Anne-Marie Dean to clarify the action with Brian Boxhall.
18.1	11.07.18	Steve Rubery		Regular report on Referral to Treatment performance to be provided.	Ongoing		
18.2	11.07.18	Tim Aldridge / Mark Ansell	Claire Alp	A letter to be sent to the Chair of Governors of those schools that did not operate a closed gate policy, advising them of the advantages of such a policy.	12 September 2018		Verbal update to be provided at the meeting on the 12 September 2018.
18.4	11.07.18	Mark Ansell		Public Health to produce a report identifying opportunities to prevent sight loss to complement the report by Healthwatch about quality of care post diagnosis.	March 2019		Added to Forward Plan
18.5	11.07.18	Mark Ansell	Elaine Greenway	NHS England to be asked to describe what is being done locally to increase uptake of shingles vaccination.			
18.6	11.07.18	Steve Rubery		Information detailing what was on offer for paediatrics across the borough to be circulated to members.			
18.6	11.07.18	Steve Rubery		The outcome of the community urgent care consultation - 'Right care, right place, first time' consultation to be presented at a			Added to Forward Plan

				later meeting.			
18.6	11.07.18	Tim Aldridge	Caroline Penfold	SEND Executive Board's refreshed improvement plan of the key areas of development to be presented to the next meeting of the Board for information and agreement.	12 September 2018		

### Health and Wellbeing Board Indicator Set: 2018

The following high-level indicator set reflects the priorities and themes of the Health and Wellbeing Board Strategy. The first 10 core indicators provide an overview of the health of residents and the quality of care services available to them. Below the core indicators are additional indicators covering those topics of current and special interest to the Board which will change over time.

#	Indicator (Healthy Life expectancy)	What is Good?	Trend	Havering		Comparators					Period	Update status	
				Number of Years		London	RAG	England	RAG	Target			RAG
1	Healthy life expectancy, male	High	-	66		64	Similar to comparator	63	Similar to comparator	-		2014-16	Unchanged
2	Healthy life expectancy, female	High	-	64		64	Similar to comparator	64	Similar to comparator	-		2014-16	Unchanged
#	Indicator (Other)	What is Good?	Trend	Havering		Comparators					Period	Update status	
				Count	Rate (%)	London	RAG	England	RAG	Target			RAG
3	Physically active adults	High	-	-	59	65	Significantly worse than comparator	66	Significantly worse than comparator	-		2016/17	Unchanged
4	Overweight (including) obese children, Year 6	Low	Increasing / worse	1032	39	39	Similar to comparator	34	Significantly worse than comparator	-		2016/17	Unchanged
5	Achieving a good (or better) level of development at age 5 (EYFSP)	High	-	-	71	71	Comparison not made	69	Comparison not made	73		2016/17	Unchanged
6	Good blood sugar control in people with diabetes	High	Increasing / better	-	57	61	Comparison not made	62	Comparison not made	-		2016/17	Unchanged
7	A&E attendees discharged with no investigation and no significant treatment	Low	Decreasing / better	12,367	-	-		-		-		2017/18	Unchanged
8	NHS friends and family recommendation of NHS Havering GPs	High	-	251	84	88	Comparison not made	90	Comparison not made	-		Jun-18	Updated
9	Satisfaction with Adult Social Care services	High	-	-	62	60	Similar to comparator	64	Similar to comparator	-		2015/16	Unchanged
10	Mortality attributable to air pollution	Low	-	-	6.0	6.4	Comparison not made	5.3	Comparison not made	-		2016	Unchanged
11	Prescribed Long acting reversible contraception (LARC) excluding injections	High	-	1,394	2.8	3.5	Significantly worse than comparator	4.6	Significantly worse than comparator	-		2016	Unchanged
12	Referral to treatment (similar to performance last reported to HWB July 2018)	High	Increasing / worse	18,824	88%					92	Significantly worse than comparator	Jun-18	Updated

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Trend rating Increasing / better Increasing / worse  
 Decreasing / better Decreasing / worse

RAG rating Significantly better than comparator Similar to comparator  
 Significantly worse than comparator Comparison not made



There are over 250K Havering residents. An increase of 10% in the last 10 years, with similar growth projected for the coming decade. Havering has the oldest population in London (46K residents aged 65 and older, 14K aged 80 or older) but the number of births each year has increased by 33% in the last 10 years to nearly 3.3k. Havering is gradually becoming more ethnically diverse, but 83% of residents are White British; a higher proportion than both London (45%) and England (80%). Havering is relatively affluent, but 10K children and young people aged <20 live in low income families and there are pockets of significant deprivation to the north and south of the borough. Average life expectancy is better than the national average with a significant gap between the least deprived and deprived areas. Most residents enjoy good health but 18% of working age people have a disability or long term illness.

#	Indicator	Description
1	Healthy life expectancy, male	The average number of years a male newborn would expect to live in good health based on mortality rates and self-reported good health
2	Healthy life expectancy, female	The average number of years a female newborn would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health
3	Physically active adults	Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer recommended guidelines (current method)
4	Overweight (including) obese children, Year 6	Proportion of children aged 10-11 classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex
5	Achieving a good (or better) level of development at age 5 (EYFSP)	Percentage of pupils achieving at least the expected level in the Early Learning Goals within the three prime areas of learning and within literacy and mathematics; this is classed as having a good level of development; The local target set by the Havering childrens team is 73%
6	Good blood sugar control in people with diabetes	The percentage of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol (equivalent to HbA1c of 7.5% in DCCT values) or less (or equivalent test/reference range depending on local laboratory) in the preceding 12 months
7	A&E attendees discharged with no investigation and no significant treatment	Havering GP-registered patients who attend BHRUT A&E who are discharged without an investigation and with no significant treatment; this suggest that attendance at A&E was not appropriate
8	NHS friends and family recommendation of NHS Havering GPs	The Friends and Family Test asks patients how likely, on a scale ranging from extremely unlikely to extremely likely, they are to recommend the service to their friends and family if they needed similar care or treatment
9	Satisfaction with Adult Social Care services	The percentage of adult social care survey respondents who expressed strong satisfaction with the care and support services they received
10	Mortality attributable to air pollution	Percentage of annual all-cause adult mortality attributable to human-made particulate air pollution (measured as fine particulate matter <2.5µm)
11	Prescribed Long acting reversible contraception (LARC) excluding injections	Percentage of LARC excluding injections prescribed by GP and Sexual and Reproductive Health Services per 100 resident females aged 15-44 years; a high figure suggests that there is access to a choice of contraceptive methods
12	Referral to treatment	Percentage of Havering GP-registered patients referred to BHRUT, treated within the expected timescales

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See **This is Havering** for further key geographic and socio-economic facts and figures

[https://www.havering.gov.uk/info/20073/public\\_health/405/haverings\\_health](https://www.havering.gov.uk/info/20073/public_health/405/haverings_health)



## HEALTH & WELLBEING BOARD 12 September 2018

**Subject Heading:**

Healthwatch Havering Annual Report

**Board Lead:**

Anne-Marie Dean, Chairman, Healthwatch Havering

**Report Author and contact details:**

Anne-Marie Dean, Chairman, Healthwatch Havering  
Tel: 01708 303300  
Anne-  
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**The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy**

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

<b>SUMMARY</b>
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This report provides a summary of the work of Healthwatch Havering over the last year.



## RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

Note the report.

*No formal decisions are required arising from this report.*

## REPORT DETAIL

The attached report summarises the work of Healthwatch Havering and is submitted on an annual basis for consideration by the Health and Wellbeing Board. The Chairman of Healthwatch Havering will give further details at the meeting of the organisation's work during this period.

## IMPLICATIONS AND RISKS

None

## BACKGROUND PAPERS

None.

# Annual Report 2017/18

Helping to make sure that your views are heard

Encouraging services to work for everyone equally

Giving you a greater say in your own care

Everyone working together



# Contents Page

We are working to make sure people from every community in Havering have their say about health and care



Message from our Chair

Highlights of our Year

Who are we and why you are our priority

Making a Difference - our role with the CQC and Healthwatch England

Enter and View visits

Working in Partnership

Supporting you to Have Your Say- Right Care, Right Place, Right Time

Making a Difference Together

Our People and our decision making processes

Our Finances

Our Plans for 2018/2019

# Message from the Chair

**“It is more important than ever, to find out what people need and it is your views that help to shape services and make a difference”**

- Welcome and thank you for taking the time to read our report. This report updates you on our progress and our plans for 2018/2019.
- We have made over 60 recommendations to improve services following our Enter View programme this year. Our visits have included 10 GP practices 3 hospital visits and 13 Nursing and Care Homes, our reports are available on our website.
- New this year is the Home Visiting team in partnership with Havering borough council to seek the views of residents who are receiving home care support
- It is vital that local people express their views on our Urgent and Emergency services which need to make a step-change to improve the availability and timeliness of clinical care. Over 340 residents shared their thoughts, residents attending the Havering Over Fifties Forum (HOFF), CarePoint and Rainham Village Children’s Centre, helped us to provide a comprehensive report about what was important for them, their families, their friends and as their role as a carer.
- We have been listening to residents and voluntary organisations who have repeatedly raised concerns about Sight Services. We have captured your views and experience and just published a report which has been distributed both locally to BHRUT, the Borough, the CCG and to national organisations including the CQC, the Royal College of Ophthalmologists, the Pocklington Trust and the Royal National Institute for the Blind.
- None of this would have been achievable without our team and our volunteer members - thank you for your hard work. Thank you to every person and organisation that has worked with us during the year your support is invaluable

# Highlights from our year

Thank you to our volunteers this is what we have achieved

**1600** people or more  
have played a part in providing us  
with their views and concerns

Over **50** residents living in  
Sheltered Housing have  
expressed their views on  
their domiciliary care

Over **340** people  
contributed to public  
consultations

Working with other  
organisations we have  
attended over **150**  
meetings and events

**27** Enter and View  
Reports, Care and Nursing  
Homes, GP practices,  
hospitals

Over **60**  
recommendations to  
improve services

Over **55** followers on  
Twitter

# Who are we and why you are our priority



- Healthwatch is a national initiative created in 2012 following the Public Enquiry into the failings at Mid Staffordshire Hospital by Sir Robert Francis QC now known as the Francis report. This report resulted in the government making it law that people should be at the centre of care
- Healthwatch's role is to understand the needs and ideas of different people
- Make sure your views are heard by the people who decide things about health and social care
- Healthwatch also have the power to Enter and View organisations that receive public sector funding, making sure that services are working for you and the people you care about
- Our reports on local organisations are published on our website and include our actions and recommendations to deliver positive outcomes for people

# Making a Difference - Our role with the Care Quality Commission (CQC) and Healthwatch England (HWE)

- ✓ National weekly CQC reports are checked for reports on local providers
- ✓ All local provider CQC reports are discussed at our monthly Enter and View panel for consideration and prioritising for a visit
- ✓ We used the CQC GP triangulation tool
- ✓ Havering CQC ratings demonstrated a high number of GP practices with a 'Requires Improvement' rating
- ✓ Supported the CCG on a pilot project to improve CQC poorly performing GP practises with successful results
- ✓ National reports from CQC and Healthwatch England also influence our work. An example would be the Care Homes report to which Healthwatch Havering also contributed
- ✓ All our Enter and View reports are provided to the CQC and the Healthwatch England database
- ✓ All investigative reports such as the RTT report are provided to the CQC and Healthwatch England
- ✓ Prior to CQC inspections we are requested to provide feedback to the CQC. This is drawn from our Enter and View reports, concerns that are raised by local people at the meetings and events that we attend. We also ensure the positive comments are shared with the CQC
- ✓ We have been members of the Quality Risk Profiling Review for BHRUT which included the CCG, NHSI and the CQC

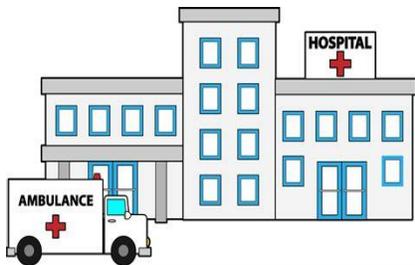
# Enter and View Visits



This activity has been undertaken by the relevant persons during the financial year in respect of statutory obligations Section 221

The number of visits undertaken by our volunteer team

Page 23



- 10 Residential Homes
- 10 GP Practices
- 3 Nursing Homes
- 3 Queen's Hospital
- 1 Mental Health Service

Read the reports on our website  
[www.healthwatchhavering.com](http://www.healthwatchhavering.com)

*See Appendix 1 for more detail*

# Working in Partnership - is invaluable to ensuring that we make a difference

Together here are examples of our work for some of the most vulnerable in our community



- ✓ In partnership with the CCG seeking the views of people about urgent and emergency care services -Right Care, Right Place, First Time
- ✓ Our report on Sight Services is responding to the concerns expressed by local people
- ✓ Raising concerns about the withdrawal of out-of-hours pharmacy services at Harold Wood Polyclinic
- ✓ Working with the Overview and Scrutiny Committee on the delays experienced by patients referred for treatment at BHRUT
- ✓ Learning Disabilities and Autism - being part of the wider network of organisations working together to improve health and social care services for individuals and their families and carers

Strategic objective  
**Supporting  
you to have  
your Say**



- We want more services to use your views to shape the health and care support you need today and in the future
- Produce strong evidence which those who make decisions about health and social care can use

This year

- ✓ Over 340 residents took part in the survey seeking their views on designing new models of urgent care
- ✓ Over 150 people, contributed to our Sight Services report, reflecting the views of members of the Partially Sighted Society (Havering), Sight Action (Havering), the Havering Over Fifties Forum (HOFF), staff and patients
- ✓ Over 50 Residents living in Sheltered Accommodation have shared their views on the Domiciliary Home Care Services which they are receiving (at the Borough's request)

# Right Care, Right Place, Right Time - research commissioned by Havering Clinical Commissioning Group and carried out by Healthwatch Havering



Page 26

We worked in partnership with other local organisations who could bring their experience and knowledge to the research

- ✓ CarePoint
- ✓ Havering Over Fifties Forum (HOFF)
- ✓ Rainham Village Children's Centre

The CCG were seeking views on two priorities

- ✓ Providing more bookable appointments when you have an urgent health care concern or need
- ✓ Making urgent care more accessible through digital channels (online booking, digital apps and resources)

Target Audience

- ✓ Parents of young children
- ✓ Older People
- ✓ Young Adults

# Right Care, Right Place, Right Time

Reflecting a wide range of views taking part in this consultation process



## Ethnicity/Background

Any White	72.24% (242)
Any Mixed ethnic	3.58% (12)
Any Asian	8.36% (28)
Any Black	10.15% (34)
Other / prefer not to say	5.67% (19)

## Disability

Physical/mobility issue	15.66% (52)
Learning disability/mental health issue	13.55% (45)
Visual Impairment	1.81% (6)
Hearing Impairment	2.71% (9)
None	71.08% (236)
Other	2.71% (9)

## Age

Under 18	0.29% (1)
18 – 24years	7.35% (25)
25 – 35years	35.29% (120)
35 – 44years	18.24% (62)
45 - 54years	12.94% (44)
55 – 64years	8.82% (30)
65 – 74years	10.88% (37)
75 years plus	5.00% (17)

## Gender

Male	20.00% (66)
Female	78.18% (258)
Other/Prefer not to say	1.82% (6)

## Strategic Objective

# Making a Difference Together

Listening to your views and experiences and using our reports to reflect these in our recommendations. The recommendations are sent to the management of the organisation, the CQC, Healthwatch England, commissioning organisations and accessible to the public on our website.

Enter and View visits identify where improvements can be made to enhance the overall care and ambience of residences

Visiting GP practices recommending ideas that you have suggested during consultations

Seeking improvements in the care of the elderly at Queens Hospital



We visited 10 GP practices and we made a range of recommendations including:

- ✓ Provide a loop system for the hard of hearing
- ✓ Provide alarm systems for reception staff
- ✓ Consider installing queuing system for phone calls that respond positively to patients waiting to speak to reception staff
- ✓ Improve the appearance of the premises
- ✓ Positively manage and help enable patients to remember to attend for their appointments or to remember to cancel the appointment in a timely manner

We have visited 13 residential and nursing homes and we made a range of recommendations including:

- ✓ Improve the décor
- ✓ Provide more music to entertain residents
- ✓ Review staffing levels
- ✓ Improve the management of falls
- ✓ Re-design large sitting room to provide better facilities
- ✓ Re-design the laundry area to get better separation between the dirty and clean areas

We have made 2 visits to Queen's Hospital and made recommendations, in response to which the hospital (as always) has developed action plans that are included in the reports on our website:

- ✓ Need for general improvement in the approach to feeding patients
- ✓ Training for staff ensuring the link between food deliver and infection control
- ✓ Best practice seen on some wards to serving foods needs to be applied to all wards

# Our people and our decision making processes

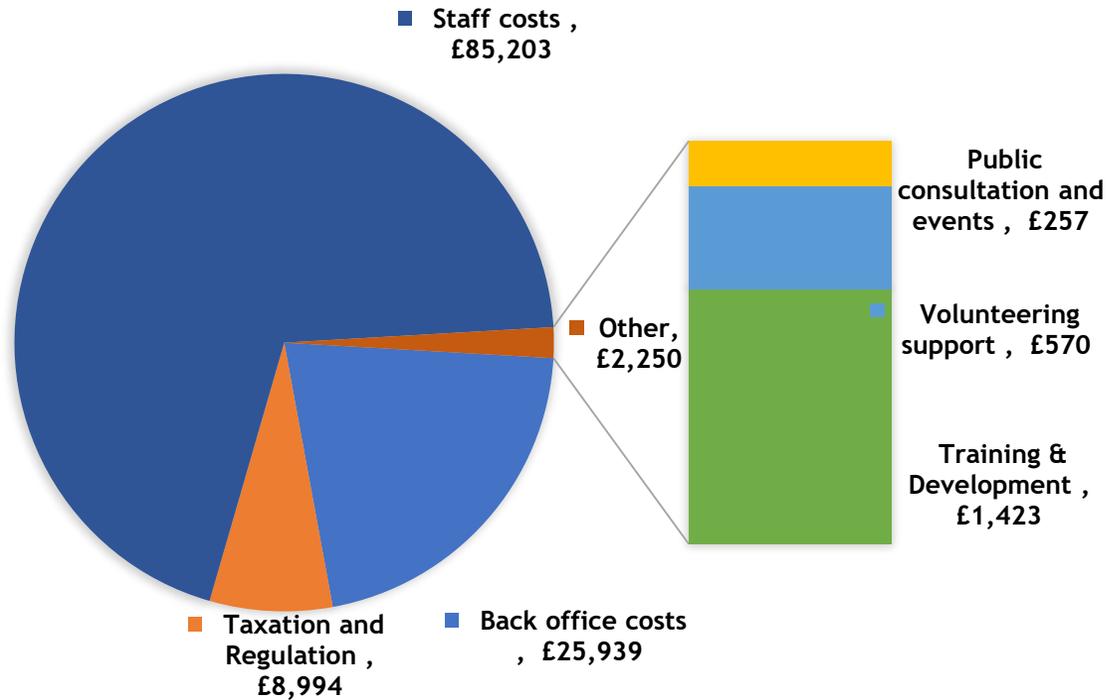
- The Board consists of directors, staff and volunteer members
- Our volunteers are all Board members
- Volunteer members complete a training programme which includes Enter and View training, Mental Health Act and Deprivation of Liberties
- Volunteer members are full voting members of our Board
- The Board generally meets bi-monthly and the details of the Board meeting dates and the minutes of the meeting is published on our website
- The Board undertakes 2 training and development meetings a year, this includes the setting of our objectives and work plan for the year ahead
- During the year external training and educational opportunities are also provided
- Our policies and procedures are all discussed at our Board meetings
- Our governance documents provide the framework ensuring that we operate efficiently and fairly in accordance with our statutory and legal requirements
- The Board has adopted the Healthwatch Good Governance Assurance Tool and Volunteer Members will lead the review this year
- The work has been completed in respect of General Data Protection Regulation and will be formally adopted at the Board in May 2018 (see Appendix 2)
- Healthwatch Havering is, in legal terms, a company limited by guarantee called Havering Healthwatch Limited. As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit)

# Our Finances

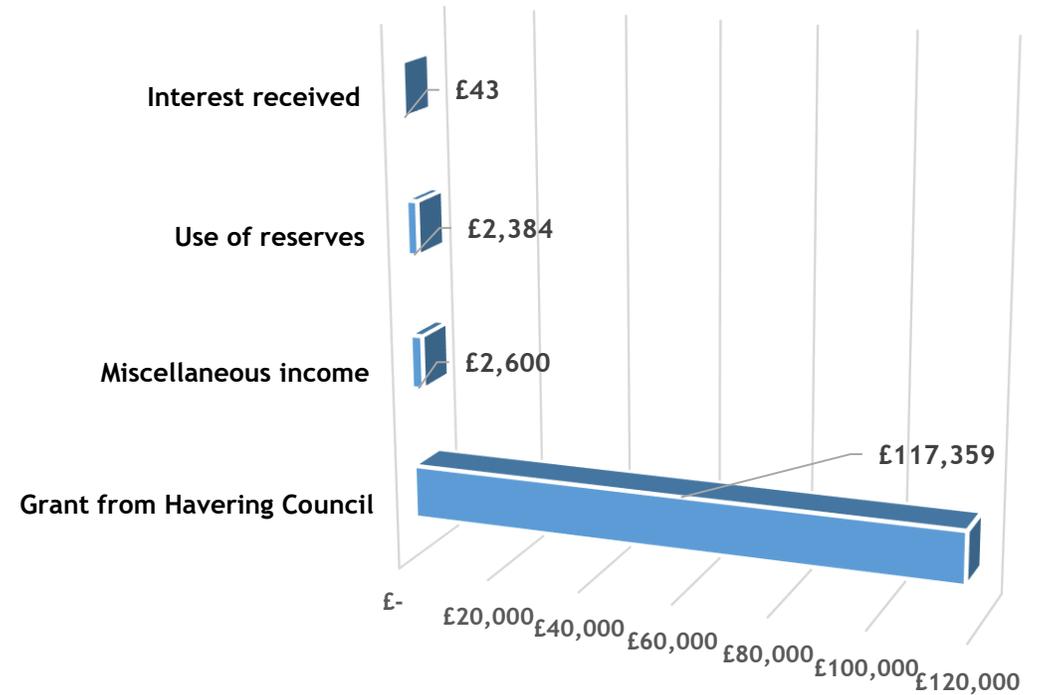
## Summary statement of Income and Expenditure

For more detail, please refer to the annual accounts available on our website at <http://www.healthwatchhavering.co.uk/our-activities>

### EXPENDITURE SUMMARY



### INCOME SUMMARY



# Our plans for 2018/2019

## Strategic Objective: To continue to develop our relationship with policy makers - Commissioning Groups - Locality Development Group - CQC - Healthwatch England

- To ensure that we understand, influence and support the engagement and consultation process for our residents

## Strategic Objective: Supporting You to Have Your Say

- To continue to support the Borough in developing a quality feedback programme for residents who receive care services
- To continue our successful Enter and View programme, building our knowledge and sharing residents' experiences

## Strategic Objective: To be part of network of health and social care professional to promote and champion the value of residents' involvement

- To be an active participant in the Provider Alliance - shaping and supporting new service models in the interests of service users

## Strategic Objective: Making a Difference Together

- Extend our working with the Public Health team on Tobacco Control and London Regional Tobacco Control Network as part of our pledge to support their creating a 'No Smoking' environment, particularly among young people
- Continue to develop our partnership working building on the success with Care Point and Rainham Village Children's Centre to ensure the widest network of resident engagement
- Build on the findings of our current research into the provision of services to people who have visual impairment
- Continue to seek improvement in the provision of meals for patients at Queen's Hospital
- Work with the NEL Commissioning Alliance and ACS to improve the standard of care provided to people living with dementia in their own homes

# Contact Us - Get In Touch

Healthwatch Havering is the operating name of Havering Healthwatch Limited

A company limited by guarantee

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Twitter feed: @HWHavering

The publishing and sharing of local Healthwatch annual reports each year is set out in legislation and therefore a statutory requirement of local Healthwatch organisations.

- Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, the London Borough of Havering, CQC, NHS England, Havering Clinical Commissioning Group, BHR Clinical Commissioning Group, Overview and Scrutiny Committees, Health and Wellbeing Board, British Library
- We confirm that we are using the Healthwatch Trademark, which covers the logo and Healthwatch brand, when undertaking work on our statutory activities as covered by the licence agreement (see Appendix 3).
- If you require this report in an alternative format please contact us at the address above.

Copyright Havering Healthwatch Limited 2018

# List of Appendices to the Annual Report 2017/18

- 1 **Enter and View Reports** - The involvement of lay persons and volunteers in the carrying-on of the relevant section 221 activities as set out in the Local Healthwatch Organisations Directions 2013
- 2 **Compliance with General Data Protection Regulation (GDPR)**
- 3 **Use of Healthwatch copyright material**

# Appendix 1 Enter and View visits

## The involvement of lay persons and volunteers in the carrying-on of the relevant section 221 activities as set out in the Local Healthwatch Organisations Directions 2013

In addition to having one of the largest residential and care home sectors in Greater London, Havering has had the largest number of GP practices in London rated by the CQC as Inadequate or Requiring Improvement, a major hospital Trust (BHRUT) that is still emerging from Special Measures ( following a 2013 inspection that found it Inadequate), a community health services Trust (NELFT) rated as Requiring Improvement, and a CCG that continues under immense financial pressure and subject to Directions by NHS England. Moreover, the local health economy generally is under considerable strain because of the demands of urgent care needs, residential and domiciliary care needs and the imminent retirement of a number of GPs working single-handedly or in small partnerships.

From the beginning of Healthwatch, we have taken the view that a robust programme of Enter and View visits was the best way that we could ensure that we examined on the ground how patients' and residents' needs were being met.

To that end, we identify premises that should be visited through a monthly meeting of staff and volunteers at which the programme is managed, visits arranged and the findings of recent visits reviewed. In 2017/18, we carried out 27 visits (with a small number of premises visited more than once). The full list appears below.

Our visiting teams were generally made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents/patients and their relatives and friends alike.

Few major problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we have been, or will be, following up to see what effect they have had.

All reports of our visits have been published on our website [www.healthwatchhaverling.co.uk/enter-and-view-visits](http://www.healthwatchhaverling.co.uk/enter-and-view-visits) and shared with the home, GPs or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation and all but one of these visits were carried out in exercise of them. On that one occasion however, noted in the table that follows, the visit was carried out at the invitation of the establishment's owners/managers and there was no need for the exercise of our statutory powers; but that has not affected how we have reported on such visits.

**We did not find it necessary to make recommendations to Healthwatch England on special reviews etc.**

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
<b>2017</b>			
29 March and 23 May	Barleycroft (fourth visit)	Residential Care Home	To observe the home in operation following various expressions of concern and five consecutive inspections by the CQC resulting in "Requires Improvement" ratings
11 April	Fountains Care Centre	Residential Care Home	To observe the home in operation
18 April	Goodmayes Hospital: Ogura Ward	Mental Health In-Patient Ward	To observe the ward in operation
19 April	Romford Nursing Care Centre	Nursing Home	To observe the home in operation following various expressions of concern
19 May	Ingrebourne Medical Centre	GP Practice	To observe the practice in operation following an Enter & View visit to a neighbouring practice

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
<b>2017</b>			
1 June	Dr Joseph (Collier Row)	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
21 June	Ashling House	Residential Care Home	To observe the home in operation
4 July	Hillside	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
10 July	New Medical Centre	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
20 July	Dr K Subramaniam	GP Practice	To observe the practice in operation following expressions of concern
24 July	Dr Chowdhury (Oak Lodge)	GP Practice	To observe the practice in operation following a CQC inspection result of Inadequate, and the practice being placed in special measures
31 July	Park Lane Residential Care	Prospective Residential Care Home	The prospective proprietors of a new home invited a Healthwatch team to visit and view in advance of their arranging for the premises to be converted to a care home.  THE REPORT OF THIS VISIT HAS NOT BEEN PUBLISHED.

Date of visit 2017	Establishment visited Name	Type	Reasons for visit
12 September	Heatherbrook	Residential Care Home	To observe the home in operation
22 September	Alton House	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
4 October (Unannounced) and 5 October (Announced)	Queen's Hospital, Romford: Mealtimes (second visit)	Acute District General Hospital	To follow up a visit in October 2016 to observe the meals service and to assess how far the recommendations then made have been implemented
23 October	Berwick Surgery	GP Practice	To observe the practice in operation following a CQC inspection result of Inadequate
21 November	Queen's Hospital, Romford: Public Areas	Acute District General Hospital	To observe the cleanliness and "patient-friendliness" of the public areas (entrance, corridors, stairways etc) of the hospital
11 December	Mawney Medical Centre	GP Practice	To observe the practice in operation
13 December	Spring Farm Surgery	GP Practice	To observe the practice in operation following a CQC inspection result of Inadequate
14 December	Meadowbanks	Residential Care Home	To observe the home in operation

Date of visit 2018	Establishment visited Name	Type	Reasons for visit
12 January	Cecil Avenue Surgery	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
16 January	Chase Cross Medical Centre	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
16 January	Cranham Court	Nursing Home	To observe the home in operation following a CQC inspection result of Requires Improvement
18 January	Romford Grange Care Home	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
30 January (Announced) and 9 March (Unannounced)	Queen's Hospital, Romford: A&E Department	Acute District General Hospital	To observe A&E in operation at a time of "winter pressures" and following implementation of accommodation changes within the building occupied by the department
7 February	Ladyville Lodge	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
13 March	Hornchurch Nursing Centre	Nursing Home	To observe the home in operation

## Appendix 2 General Data Protection Regulation (GDPR)

Although the GDPR is not coming into force until May 2018, after the period covered by this Annual Report, in common with other Healthwatch organisations we began preparing for the changes during 2017/18.

Among other steps, we procured new IT hardware and software to provide more robust and secure data collection and storage. Our original IT infrastructure was by then four or more years old and, although there was no reason to suppose it was insecure, it was considered an appropriate time to arrange for upgrades.

Software upgrades are applied as and when they become available and known vulnerabilities are addressed, although for much of that we are reliant upon external providers of services such as the website, email system and antivirus programs.

Data storage - both electronic and on paper - is being reviewed.

Policy changes required as a result of GDPR will be addressed in our Annual Report for 2018/19.

The cost of preparing for GDPR in 2017/18 was £2,790.

## Appendix 3 Use of Healthwatch copyright material

Havering Healthwatch Limited has a licence agreement with Healthwatch England governing use of the Healthwatch copyright material, the logo and trademark.

The Healthwatch logo is used widely for Healthwatch Havering activity. It is used on:

- The Healthwatch Havering website, Twitter account and YouTube and Vimeo accounts
- This Annual Report
- Publications such as reports of public consultation events and Enter & View visits
- Reports to official bodies, such as the Health & Wellbeing Board and Overview & Scrutiny Committees
- Official stationery, including letterheads and business cards
- Members' identity cards
- Newspaper advertisements and flyers for events

## HEALTH & WELLBEING BOARD

<b>Subject Heading:</b>	Draft Health Improvement Report (2018)
<b>Board Lead:</b>	Mark Ansell, Acting Director of Public Health
<b>Report Author and contact details:</b>	Elaine Greenway, Consultant in Public Health elaine.greenway@havering.gov.uk

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

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

**SUMMARY**

The attached draft report is an illustration of health improvement activities undertaken by the Public Health Service in collaboration with other Council services and in partnership with a range of organisations. The report primarily focuses on the eighteen month period to August 2018.

It is being presented to the Board at this time, as it may assist in discussions regarding the approach/priorities for the new strategy.

The style of the presentation echoes that of the most recent health protection report, which was well received by the Board.

## RECOMMENDATIONS

The Board is asked to

- consider the report and comment
- advise whether a similar report on health improvement would be useful in the future

## REPORT DETAIL

Health improvement utilises the majority of the Public Health Service resource<sup>1</sup>. The report sets out the health improvement activity under three headings:

- putting health and wellbeing into all policy, systems and partnerships
- commissioning health improvement services
- nudging residents towards healthier choices

Eighteen separate programmes of work are summarised; each contains a sketch which loosely illustrates how the different programmes are interlinked with each other, with other services, and with Council public health priorities.

Following are examples of some of the achievements from the past eighteen months which are explained further in the report:

- Public Health and Planning worked together on health impact assessment of the Local Plan. This showed that it is possible to take a very practical approach to health in all policies, and this led to further interest in assessing other strategies and policies for their impact on health
- Health champions delivered a range of health improvement activities and attended over 100 events, raising awareness about priority health issues, including mental health, cancer, physical activity, smoking, alcohol and healthy eating – trainee GPs worked with health champions on an outreach project in Romford town centre
- A suicide prevention approach across BHR commenced, led by LBH public health
- The health and wellbeing in schools service has supported schools to achieve Healthy Schools London awards, and has delivered training to school staff on a

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<sup>1</sup> Approximately 9fte officer time is directed on health improvement activity, and the remaining 8fte split between health protection and service improvement.



range of health and wellbeing topics. The service is supporting schools to prepare for new curriculum content on Sex and Relationship education.

- Havering was one of just six London boroughs to participate in Healthy Early Years London pilot, with eight awards achieved during the pilot phase
- In partnership with Early Help and NELFT, *starting solid foods* workshops designed to help parents to confidently wean babies onto solid foods; sessions commenced in January

## IMPLICATIONS AND RISKS

None

## BACKGROUND PAPERS

None

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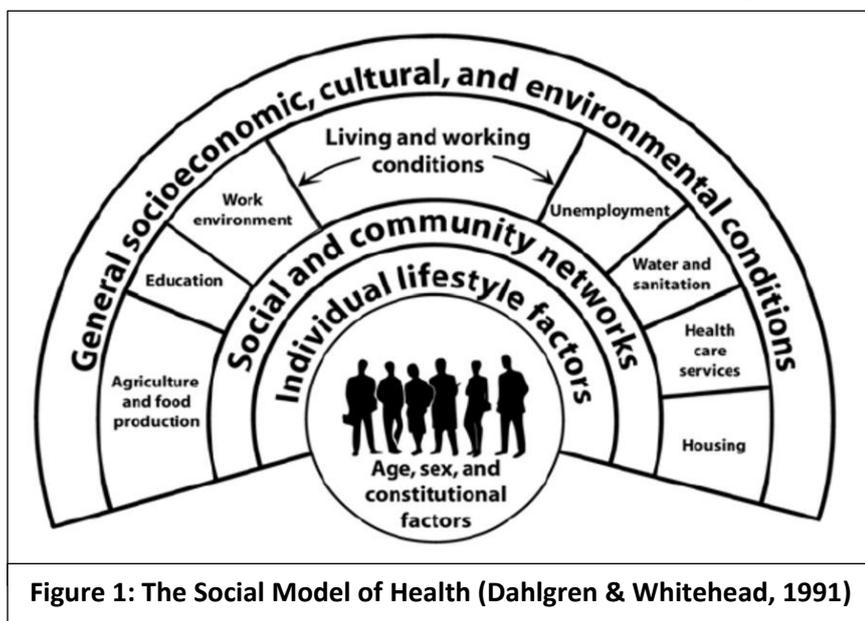


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## Introduction by the Director of Public Health

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



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

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

For simplicity's sake, the particular contribution of the Council's Public Health Service and our partners to improve the health of local residents has been described in terms of three interlinked workstreams: -

- putting health and wellbeing into all policy, systems and partnerships
- commissioning health improvement services
- nudging residents towards healthier choices

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

Mark Ansell, Acting Director of Public Health

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<sup>1</sup> Health improvement is one of the three core functions of public health - the others being health protection and healthcare public health. An annual [health protection report](#) summarises activity in this area.

## Section 1: Putting health and wellbeing into all policy, systems and partnerships

Embedding health and wellbeing into policy and systems is a collaborative approach to meeting the greatest health challenges of today; those of non-communicable diseases (such as diabetes), health inequities and inequalities, and increasing health and social care costs. It means routinely considering the impact of decision-making on health and wellbeing and influencing the determinants of health (as per figure 1 above).

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

### 1. Health impact assessment of the Local Plan



#### Background

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

#### Key facts

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

#### Recent actions

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

#### Main successes/outcomes

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

#### Plans for 18-19

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

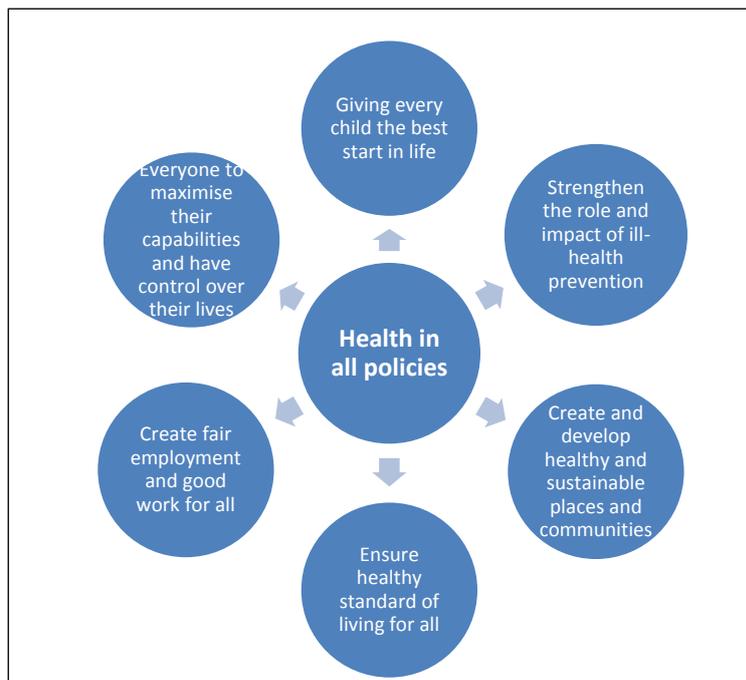
## 2. Health in all Policies

### Background

Health in All Policies means systematically considering the implications of decisions for likely impact on health and wellbeing. The approach attempts to maximise potential for improving health, minimise any negative impacts on health, and reduce health inequalities.<sup>2</sup>

### Recent actions

- This phase of Health in All Policies was a progression from health impact assessment of the Local Plan, agreed by Council Senior Leadership Team, with a pilot that commenced summer 2018
- Public Health and the Council’s equalities lead, with advice from the Legal Team, designed a combined equality and health impact assessment form. This is used as a first stage in the process; report authors re-evaluate their initiatives and consider where further health and wellbeing gains might be made. The



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

Figure 2: Relative contribution of the determinants of health<sup>3</sup>

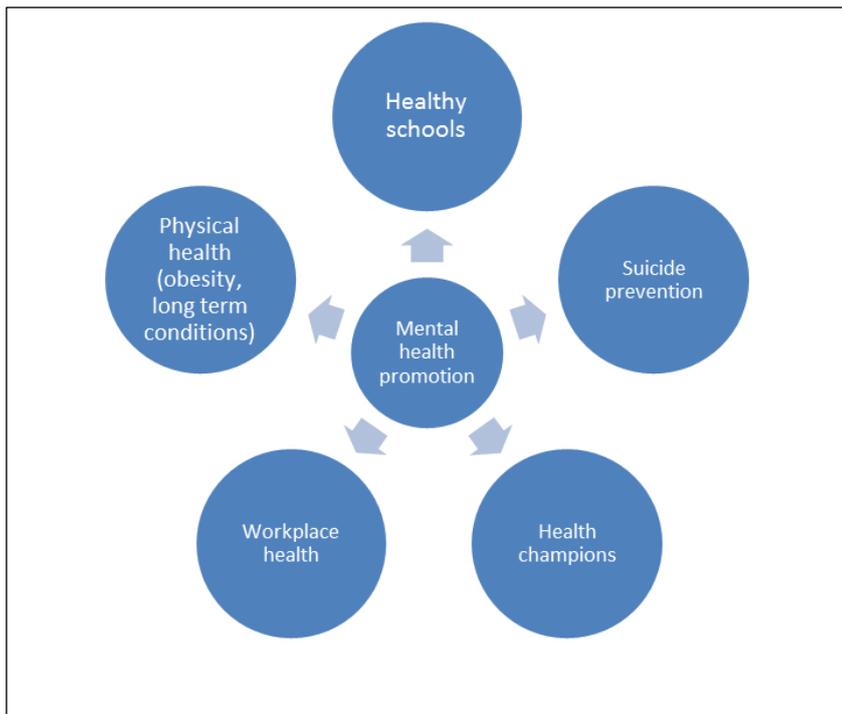
### Plans for 18-19

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

<sup>2</sup> LGA *Health in all policies: a manual for local government*

<sup>3</sup> <https://www.local.gov.uk/sites/default/files/documents/health-all-policies-manua-ff0.pdf>

### 3. Mental health and wellbeing



#### Background

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

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

#### Key facts

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

#### Recent actions

Public Health has both lead and supported partnerships

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

#### Main successes/outcomes

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

#### Plans for 18-19

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

<sup>4</sup> It is recognised that autism is not a mental health problem, although is associated with higher risk of mental ill-health

## 4. Mental Health Training and Support for Havering Schools



### Background

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

The Havering Mental Health Transformation Implementation Group has members from across council, NHS and voluntary sector services. To ensure equitable awareness of, and access to, training and support opportunities, members identified a need to produce a resource for schools that presents this in a concise, coherent format. The resulting [mental health training and support for Havering schools](#) resource was

published on the Havering Family Services Hub Professionals Gateway in July 2018.

### Recent actions

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

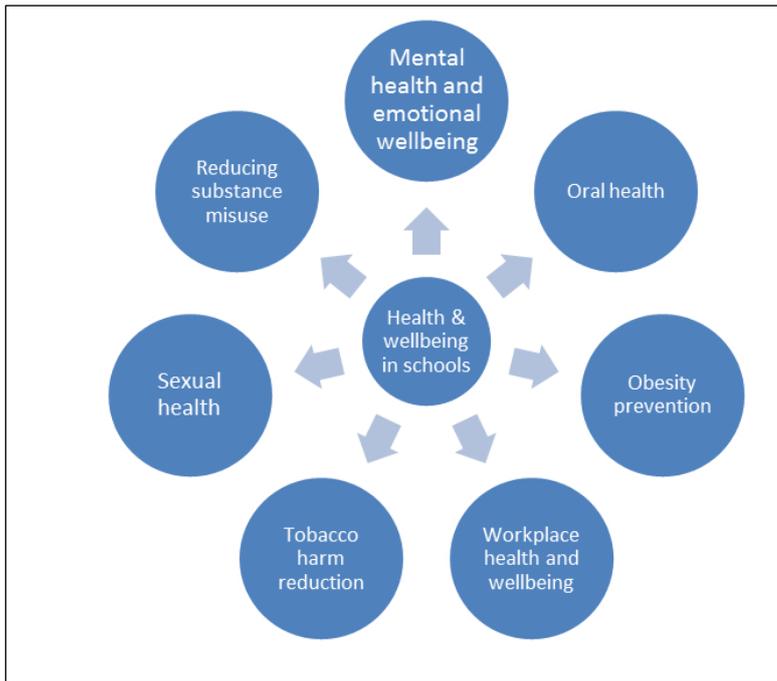
### Main successes/outcomes

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

### Plans for 18-19

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

## 5. Health and wellbeing in schools service



### Background

School settings have a huge influence on a child's future health outcomes, and evidence is beginning to emerge that is linking health and wellbeing with education attainment<sup>5</sup>. The Council has established relationships with schools in the borough, and Public Health works with colleagues and teams across the Council to help schools to create positive and healthy environments.

### Key facts

Havering's Health and Wellbeing in Schools Service:

- is funded by Public Health, Havering Catering Services and Havering Sports Collective
- as a traded service, offers additional support to

schools to achieve Healthy Schools London awards, and delivers training for school staff on a range of health and wellbeing topics

- promotes a whole school approach to mental health and emotional wellbeing, healthy eating, physical activity and other PSHE topics

### Recent actions

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

### Main successes/outcomes

- Current Healthy Schools London awards: 19 bronze, 15 silver, 8 gold
- 15 schools bought into the service during 2017/18
- Training courses developed and delivered<sup>6</sup>: Promoting Positive Mental Health in the Classroom (Nov 17 & Mar 18)
- Support to schools to prepare for new curriculum content on Sex and Relationships Education, with training on Policy into Practice delivered Feb 18

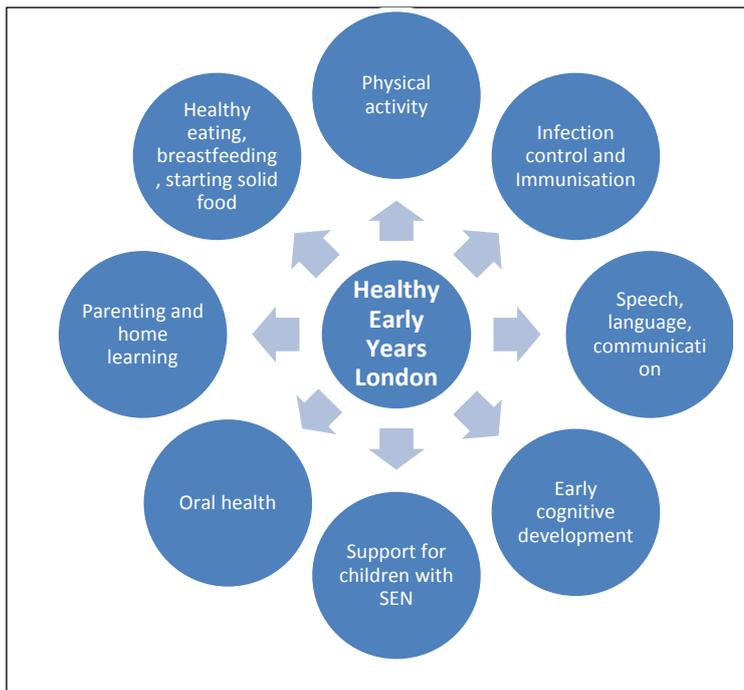
### Plans for 18-19

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

<sup>5</sup> <http://www.healthyschools.london.gov.uk/healthy-schools-london-evaluation>

<sup>6</sup> For both training sessions, 100% of attendees rated the training as useful in their course evaluations

## 6. Health and wellbeing in early years settings



### Background

Ensuring all children have the best start in life and ensuring school readiness is one of the most important factors in improving the health and wellbeing of future generations. Building on the success of Healthy Schools London, the Healthy Early Years London Programme was introduced as a pilot programme.<sup>7</sup>

### Background

- An awards pathway that encourages early years settings to evaluate their current practice and to steadily improve and progress through progressive awards; from First Steps, through to Bronze, Silver and Gold
- A central feature of the programme is for participating settings to work in partnership with

parents to support the physical, emotional and social health and development of the children in their care. The pilot phase has been completed, and the full London programme will be launched in September 2018

### Recent actions

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

### Main successes/outcomes

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

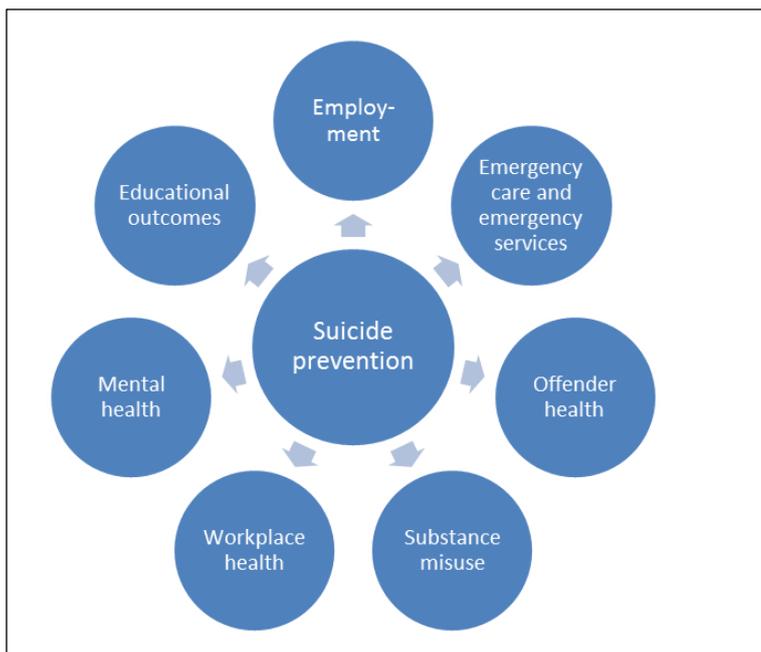
### Plans for 18-19

Public Health Service and Learning and Achievement teams will be

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

<sup>7</sup>, *Better Health for All Londoners (Aug 2017) (consultation on the London Equalities Strategy)*

## 7. Suicide prevention



### Background

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

### Key facts

Suicides are not inevitable and many are preventable; concerted action across a broad

range of factors must happen in order to make a difference and reduce numbers of suicide.

### Recent actions

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

### Main successes/outcomes

- A BHR-wide strategy developed, jointly led/delivered by LBH, LBB, LBR, BHR CCG, and NELFT
- It was agreed that governance be to all three Health and Wellbeing Boards, through the local mental health partnership boards/committees
- Some early achievements include facilitating suicide prevention training for a range of agencies across BHR<sup>8</sup>, and supporting national awareness events such as “Small Talk Saves Lives”

### Plans for 18-19

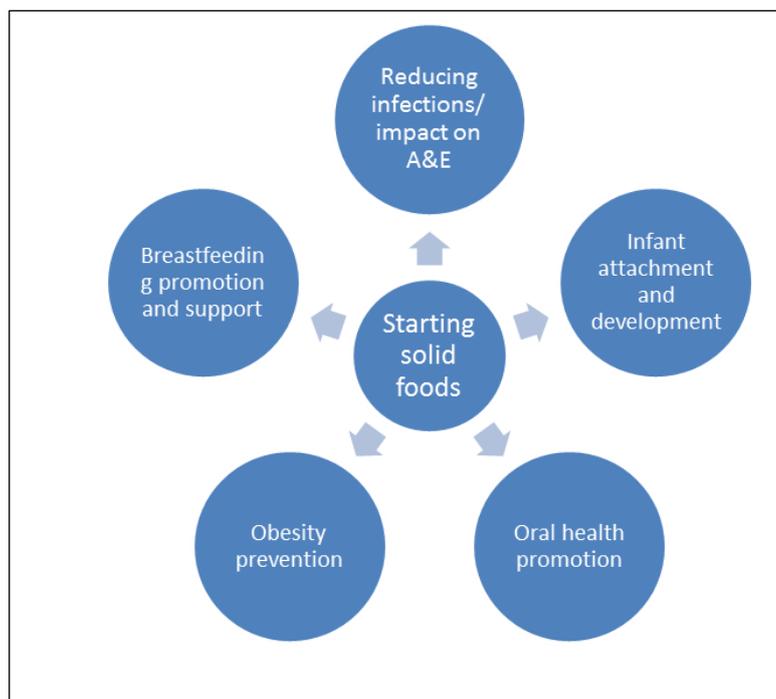
Implement the high level priority actions set out in the strategy across all three boroughs:

- Learning lessons from suicides and attempted suicides and putting in place measures that reduce the likelihood of such circumstances reoccurring
- Workforce training<sup>9</sup>
- Signposting people who are bereaved by suicide to appropriate support
- Strengthening support available to people in crisis and at immediate risk of suicide
- Review the care of patients who self harm
- Ensuring effective risk assessment is incorporated into routine care by GPs

<sup>8</sup> Training funded by Tower Hamlets Community Education Provider Network

<sup>9</sup> Havering Safeguarding is including the topic of suicide prevention in the 2018 multi-agency safeguarding event

## 8. Infant feeding: starting solid foods



### Background

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

### Key facts

- The World Health Organization recommends that babies are exclusively breastfed for the first 6 months of life. From 6 months, once infants show signs of being developmentally ready, solid foods can be gradually introduced
- Baby-led weaning with finger foods encourages babies to be exposed to lots of different flavours and textures, learn where their mouth is and how to self-feed and take control of their own appetite.

- There are competing and confusing messages for parents, and health visitors and early years practitioners are frequently asked about solid foods; when to start introducing them, what to introduce first, what to avoid, what to do if baby chokes and so on

### Recent actions

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

### Main successes/outcomes

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

### Plans for 18-19

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

## 9. Air quality



### Background

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

### Key facts

Air pollution can damage lives with harmful effects on human health, the economy and the environment, and it

- is the largest environmental risk to the public's health, contributing to cardiovascular disease, lung cancer and respiratory diseases
- increases the chances of hospital admissions, visits to emergency departments and respiratory and cardiovascular symptoms which interfere with everyday life, especially for people who are

already vulnerable.

- affects everyone, with a disproportionate impact on the young and old, the sick and the poor.

Changing behaviours and attitudes towards sustainable solutions are part of a broad societal response to reduce air pollutant levels, which also includes providing infrastructure and green spaces that encourage walking and cycling as well as increased use of public transport, low/zero emission vehicles, and traffic control

### Recent actions

Havering Public Protection and Smarter Travel Services led this programme of work. Public Health provided support to the Air Quality Working Group which delivered a wide range of actions, including

- Adoption of an Air Quality Action Plan 2018-2023 to reduce the impacts of poor air quality
- development of specially created character for local air quality improvement campaign (Miles the Mole), funded in part by the Mayor's Air Quality Fund
- schools programme, including development of the script for a film, the live performance in schools and associated lesson plans
- awareness raising through the public health communications, and through the commissioned health champion programme and healthy schools
- embedding consideration of air quality through the Local Plan health impact assessment (earlier page)

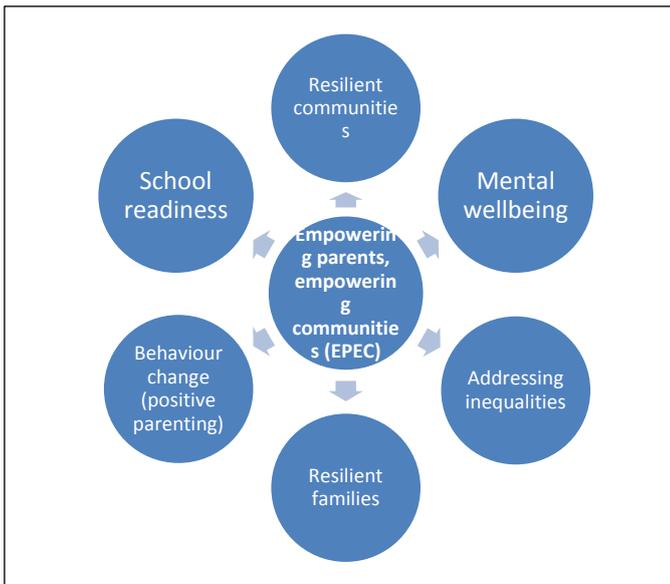
### Main successes/outcomes

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

### Plans for 18-19

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

## 10. Empowering Parents Empowering Communities



### Background

Empowering Parents, Empowering Communities (EPEC) is a proven method of prevention and early intervention that helps families achieve the best start in life for their children. It is a low cost parenting programme combining peer-led parenting groups with training, supervision and support provided by parenting specialists based in local services. South London and Maudsley NHS Foundation Trust's EPEC team has partnered with 15 organisations in England to establish local EPEC hubs. Havering successfully applied to develop a hub in the borough. Havering receives 18 months of support from the national team to set up an EPEC hub. Havering's commitment has been to host the hub (early help/children's centres), fund a coordinator for

18 months, provide admin support and finance non-pay costs such as parent group leader expenses and crèche facilities, and to recruit, train and supervise 16 EPEC parent group leaders and run 10 EPEC parent courses for up to 100 parents over a 12 month period.

### Key facts

Expected outcomes include

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

### Recent actions

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

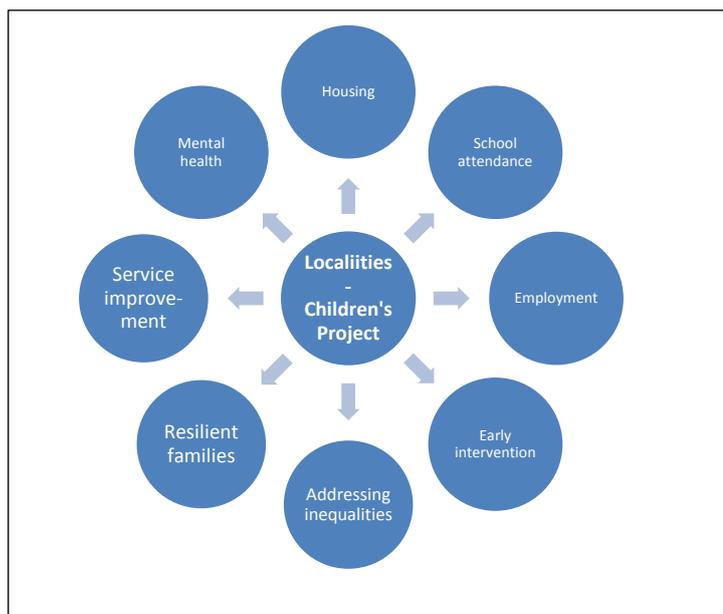
### Main successes/outcomes

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

### Plans for 18-19

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

## 11. Localities: Children's Project



### Background

The multiagency strategic group identified an opportunity to work with children and their families who were below statutory threshold but required a multi-agency early intervention. The aim of the project is to intervene early, thus preventing escalation and need for higher level services.

### Key facts

- The programme aims to work with 20-25 families Nov 17 – Sept 18 and is based on a PDSA<sup>10</sup> improvement model.
- It was arranged that referrals would be made via two schools in the locality: Hilldene Primary and Drapers Academy (senior school). Processes were established, including

- (a) data sharing protocols, which included parental consent for referral. Part of the process meant that a key case worker would be the link between the family and other disciplines, and who would develop a care plan in consultation with parents. This approach was in response to parents and schools' feedback that the established process was confusing for parents and often took a long time to get a response, also that parents were have to repeat "their story" again and again to different professionals.
- (b) Parents completing an "Outcome Star" at the outset and again at the end of the intervention, so that change and improvement could be evaluated.

### Recent actions

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

### Main successes/outcomes

- All agencies worked well together to establish processes, as well as learning lessons and overcoming barriers related to ways of working, and organisational cultures
- Fewer families referred than anticipated –partly due to identifying suitable candidates from high number of families with complex needs – and partly to establishing processes - and complexity of referral routes. One point of learning has been to broaden referral routes (i.e. to include. health visitors and housing colleagues).
- Considerable benefits and good outcomes among families engaged with project<sup>11</sup>

### Plans for 18-19

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

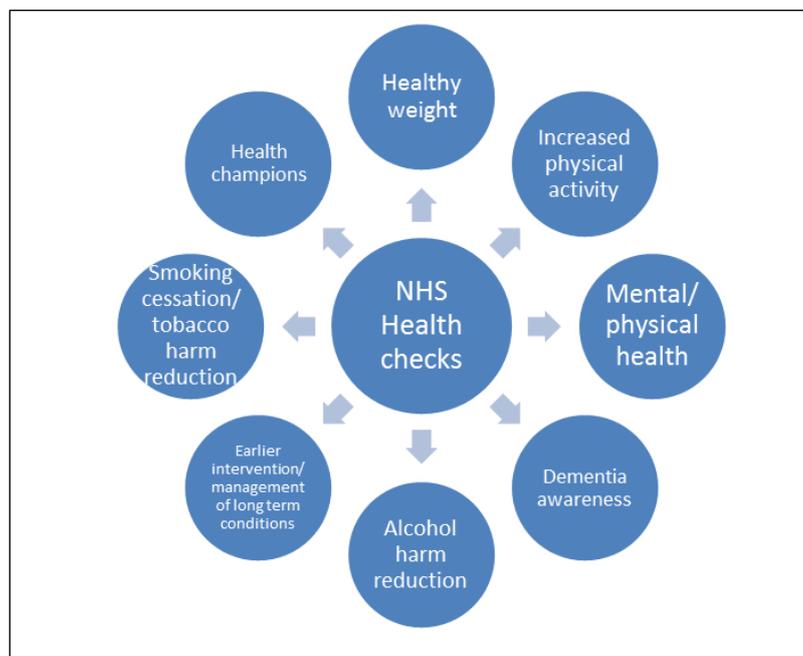
<sup>10</sup> Plan do study act – which is an approach for achieving incremental improvement through a continuous cycles of appraisal and learning, and small changes

<sup>11</sup> Details not included because of confidentiality

## Section 2: Commissioning health improvement services

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

### 12. NHS Health Checks



#### Background

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

The check, which should be offered to eligible individuals every five years, systematically measures a range of risk factors that are known to interact and affect risk of developing heart disease, type 2 diabetes, kidney disease and stroke. The check takes about 20-30 minutes, and offers individuals the opportunity to understand their personal CVD risk profile and receive personalised advice about achieving a

healthier lifestyle. If appropriate, treatment or medication may also be prescribed. In Havering, local GPs are commissioned to provide NHS health checks

#### Key facts

National evidence<sup>12</sup> shows that:

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

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

#### Recent actions

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

#### Main successes/outcomes

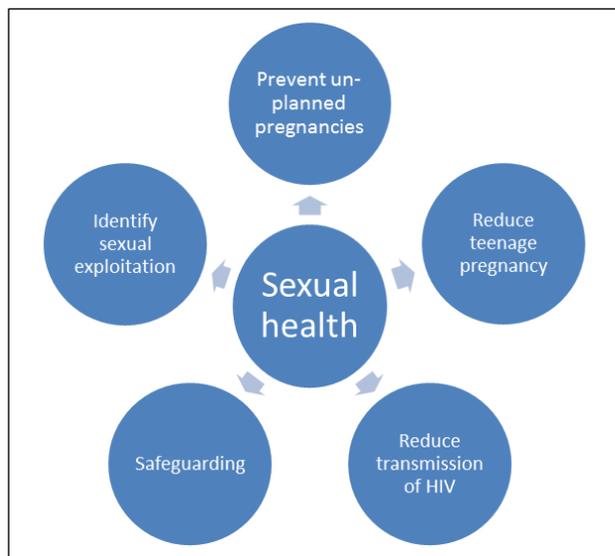
<sup>12</sup> NHS Health Check Expert Scientific and Clinical Advisory Panel (2017) *Emerging evidence on the NHS Health Check: findings and recommendations*

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

### **Plans for 18-19**

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

## 13. Sexual Health



### Background

While sexual relationships are essentially private matters, good sexual health is important to individuals and society. Reducing rates of teenage pregnancy, protecting vulnerable groups from sexual abuse and exploitation, and improving diagnosis of HIV all have an impact on the quality of life for those affected.

Local Authorities are mandated to provide sexual health services. The local contract expires Sept 18. A re-procurement has been undertaken with B&D and Redbridge.

### Key facts

- Following a steady decline in teenage pregnancies, there was a slight increase in 2016. Young parents and their children more likely to experience poorer outcomes
- There are higher rates of abortion in Havering (22.5)

compared to England (17.2) and London (20.7). Approximately one-third of abortions among women aged under 25 are repeat abortions. Havering (31.7%) is higher than England (26.7%), similar to London (30.7%).<sup>13</sup>

- Havering has had very low uptake of long acting reversible contraception (LARC). LARC and emergency hormonal contraception can help to reduce unplanned and unwanted pregnancy.
- People who are unaware that they are HIV positive are more likely to have poorer health outcomes (through delayed treatment, and risk passing on infection). The HIV prevention contract expires in 2018. BHRUT is participating in a national Prep trial<sup>14</sup> which aims to reduce risk of HIV infection

### What has been done

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

### Main successes/outcomes

- Increased access and choice for women wanting LARC

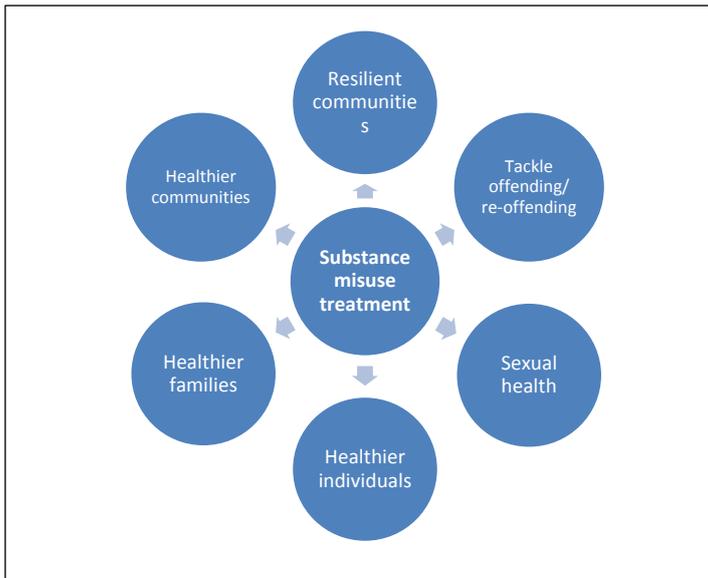
### Plans for 18-19

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

<sup>13</sup> PHE *Sexual and reproductive health profiles* (2017 data)

<sup>14</sup> Prep (Pre-exposure prophylaxis) trial is commissioned by NHS England for those at high risk of HIV infection

## 14. Drug and alcohol harm reduction



### Background

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

### Key facts

- A comprehensive multi-agency three year drug and alcohol harm reduction strategy (2016-19) was developed and a detailed action plan agreed. The strategy focused on three themes: preventing harm to individuals, preventing harm to families, and preventing harm to the wider community. The majority of actions were completed during the first two years.
- Alcohol plays a significant part in almost half of all violent assaults, more than half of domestic violence

incidents, marital/ relationship breakdown and road traffic accidents

- Episodes of heavy drinking (binge drinking) contribute towards town centre crime and disorder
- Alcohol features in around a quarter of serious case reviews of at risk children, while drugs are implicated in 20%
- Use of drugs also fuels criminal behaviour associated with buying/selling substances.
- Having commissions substance misuse treatment services, which contributes to a wider prevention strategy involving a range of other organisations including criminal justice partners, pharmacists (needle exchange programme), other health services (e.g. maternity, sexual health, GPs) as well as town centre management, trading standards, Licensing, etc)

### Recent actions

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

### Main successes/outcomes

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

### Plans for 18-19

Complete the current action plan, including

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

Set up a multi-agency working group to refresh the strategy

## 15. Health visiting and school nursing services



### Background

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

### Key facts

- Health visitors deliver a universal new birth visit, 1 year health review and 2-2.5 year health review, and targeted antenatal and 6-8 week health reviews where a risk has been identified.
- School nurses deliver hearing and vision screening for reception year, the national child

measurement programme in Reception and Year 6, primary and secondary school drop-in sessions, and health promotion topics for children, young people and parents. A key role is to work with other services in the borough to ensure appropriate signposting and referral.

- The contract for the healthy child programme is delivered by NELFT (until March 2020)

### Recent actions

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

### Main successes/outcomes

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

### Plans for 18-19

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

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

### Section 3: Nudging residents towards healthier choices

“Prevention, it is often said, is better than cure. If people didn’t smoke, drank less, had better diets and exercised more, the burden of disease would be reduced. But what is the role of the state in persuading people to alter their lifestyles?”<sup>15</sup>

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

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

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

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

Nudges	Hugs	Shoves	Bans
<ul style="list-style-type: none"> <li>• Creation of built and natural environments that nudge people to achieve healthier lifestyles</li> <li>• Policies and strategies that consider impact on health and incorporate health and wellbeing into decision-making</li> <li>• Workplace wellbeing initiatives that aim to make healthier choices the norm, i.e. increasing physical activity through lunchtime walks</li> </ul>	<ul style="list-style-type: none"> <li>• the commissioned drug and alcohol substance misuse service uses an incentive scheme that builds a reward that can be redeemed against, for example, a leisure centre/gym visit</li> </ul>	<ul style="list-style-type: none"> <li>• The Health and Wellbeing in Schools Service supports schools to develop whole school food policies which restrict and channel choice through implementation of the Government school food standards and robust packed lunch policies</li> </ul>	<ul style="list-style-type: none"> <li>• Cheap cigarettes are known to be one of the factors that both influence children to start smoking and encourage people to continue smoking. Public Health supports Trading Standards colleagues in raising awareness among the public on how to report sales of illicit tobacco (see p21 re specialist tobacco control education unit)</li> </ul>

<sup>15</sup> Local Government Association *Changing behaviours in public health: to nudge or to shove?*

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

## 16. Tobacco harm reduction



### Background

Smoking remains the leading cause of preventable illness and premature death in England.<sup>16</sup> The costs of treating and supporting those who are affected by tobacco smoke impacts on health and social care, and on employers as a result of workforce absenteeism. Some groups have higher rates of smoking, including people with severe mental illhealth, and people in routine and manual jobs.

### Key facts

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

### Recent actions

Following decommissioning of the local universal stop smoking service in May 2016<sup>17</sup>, a renewed refocus was placed on stopping smoking in pregnancy, together with a broader approach to tobacco harm reduction:

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

<sup>16</sup> <https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health/smoking-and-tobacco-applying-all-our-health>

<sup>17</sup> The universal face to face stop smoking service was decommissioned due to unaffordability

<sup>18</sup> A visiting unit, comprising an expert in detection of illicit tobacco, and a detection dog

## Main successes/outcomes

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

## Plans for 18-19

- Tobacco harm reduction a health improvement to continue to be a priority for 2018-19
- Support HR and workplace health leads, by completing revisions to workplace policy on smoking, taking into account latest evidence on harm reduction and vaping
- Work with schools, education and Healthy Schools programme to further reduce the numbers of children who take up smoking in the first place, including building on the awareness raising event about illicit tobacco
- Build on the successes of the specialist stop smoking service for pregnant women; working with BHRUT and CCG to implement BabyClear Plus; a further and later intervention in ante-natal care
- Public Health and Trading Standards collaboration on encouraging local vape shops to join the independent trade association, which is an indication of quality, and will give a level of assuredness to health professionals when talking to patients about switching to vaping
- Public Health, Healthwatch and the health champion service will be working together to recruit health champions from tenants of Queen's Court (Healthwatch business premises), to promote the health benefits of smoking cessation/switching to vaping

## 17. Health champions



### Background

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

A very modest investment in the programme achieves a wide reach, as health champions are volunteers who demonstrate a commitment to health improvement and have a strong connection with their community. These include

elected members, allied health professionals and health practitioners (such as healthcare assistants and dental hygienists) and non-health professionals who either promote health in the workplace or the wider community. Health champions complete accredited training, which includes training on behaviour change, and are key to supporting local health improvement priorities, as well as broader national initiatives. They can be identified in the workplace by their pin badges.<sup>19</sup>

### Recent actions

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

### Main successes/outcomes

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

### Plans for 18-19

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

<sup>19</sup> The pin badges were recently redesigned following focus group feedback, followed by a competition to design a badge that health champions would be more likely to wear.

## 18. Workplace wellbeing



### Background

Employment is a primary determinant of health<sup>20</sup>, with good employment impacting both directly and indirectly on the individual, as well as their families and communities.

### Key facts

- There are good business reasons for improving workplace wellbeing: healthier, active and engaged employees are more productive, have lower levels of sickness absence and presenteeism<sup>21</sup>
- A high number of Council employees also live in the borough, giving the opportunity for workplace wellbeing benefits to also reach into the local community

### Recent actions

- The Council is working towards London

Healthy Workplace Charter accreditation of Excellence, which builds on existing wellbeing initiatives such as Havering Staff Games, and sport and physical activity opportunities, as well as the occupational health arrangements already in place

- A Council Workplace Wellbeing Steering Group formed, chaired by SLT champion (Director of Children’s Services). One Source HR, supported by Public Health, has drafted a workplace wellbeing action plan covering the eight key themes of the London Healthy Workplace Charter<sup>22</sup>:

### Main successes/outcomes

- Three cohorts of mental health first aid training delivered
- The Town Hall Pantry is making ongoing revisions to the menu to encourage healthy eating, for example using 50% wholemeal and 50% white pasta (instead of 100% white) and removing sugary drinks from sale.
- A *Havering has a heart*<sup>23</sup> fund-raising lunchtime walk, led by Workplace Wellbeing SLT champion (June 18)
- Staff benefits included corporate-rate membership with Everyone Active, including new Sapphire Centre
- Health champion procurement in 2018 included KPIs to support LBH workplace wellbeing

### Plans for 18-19

Continue to develop the action plan, for example:

- As a result of the *Havering has a heart* fundraising walk, further lunchtime walks are planned
- Explore the introduction of the calorie-burning StepJockey as part of the workplace wellbeing initiative. StepJockey originated from a Department of Health funded initiative; evaluation showed that stair climbing increases as a result, with all of the health benefits that this brings
- Health champion programme will continue to support LBH workplace wellbeing
- Explore opportunities to influence businesses and SMEs in the borough to consider workplace health

<sup>20</sup> <https://www.gov.uk/government/publications/workplace-health-applying-all-our-health/workplace-health-applying-all-our-health>

<sup>21</sup> <https://www.gov.uk/government/publications/health-and-work-infographics/the-importance-of-health-and-work>

<sup>22</sup> The eight key themes are corporate support for wellbeing, health and safety, tobacco and smoking, attendance, mental health and wellbeing, physical activity, healthy eating, problematic use of alcohol/substances

<sup>23</sup> Supported British Heart Foundation, and raised £750

# Appendix of health improvement promotions/campaigns 2018-19

Priority	Campaign Type	2018-19 Health Improvement Communications Calendar												
		Quarter 1			Quarter 2			Quarter 3			Quarter 4			
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Statutory	 This is Havering Interactive Ward Health Profiles   Public Health Annual Report			Overview of Health & Social Care Needs in Havering Child Poverty Assessment	This is Havering Havering PHOF 2018 Locality Profiles			This is Havering			This is Havering		Deep Dives (Ibc after 15th May) - Migration of: - Housing - Maternity - Mental Health	
							2018 Director of Public Health Annual Report (Topic to be chosen)							
69 services activities	 Priority Health Improvement Topics	Tobacco Control and Infantfeeding ( priority topics promoted all year round )												
	 Living in Havering Magazine			June Event: Vaping and Secondhand Smoke										
	 Public Health Signatures	Healthy Eating - One you 400/600/600 (EG)	Mental Health (LD) - Inc Talking Therapies	Diabetes - Diabetes Week (AR/IB)	Infantfeeding (CA)	Be Clear on Cancer (AR)	Smoking Awareness - Stoptober (IB)	Stay well this winter - Flu Jabs (EG/IB)	AMR (EG)	Alcohol Awareness - Dry January (AR)	One You - Make healthier lifestyle choices (LS)	Change for Life - nutrition (CE)	Stroke - Act F.A.S.T (LS)	
	 Business Newsletters		Value of Improving health in the workplace (LS)	Heart Health encompassing physical activity and healthy eating (LS) Diabetes Week (AR/IB)	GAP-Source Sun safe (LS) Infantfeeding (CA)	Be Clear on Cancer (LS/AR)	Smoking Awareness - Stoptober (LS/IB)	Womens Health - BCDC & Menopause (LS) Stay well this winter- Flu Jabs (EG/IB)	Mens Health - November (LS) AMR (EG)	Stay Well (LS) Alcohol Awareness - Dry January (AR)	One You - Make healthier lifestyle choices (LS)	Change for Life - nutrition (LS/CE)	BCDC & No Smoking Day (LS) Stroke - Act F.A.S.T (LS)	
	 Health & Wellbeing Newsletters	Spring Edition 2: Mental Health & W8 Breast Cancer DNA NHS 111 Pharmacy Protect your Kidneys Wheelchair service Mental health services for veterans		Summer Edition: Infantfeeding (CA) Hydration /Sun safe (Children) (CA) Oral health (CA) Active Children (CA)		Summer Edition 2: MenACWV vaccine (CA) Hydration older people (EG) USNA (AR) Shingles (7) Be Clear on Cancer (7) Diabetes (7)		Autumn Edition: Stay Well Winter/Flu (EG) Health Champions (LS) Stoptober (IB) Healthy School Meals (CA) World Suicide Awareness Day (EG) Health Checks (LS) AMR (EG) BCDC (7)		Winter Edition: Stay well Winter (EG) Party Season Drinking (AR) A Healthier New Year - Stopping Smoking (IB) Sexual health (DR) Change4Life Roadshow (7) PNA (not needed this year)		Spring Edition: Sugar Smart (CA) Oral health (CA)		
	 NHS 111	Stop Smoking	Mental Health	Heart Health encompassing physical activity and healthy eating	EAP (Source Sun safe)	BCOC	Stoptober	Womens Health - BCDC + Menopause	Mens Health - November	Stay Well	One You	Change for Life	Be Clear on Cancer + No Smoking Day	
	 Community Health Champions	Stop Smoking	Mental Health	Heart Health encompassing physical activity and healthy eating	Physical Activity - Pop Up All	BCOC	Stoptober + Health Checks Promotions	Stoptober Event + BCOC	stay well this winter + Mens Health	stay well this winter + Dry January	Dry January Event + HLC Promotion	Change for Life Healthy Eating	Stroke + No Smoking Day	
	 PH Web Page Development	PH Web Page Development - New Web Pages: Drugs (AR) / Working Age Adults (LS) / Health Checks (LS) / Health in all policies (LD) / Health Protection (EG)												
	 Health Improvement Banner			Tobacco Control - Stop Smoking Services (IB)	Infantfeeding - Breastfeeding Welcome Scheme (CA)	Tobacco Control - Vaping (IB)	Infantfeeding - Start4Life weaning as per PNE (CA)	Tobacco Control - Secondhand Smoke (IB)	Infantfeeding - Breastfeeding Welcome Scheme (CA)	Tobacco Control - Illegal Tobacco (IB)	Infantfeeding - Local Infant Feeding Support (CA)	Tobacco Control - Stop Smoking Services (IB)	Infantfeeding - Start4Life weaning as per PNE (CA)	
	 PHE Banner			One You - Brisk Walking	Change 4 Life - Physical Activity	BCOC	One You - Health Check Toolkit	One You - Stoptober	NHS - AMR	Stay Well this Winter	Change 4 Life - Nutrition	BCOC	NHS - Stroke (Act F.A.S.T.)	
National Campaigns	 Public Health England	One You - Nutrition (CA)	One You - Blood Pressure (LS)	One You - Brisk Walking (LS)		One You - Health Check Toolkit (LS)	One You - Stoptober (IB)		One You - Health Harms (LS)	One You - New Year, New You (IB)				
	 Shade signifies that PHE campaign is to be amplified		NHS - Stroke (Act F.A.S.T.) (LS)		BCOC - "TSC" (7)	Stay Well this Winter (EG)	NHS - AMR (EG)	Stay Well this Winter (EG)	BCOC - "TSC" (7)	NHS - Stroke (Act F.A.S.T.) (LS)				
		Start 4 Life - Breastfeeding (CA - N/A)	Change 4 Life - Physical Activity (CA)		Change 4 Life - Physical Activity (CA)		Change 4 Life (CA)	Start 4 Life (CA)		Change 4 Life - Nutrition (CA)	Start 4 Life - Weaning (CA)			

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## HEALTH & WELLBEING BOARD

**Subject Heading:**

**SEND Strategy**

**Board Lead:**

**Tim Aldridge, Director Children’s Services**

**Report Author and contact details:**

Caroline Penfold – Head of Children and Adults Disability Service | 01708 431743

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

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

**SUMMARY**

In July 2018 the Board received a report which highlighted the outcomes of the Local Area Inspection of support for children with Special Educational Needs and Disabilities (SEND) which took place between the 26 February and 2 March 2018.

The Board asked that a refreshed improvement plan of the key areas of development to be presented to the next meeting of the Board for agreement.

**RECOMMENDATIONS**



That the Health and Wellbeing Board agrees the accompanying joint area SEND strategy, encompassing an action plan which addresses SEND improvements and key areas raised by Ofsted / CQC during inspection.

## REPORT DETAIL

A joint area SEND Strategy document accompanies this report.

The Children and Families Act ensures simpler, improved and consistent help for children and young people with special educational needs and disabilities (SEND). It extends provision from birth to 25 years of age, giving families greater choice in decisions and ensure needs are properly met.

The new system became statutory from September 2014 and local areas have been implementing the reforms since. The reforms extend rights and protection to young people by introducing a new education, health and care plan (EHCP), ending previous “statements” of special needs.

The accompanying document is the local area’s first comprehensive SEND strategy, implementing and embedding the reforms across local authority, health and education services locally. The strategy addresses the findings of the recent Ofsted / CQC inspection and states our ambition to build local provision to meet growing SEND demand.

## IMPLICATIONS AND RISKS

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

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

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

There are no direct implications arising from the report.

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

There are no direct implications arising from the report.

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

There are no direct implications arising from the report

# Joint Special Education Needs and Disabilities (SEND) Strategy

V1.0

## Document Control

### Document details

<b>Name</b>	<i>Joint SEND Strategy</i>
<b>Version number</b>	<i>V0.4</i>
<b>Status</b>	<i>Draft</i>
<b>Author</b>	<i>Jodie Calder – Service Improvement Officer</i>
<b>Lead officer</b>	<i>SEND Executive Board</i>
<b>Approved by</b>	<i>Health and Well-Being Board</i>
<b>Review date</b>	<i>Identify a date for review – Autumn 2021</i>

<b>Supersedes</b>	<i>N/A – first partnership-wide strategy</i>
<b>Target audience</b>	<i>SEND Partnership</i>
<b>Related to</b>	<i>High Needs block Review, Self-Evaluation.</i>

### Version history

<b>Version</b>	<b>Status</b>	<b>Date</b>	<b>Dissemination/Change</b>
<b>draftV0.1</b>	<i>1<sup>st</sup> draft</i>	<i>19.10.2017</i>	<i>SEND Executive Board for initial information and discussion around what else to include</i>
<b>draftV0.2</b>	<i>2nd Draft</i>	<i>16.01.2018</i>	<i>Partner organisations to populate the action plan and include more information on vulnerability.</i>
<b>draftV0.3</b>	<i>3<sup>rd</sup> Draft</i>	<i>11.05.2018</i>	<i>Post-Ofsted report being published</i>

### Approval history

<b>Version</b>	<b>Status</b>	<b>Date</b>	<b>Approved by</b>
<i>Final version 1.0</i>	<i>To be approved by HWB</i>	<i>12<sup>th</sup> September 2018</i>	<i>Health and Wellbeing Board</i>

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## Purpose

The purpose of this strategy is to set out a shared vision, priorities and a joint commitment to make suitable and effective provision for all Havering children and young people with Special Educational Needs or Disabilities (SEND) from birth to 25 years. This strategy reflects a commitment across the partnership, to work collaboratively between Education, Health and Social Care to improve the lives and life chances of children with special needs and disabilities.

The term 'special educational needs' does not mean the child/young person's needs will only be educational. Whilst educational progress is the core of the SEND Code of Practice, ensuring that children and young people with SEND have good opportunities to make progress and achieve their potential in life requires a broader approach which includes social and health care needs.

Children and young people with SEND are particularly vulnerable to being targeted in relation to Child Sexual Exploitation (CSE), radicalisation or being involved with gangs. It is the responsibility of schools, parents, the local authority and voluntary sector agencies to play a significant role in preventing vulnerable children and young people from becoming involved in such activities. This strategy reflects the close work between agencies and also the local authority teams working with SEND children across education, health and safeguarding services.

## Vision

Our vision is to support children and young people with SEND to meet their full potential and live healthy, fulfilling lives in their local community. We will achieve this vision by ensuring all agencies work together with children, young people and their families to identify children with SEND at the earliest possible opportunity and provide them with the support they need to make good educational progress and achieve desired outcomes.

Our commitment to person-centred planning ensures children and young people's voices are a central focus of all work across the partnership in Havering.

## Facts and Figures

The estimated population of the London Borough of Havering is **249,085**. Of this, there are **74,979** children and young people (aged 0-24).

The school population of Havering continues to grow with the increase in the children's population. There were 39,598 pupils, who are Havering's sole or dual main registrations, were captured within the January 2017 SEN2 Survey.

In Havering there are currently 1,136 children and young people (aged 0-25) who have an Education, Health and Care Plan (EHCP) or a statement of need (2.4% of our population of school-age children and young people). There are a further 2,583 children and young people who have additional needs and receive SEN support but who do not meet the threshold for an EHCP.

## Aims, objectives and outcome

Havering's main aim is to join up support across education, health and care for those children and young people aged 0-25 years with SEND, while ensuring children, young people and their families are informed, supported and empowered to be more resilient and independent within their communities. We believe that every child and young person should have their needs met (as far as possible) in their local community, in local early years settings, schools, colleges and work places and achieve positive outcomes. We will ensure that all children, their parents and young people are involved in discussions and decisions about their individual support and about local provision.

## Local Authority Objectives and Outcomes

The Corporate Plan sets out how the Council's new vision, "Havering; making a Greater London", will be accomplished. The underlying objectives within the Council's vision that relate to children and young people with SEND, include, but are not limited to, working in partnership with Health and other key partners to deliver improved services that are 'person-centred' and provide better value for money.

Children's Services has an overarching vision to 'enable our children and families to lead happy, healthy lives'. To support this vision, advice and information will be available to help families make positive change and to find their own solutions. We will be open and transparent and through co-production and collaboration we will be doing 'with', not 'to', our children, young people and families. Services will be delivered more locally to fit the needs of the family, and those with additional needs will get the right support as we will listen to every child's voice. We will shape the school system to provide high quality education so that schools are more inclusive and they can support the aspirations of the most disadvantaged children.

Through this joined up approach, we will ensure that children and young people's needs are identified and met at the earliest opportunity, and that support provided is consistent and inclusive across all settings. As part of this, we will have an accurate and full picture of a child or young person's needs through, whether through a co-produced EHC Plan or through person-centred SEN support.

Parent involvement in their child's journey is essential to this strategy. Through the EHC Hub and Local Offer, children, young people and their families will be able to support their own SEND journeys. In order to make sure the website is accessible and has information that is useful, the Local Offer will be co-produced with parents and young people. With the new EHC Hub, families, children and young people are at the centre of the process and it enables collaboration and transparency with all professionals involved, delivering a more timely and high quality service.

Supporting young people with SEND to successfully transition into adulthood and being aspirational for their outcomes is also a key priority. A working protocol for preparation for adulthood in Havering sets out the clear vision for the borough and how this will be achieved. Each partner's roles and responsibilities have been developed into four pathways so the transition through to adulthood is better understood by children and young people, their families and the professionals to ensure a smoother pathway is taken for all involved.

Early intervention remains a priority in Havering. We are investing in early years support, working with early years providers to help and support children aged 0-5 in all settings. We have early years SENCOs and have established an inclusion fund to provide funding for top-up support and equipment where necessary.

## Health Objectives and Outcomes

Health will work with providers and partners to ensure that services being delivered will be caring, responsive, well led and delivered in sustainable environments. Services being reviewed will, as a primary aim, seek to be fully integrated including within the areas of information sharing and EHC Plan preparation.

In support of these aims, NELFT will support with the development of integrated information sharing that supports increased access to child and family health information required to develop EHC plans. This will ensure an improved system around sharing of relevant information with clear shared protocols and governance. Health partners' input into EHCPs will be consistent and outcomes-focused as agreed with families to ensure that the EHCP gives a full picture of a child or young person's needs. Staff will follow best practice in the provision of clarity and precision to EHC plans, in what services can be provided and how such services should be delivered for maximum clinical benefit.

Health will work to reduce the delays experienced by families in accessing services and will aim for all infants to receive the integrated two-and-a-half year check. The CCG and NELFT will work together to ensure all families have access to ante-natal visits and six-week health checks, as well as ensuring all children have access to the universal school nursing services and community nurses from 0-18.

The CCG and the DCO will work in conjunction with the Local Authority, the continuing care manager and NELFT in order to aid the development of the Children's Continuing Health Care and Personal Health Budgets policies.

## **Education Objectives and Outcomes**

Quality First Teaching remains our schools first response to the identification of SEND, but they also ensure that children receive high quality additional support and interventions matched to their needs. Schools take the views of children into account when planning and evaluating their SEND provision. Every student's views are considered, their efforts recognised, and their achievements celebrated.

Schools will ensure that all children have equal access to a broad, balanced curriculum, which is adapted to meet individual needs and abilities, and a range of activities available. This will be achieved by modifying activities or providing support that will help the pupil to participate in them.

Schools will continue to make sure their staff are well-equipped to support children and young people with SEND. School staff are encouraged to attend SEND courses appropriate to their needs and offer advice to other teachers throughout the school if required, and we will ensure that measures are put in place to demonstrate the effectiveness of this training.

Advanced planning for children in Year 5 is in place to allow a smooth transition to secondary school. The SENCOs will liaise to ensure that effective arrangements are in place to support children at the time of transfer.

The education of young people is a collaborative enterprise involving teachers, parents and the students themselves. Regular, meaningful and positive communication between teachers and parents is of fundamental importance. Parents are sufficiently informed that they can be fully involved with the measures that the school is taking to meet their child's special educational needs and disabilities. Schools continue to work to ensure that support delivered in schools for pupils without EHC Plans is of a high standard and fully meets the needs of the child, removing the preconception that EHC Plans are the only recourse to guarantee provision.

Schools are fully committed to the principle of inclusion and the good practice that makes it possible. All schools within Havering have their own SEND policy which enables pupils with SEND to be an integral part of the schools community, yet will work together to ensure there is a consistent approach to inclusivity. This will secure equal opportunities for pupils with SEND to succeed, regardless of their educational setting.

## **Joint Commitments**

Between the Local Authority, the CCG and health providers (NELFT), we have shared accountability for ensuring children and young people achieve positive outcomes. Key partners within the local authority are Children's and Adult's Social Care and Education Services. We also have a joint commitment with early year's settings, primary, secondary, special schools and colleges along with the Housing department and other providers.

Roles and joint accountability are clear and are focused on the needs of the child and young person. Information, decision making and funding will be transparent and integrated services will be delivered through working in partnership to achieve improved outcomes for children and young people.

Parents hold key information and have knowledge and experience to contribute to the shared view of a child's needs and the best ways of supporting them. In order to develop and maintain a high level of engagements with parents, all parents of children with SEND will be treated as partners and supported to play an active and valued role in their child's education. The improvement of co-production and engagement with parents is a high priority for the local area and we will work to make sure that their involvement in the design of services is meaningful.

Likewise, the local area is committed to jointly commission services and shape the market to provide the best possible care that meets the needs of children and young people. Parents will be fully involved in the commissioning of services, such as short breaks, to ensure services are able to meet the needs of Havering's children and young people with SEND.

Children and young people with SEND often have a unique knowledge of their own needs and circumstances, leading to their own views about what sort of help they would like to help them make the most of their education. They will be encouraged to participate in the decision-making processes, including the setting and evaluation of targets. We are committed to developing more person-centred ways of working to make it easier for our children and young people with SEND to express their views.

The Local Authority, Education and Health partners are responsible for improving the lived experience of the child and young person from initial assessment to completion of EHC plan and all annual reviews. This will be achieved through providing best practice training and development across the workforce and quality assuring all plans.

### Key actions

The Ofsted inspection report, published in May 2018 provided assurance that the SEND reforms are being implemented locally, in line with national expectations and that the local area has a broadly accurate view of strengths and weaknesses. There are a number of key policies, strategies and work programmes that are currently being, or will be, developed to ensure we achieve the objectives and commitments stated in this strategy and also meet the recommendations outlined by Ofsted earlier in 2018. These are highlighted in more detail within the action plan (**appendix 1**), including but are not limited to:

- Establishing a single data set of performance measures and outcomes – *the measures will be regularly reviewed and used to inform effectiveness of support and areas for further development.*
- Havering's High Needs Review and Strategy - *sets out how we will make all Havering provision the first choice for children, young people and their families, how we will ensure there is sufficient provision, appropriately resourced and that it can adapt to meet changing needs and demands.*
- Therapy Review - *Review and identify the Therapy services on offer to those children and young people with SEND, ensuring they are fit for purpose, properly resourced and identify any gaps.*
- Local Offer - *Continue to develop, maintain and keep the local offer up to date through the partnership work with a Local Offer Steering Group, which includes children, young people and their families to ensure it is responsive to their needs.*
- EHC Hub - *establish the EHC hub, an interactive web-based platform to make our EHC assessment and planning process more efficient and transparent, supporting inclusion of all partners including children/young people and parents.*
- Jointly Commissioned Services - *A single joint commissioning process which will inform the commissioning of services for those children and young people with SEND.*
- Developing new provision - *Commission a new free school which will meet the needs of children and young people in the borough.*
- Additional Resourced Provision - *Deliver a programme of new provision to see a better distribution across the borough and throughout both primary and secondary schools.*
- Review of EHC Processes – *Improve the quality of EHCPs from partners, ensuring that they paint an accurate picture and are produced in a timely way to ensure need is met at the earliest opportunity. Support the EHC Panel to become a more efficient, focussed and professional decision making forum that supports the ethos of the legislation introduced.*
- A SEND Executive Board - *comprised of partners across education, health and social care, it will manage and monitor implementation of SEND reforms, putting children and young people are the centre of planning.*

- Excellent transition into adulthood - *Provide an excellent transition to ensure that every young person with SEND (age 13 up to age 25) and their parents/ carers have a smooth and positive experience of transition along the four pathways into adulthood.*

The action plan will become a working document and will be updated regularly with progress reports being provided to the SEND Executive Board, overseen by the Health and Wellbeing Board.

## Timescales

The plan is for this strategy to be agreed at the Health and Wellbeing Board in September 2018, running throughout 2018-2021.

## Consultation

Consultation to form this strategy has been via key stakeholders from the local authority, the CCG, NELFT, schools and other education settings, through the SEND Executive Board and local SENCOs. Each of the key policies, strategies and work programmes that are currently being, or will be, developed (referred to above) will be subject to individual consultation processes.

## Implementation and monitoring

The strategy will be implemented in 2018, following agreement and sign off at the Havering Health and Wellbeing Board.

An action plan (**appendix 1**) for delivering the strategy, will be monitored to ensure effective implementation, at the SEND Executive Board. They will, in turn, provide updates and highlight areas of concern to the Health and Wellbeing Board when deemed appropriate.

## Evaluation and review

The strategy will be evaluated and reviewed following the completion of the action plan.

## Appendix 1: Outline Action Plan

Project/Action	Actions	Outcomes	Measure of Success	Timescale	Lead officer	Impact on other services and organisation
<b>High Needs Strategy and action plan</b>	<p>Consult with key providers on the High Needs Review</p> <p>Produce a High Needs Review document highlighting the outcomes of the Review</p> <p>Produce a High Needs Strategy highlighting the plan following the review</p> <p>Detailed action plan is outlined in the separate high needs strategy.</p>	<p>The High Needs Funding allocated to Havering will be used to provide the most appropriate support package for an individual with SEND in a range of settings and develop more efficient ways of working, providing better outcomes for children and young people.</p>	<p>A Strategy and action plan that will be understood and endorsed by the Havering partnership to deliver a range of local provisions to meet the needs of Havering children.</p>	<p>Submit review by 14<sup>th</sup> February 2018</p> <p>Strategy and action plan agreed by lead member March 2018</p>	Post 16 SEND Lead	<p>Consultation with partners (Adult Services, Health, Education, Children and Young people, Parents and Carers) is essential to make sure they are involved every step of the way.</p>
<b>Therapy Review</b>	<p>Consult with stakeholders</p> <p>Map what is currently provided and understand provision &amp; future</p> <p>Develop options appraisal and submit to CCG/LA</p> <p>Understand the revised offer to develop sensory approach / early intervention and feed into the review</p>	<p>Understand the issues that exist in the system and to determine what improvements could be for future services. There is now a need to understand how resources could be utilised and deployed more efficiently in order to reduce duplication. In addition to these arrangements,</p>	Options appraisal	End October 2018	Joint Commissioning Manager	<p>Consultation with Partners (CAD, Health commissioner and provider, Education, Children and Young people, Parents and Carers) is essential to make sure they are involved every step of the way.</p>
<b>Local Offer</b>	<p>Produce a Local Offer Action Plan.</p> <p>Regroup the Local Offer Steering Group.</p>	<p>The Local Offer information and advice enables children, young people and their families to support their own SEND journey.</p>	<p>The number of visitors to the Local Offer increases</p> <p>The number of calls into services for information is reduced.</p>	October 2018	Commissioning, Procurement and Quality Assurance Manager	<p>Officers from across the LA, as well as partners from Health and Education, parents, young people and providers will be involved in creating and maintaining the</p>

Project/Action	Actions	Outcomes	Measure of Success	Timescale	Lead officer	Impact on other services and organisation
	<p>Develop content across all sections.</p> <p>Develop process for Disability Children's Register</p>		<p>Positive feedback from parents, young people and other users.</p>			<p>information available on the local offer is kept up to date through the Local Offer Steering Group.</p>
<b>Jointly commissioned Services</b>	<p>To develop an outcome focused joint commissioning model for young people with complex and multiple needs.</p> <p>Integrated approaches to commissioning of therapies and mental health interventions,</p> <p>A single pathway for the provision of specialist equipment;</p> <p>An evidence-based sensory approach to treatment for NELFT specialist paediatric therapists.</p> <p>Increase the scale and scope of personalisation and the infrastructure that supports it.</p>	<p>Commissioning services to allow them to be more flexible and responsive to individual and family needs</p> <p>Joint assessment, more timely equipment provision, centralised reuse and purchasing, better value for money.</p> <p>Data is used effectively to identify gaps in services and ensure timely commissioning of services identified by local need.</p> <p>Unmet needs are identified and Joint Commissioning Unit responds to the changing needs of the communities.</p>	<p>Services are provided to those in need in a timely way.</p> <p>Pathways to support are established and seamless.</p> <p>Commissioning intentions are discussed and agreed through the Tri Borough joint commissioning board (children's)</p> <p>Strong data set to inform strategic commissioning.</p>		<p>JCU Manager</p> <p>NELFT LA CAD service</p>	<p>Officers from across the LA, as well as partners from Health and Education, parents, young people and providers will be involved in shaping and developing the offer and future services.</p> <p>Commitment and clear understanding from all partners regarding their specific roles and responsibilities.</p>
<b>Shape the market place</b>	<p>Increase the capacity of the market of care and short break providers.</p> <p>Develop business case for the development of local respite provision.</p>	<p>The number of providers able to support those with complex needs is increased and families and choice and control over how needs are met.</p>	<p>Increased numbers of providers in the market</p> <p>Commissioning of services is flexible and meets individual needs.</p>	July 2019	<p>Commissioning, Procurement and Quality Assurance Manager</p>	<p>Officers from across the LA, as well as partners from Health and Education, parents, young people and providers will be involved in shaping and developing the offer and future services</p>

Project/Action	Actions	Outcomes	Measure of Success	Timescale	Lead officer	Impact on other services and organisation
<b>Develop new Social Care provision</b>	<p>Utilise the developing Joint Commissioning structures to ensure new approaches to service delivery with full integration as part of the design brief</p> <p>To develop new social care overnight respite provision to support families with most complex needs in Havering</p>	<p>Services developed from inception to follow full integration best practice and to facilitate seamless service user access</p> <p>Greater choice of provider locally, high quality provision which supports families to stay together</p>	<p>Robust set of specifications demonstrating innovative solutions to joint commissioning opportunities with agreed baselines and success indicators</p> <p>Fewer family breakdown situations</p>	<p>Q1 onwards 2017/18</p> <p>1-2 years</p>	Commissioning, Procurement and Quality Assurance Manager / CCG Lead	Full involvement of partner organisations from inception
<b>Additional Resourced Provision (ARPs)</b>	To develop more ARPs in Havering. Target is to have at least 2 more primary and 2 more secondary ARPs specialising in ASD and SEMH.	<p>A wider range of local provisions to reduce the need to travel out of borough.</p> <p>High quality and responsive provisions that can support children with EHC plans and need for specialist provision to make the best progress in achieving their desired outcomes.</p>	<p>Reduction of spend on out of borough placements, Reduction on travel. Children being educated in their local community where possible alongside siblings.</p>	2 per year 18/19 19/20 20/21	Director of Education / Head of CAD services	
<b>New Free Special School for 60 children and young people with severe/ complex SEMH/ ASD</b>	<p>Continue with the selection process to choose provider in conjunction with DfE.</p> <p>Confirm site work with provider and DfE to establish new school.</p>	<p>A new special school giving specialist education and support for children and their families with ASD, SEMH and complex needs.</p> <p>Providing expertise in the borough to deliver excellent educational and therapeutic outcomes for our children.</p>	The school is popular with families and achieves outstanding results.	Working towards opening Sept 2019 but more detailed project plan will be developed	Director of Education / Head of CAD services	
<b>Employment opportunities</b>	Improve the opportunities for young people to experience the world of work and, where appropriate, move into paid	Establishing employment forum to bring together employment support.	Where outlined in their EHC and support plans, more people gaining and maintaining employment.	Plan in place May 2018		

Project/Action	Actions	Outcomes	Measure of Success	Timescale	Lead officer	Impact on other services and organisation
	<p>employment</p> <p>Support young people to learn new skills by providing them opportunities to participate in various local community events</p>	<p>Developing job coaches and supported internships with local schools and colleges.</p>				
<b>EHCP Process</b>	<p>Monitor the newly launched panel arrangements, hold formal review session at 12 months of operation and update guidance documents accordingly</p> <p>Review the structure and utilisation of the 'Complex Cases Panel' to ensure maximum efficacy.</p>	<p>The EHC panel is delivering an appropriate forum for timely multi-agency discussions, agreement and decision making, including dispute resolution.</p> <p>The Complex Cases Panel plays an expanded and fully integrated role within the collaborative working systems and includes Continuing Healthcare (CHC) within its remit.</p>	<p>EHC Panels is used appropriately and clear agreement is in place on commitments and expectations on the panel members.</p> <p>Input from the Panel is seamless and adds value within and expanded remit including CHC.</p>	<p>Review September 2018</p> <p>Q1 2017/18 onwards</p>	<p>Head of CAD services</p>	<p>More commitment from officers from Health, Education and Social Care to ensure panel is always represented by the key partners.</p> <p>An integrated part of best practice structures</p>
<b>Preparing for Adulthood</b>	<p>To provide excellent transition care in Havering to ensure that every Young Person with Special Educational Needs and Disabilities from school year 9 up to age 25 years and their parents/carers have a smooth and positive transition along the four pathways to adulthood (Good health, employment, independent living and housing and friend, community and relationships).</p>	<p>Young people are supported to plan for what they want to achieve.</p> <p>Young people are able to access the same opportunities as other young people.</p> <p>Young people are able to access support to find a job, make new friends, and stay living with their family.</p> <p>Parents and carers are listened</p>	<p>Every young person with special educational needs and disabilities, moving from Children's into Adult Services, will receive services and support according to need and eligibility, taking into account the impact of his/her needs on wellbeing and on the wellbeing of parents and/ or carers.</p>	<p>Review March 2019</p>	<p>Head of CAD services / Head of Adults Social Care</p>	<p>Engagement and commitment from all agencies and stakeholders i.e.: Adult Social care, health, CAMHS, Commissioning etc.</p>

Project/Action	Actions	Outcomes	Measure of Success	Timescale	Lead officer	Impact on other services and organisation
	<i>Develop the business case to further develop housing options for young people in transition, this will include supported living.</i>	<i>to and fully involved.</i>	<i>The transition process is coordinated, systematic and consistent with close partnership working between all professionals and agencies.</i>			
<b>Processes / Pathways</b>	<i>To strengthen the current Preparing for Adulthood processes and pathways within Children and Adults with Disabilities Service and continue to develop a multiagency approach to transition in line with Care Act 2014 and Children and Families Act 2014 requirements.</i>	<i>Havering transition processes are working well for all children not just for some and intervention happens at an early enough stage.</i>  <i>Young People and their families are well supported, informed and fully involved to make their own choices.</i>	<i>Evidence of early engagement with young people and their families and positive user experience feedback received.</i>  <i>Increase in number of young people accessing universal services.</i>  <i>Increase in number of young people in employment and local further education and Increased take up of personal budgets.</i>	<i>July 2018 and ongoing</i>	<i>Head of CAD services / Head of Adults Social Care</i>	<i>Commitment and clear understanding from all partners regarding their specific roles and responsibilities.</i>
<b>Workforce</b>	<i>To ensure the workforce across schools, local authority, health and service providers have a clear understanding of the preparing for adulthood pathways.</i>	<i>Remits and roles are understood by everyone working with young people on the four pathways to adulthood.</i>	<i>Reduced instances of duplication and evidence of a targeted approach that promotes independence.</i>	<i>July 2018 and ongoing</i>	<i>Head of CAD services / Head of Adults Social Care</i>	<i>Commitment and clear understanding from all partners regarding their specific roles and responsibilities.</i>
<b>Person centred planning and approaches:</b>	<i>To ensure young people are at the centre of the transition planning process, giving them choice and control over their own future.</i>	<i>That young people and their Parents' are aware of the pathways to independence and that planning begins from year 9.</i>	<i>Develop local Post 16 and Post 19 options for education and life skills.</i>	<i>July 2018 and ongoing</i>	<i>Head of CAD services / Head of Adults Social Care</i>	<i>Commitment and clear understanding from all partners regarding their specific roles and responsibilities.</i>

Project/Action	Actions	Outcomes	Measure of Success	Timescale	Lead officer	Impact on other services and organisation
<b>Health, Education, CAMHS and Adult Social Care:</b>	<i>Health, education, CAMHS and adult social care colleagues are key partners in the transition process.</i>	<i>Health, education and adult social care contribute to planning and decision making to support the transition of young people into adulthood.</i>	<i>Statutory reviews in schools from Year 9 are used to develop independence and families/ CYP participation. Adult Social care is able to plan services so that they can respond appropriately to the support needs of young people with disabilities.</i>	<i>July 2018 and ongoing</i>	<i>Head of CAD services / Head of Adults Social Care</i>	<i>Commitment and clear understanding from all partners regarding their specific roles and responsibilities.</i>
<b>Communication</b>	<i>Co-produce key documents and policies such as Home to school transport, short breaks, personal budgets and a communications plan.</i>  <i>Work in conjunction with the local authority communications team, schools and health (CCG and NELFT) to provide information we want our children/ young people and their families to be aware of.</i>  <i>Organise an engagement event to showcase the work being completed.</i>	<i>Children, young people and their parents/carers are kept informed of any improvement</i>		<i>September 2018</i>  <i>Ongoing</i>  <i>May 2019</i>	<i>Programme Manager</i>	
<b>Best Practice / Quality Assurance</b>	<i>Local authority, schools and settings to exploit best practice when devising interventions.</i>  <i>Share experiences of best practice and encourage schools</i>	<i>The Local Authority, Education and Health partners will work in a more integrated way and take shared responsibility for improving the provision in Havering.</i>	<i>Assessment is effective, provision is meeting need and young people achieve better outcomes.</i>	<i>Ongoing</i>  <i>Ongoing</i>	<i>Programme Manager</i>  <i>SEND Executive Board</i>  <i>SEND Executive Board</i>	

Project/Action	Actions	Outcomes	Measure of Success	Timescale	Lead officer	Impact on other services and organisation
	<p><i>and LA to adopt them.</i></p> <p><i>Ensure children and young people with SEND and those who are vulnerable are included in LA's revised PREVENT strategy.</i></p>			<i>Late 2018</i>	<i>Prevent and Hate Crime Co-ordinator</i>	
<b>Health</b>	<i>CCG to commission NELFT to deliver services within Havering.</i>	<i>CCG will work in conjunction with NELFT, tertiary centres, voluntary sector, police and the LA.</i>	<i>To ensure that the health needs of the local population are being met and the CCG is transparent with processes and protocols in regards to joint commissioning.</i>	<i>On-going</i>	<i>CCG Lead / NELFT Lead</i>	<i>Commitment of the CCG to work in conjunction with the local authorities, NELFT, tertiary centres, police and voluntary sector.</i>



## HEALTH & WELLBEING BOARD

**Subject Heading:**

Cancer

**Board Lead:**

Mark Ansell, Acting Director of Public Health

**Report Author and contact details:**

Elaine Greenway, Consultant in Public Health

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

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

### SUMMARY

The Health and Wellbeing Board is receiving presentations on the topic of cancer which is a health and wellbeing strategy priority.

### RECOMMENDATIONS

Health and wellbeing board members are asked to note the contents of the presentations and request clarification on any aspect of the information presented.

### REPORT DETAIL



Presentations are being received on the following (and as attached)

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

**IMPLICATIONS AND RISKS**

None

**BACKGROUND PAPERS**

None



**Havering**  
LONDON BOROUGH

# Cancer in Havering

# The national challenge

4 out of 10 avoidable deaths in England are a result of cancer (ONS).



One in two people will develop cancer at some point in their lives (CRUK).



At the end of 2015 around 1.8 million people were living up to 21 years after a cancer diagnosis in **England**, This could rise to an estimated 2.9 million by 2030) (Macmillan).

**Locally this means:** At the end of 2015, around 8,225 people in NHS Havering CCG were living up to 21 years after a cancer diagnosis. This could rise to an estimated 13,270 by 2030.

## The national picture

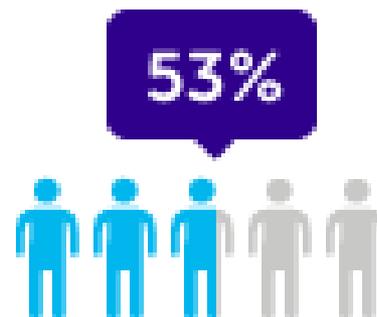


In 2016, approximately **three** out of **ten** of all deaths were attributed to cancer.

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### Most common cancers

In 2015 more than half of new cases of cancer are **breast**, **prostate**, **lung** and **bowel** cancer.



# Cancer Statistics

Cancer type	Incidence rate per 100,000 (2014)		One year survival		Death, DSR per 100,000, 2014		Survival for 10 or more years, 2010-11, E & W	Preventable cases, 2015, UK
	Havering	England	Havering	England	Havering	England		
<b>Breast</b>	149.6	173.4	95.9%	96.3%	42.5 (N=59)	34.5	78%	23%
<b>Lung</b>	76.6	78.3	36.5%	35.5%	53.7 (N=127)	59.0	5%	79%
<b>Prostate</b>	153.5	177.6	N/A	N/A	44.1 (N=42)	48.2	84%	Not known*
<b>Bowel</b>	74.0	70.4	77.6%	76.7%	24.1 (N=60)	27.8	57%	54%

*\*Preventable cases of prostate cancer are not known as it is not clearly linked to any preventable risk factors*

- Lung cancer has the highest mortality rate, but is the most preventable
- High incidence of prostate and breast cancers - both have relatively high survival rate

Cancer type	Incidence in LBH* per 100,000 (Male)	Incidence in LBH* per 100,000 (Female)	Diagnosis
<b>Breast</b>	-----	Havering (160) Lower than England (169)	Through signs and symptoms National screening programme
<b>Bowel</b>	Havering (79) Lower than England (89)	Havering (60) Lower than England (58)	Through signs and symptoms National screening programme
<b>Prostate</b>	Havering (190) Higher than England (181)	-----	Through signs and symptoms
<b>Lung</b>	Havering (93) Similar to England (94)	Havering (65) Similar to England	Through signs and symptoms

**\*Age standardised incidence rates against England values (per 100, 000) 2011/2015**

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## Adults (15-99) diagnosed in 2015 and followed up to 2016

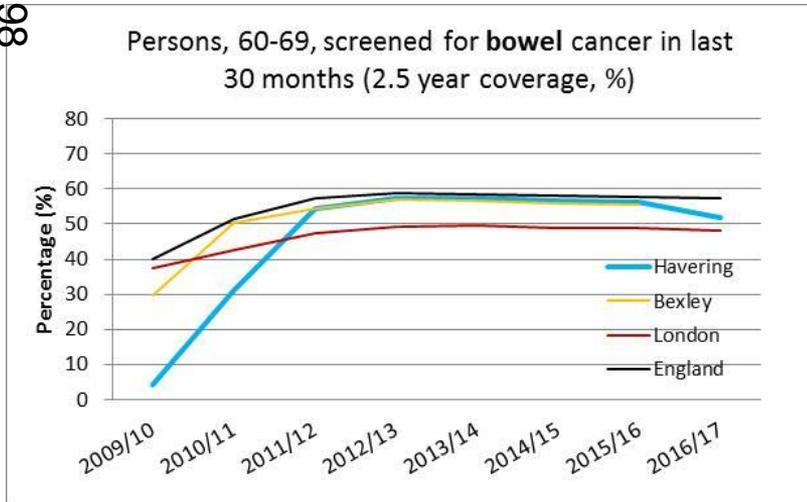
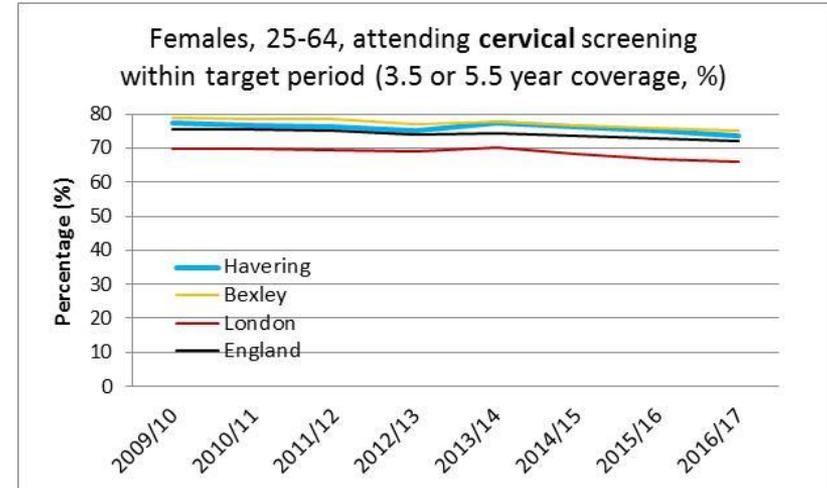
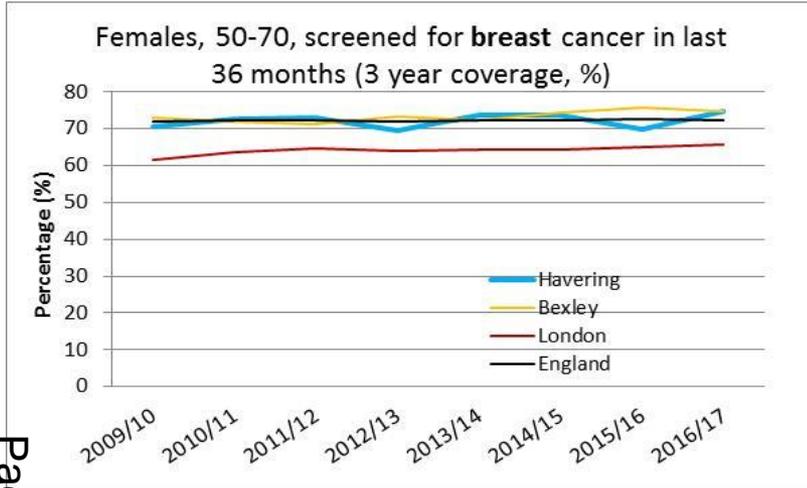
	Havering	England
<b>All</b>	71.3%	72.3%
<b>Breast</b>	96.3%	96.7%
<b>Bowel</b>	78.6%	80.4%
<b>Lung</b>	40.2%	40.7%

Source: <https://lci.macmillan.org.uk/England/08f/survival>

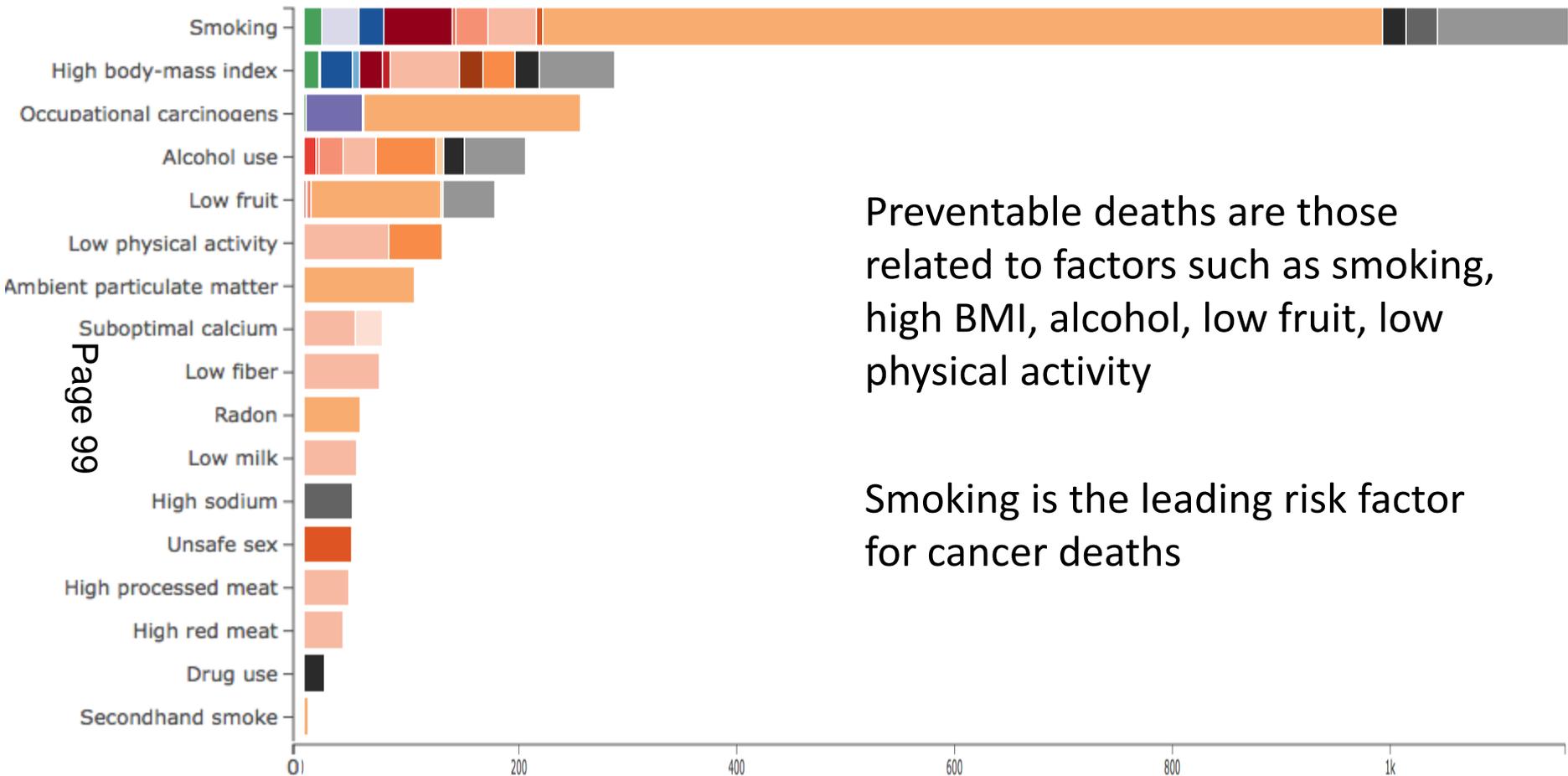
	Haverin g	Bexle y	Londo n	England
Emergency presentation (per 100,000) – 2016/17	102	88	63	88
Two weeks waiting referral for cancer (per 100,000) – 2016/17	3237	3874	2774	3164
Emergency admission with cancer (per 100,000) – 2016/17	597	470	395	543
Benefit Claimants, cancer patients (%), February 2018	1.52	1.27	1.23	1.18

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# Screening



Rates of screening for these three cancers is almost the same for Havering, Bexley and England but significantly higher than London. Bowel cancer screening programme started late in Havering, which explains the low value in 2009/10.



Preventable deaths are those related to factors such as smoking, high BMI, alcohol, low fruit, low physical activity

Smoking is the leading risk factor for cancer deaths

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## Health Champion Programme

- A community programme, commissioned by LBH, currently in its 4<sup>th</sup> year
- There are 502 qualified community health champions, including elected members, health care assistances, library staff, community volunteers, education staff
- 18 higher trained Campaign Volunteers
- All RSPH trained, with additional training in nutrition, physical activity, diabetes awareness, drug and alcohol awareness, mental health awareness, cancer awareness
- The health champion programme supports a range of health priorities, including *Be Clear on Cancer* campaigns. Over the past year, campaigns have included:
  - Bowel cancer
  - Lung/respiratory
  - Breast cancer
  - Blood in pee

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**What is happening locally**

**&**

**Future actions – BHR Cancer Transformation Group**

**Katherine Kavanagh**

**Cancer Commissioning Manager - BHR & West Essex**

# What is happening locally?

- **Cancer education Strategy**
  - Increase awareness of common and vague signs and symptoms of cancer and introducing diagnostic toolkits
  - Encouraging practices to complete SEAs to understand patients who are diagnosed via A&E and implement safety-netting processes
- **Community based care**
  - Havering Community Oncology Team, Providing support for cancer patients in their own homes, reducing readmissions
  - Commissioning a local Lymphoedema Service for BHR patients
- **Cancer Local Incentive Scheme**
  - Practices to improve the quality of Cancer Care Reviews (CCRs) by using a nationally standardised tool such as the Macmillan CCR template
  - Completion of two mandatory modules of the Macmillan General Practice Cancer Care Toolkit
- **Cancer Research UK (CRUK) Facilitator supporting:-**
  - Visiting practices and sharing individual Practice Profile data with GPs
  - Deliver training on NICE Guidance for suspected cancer: update and resources
  - Talk Cancer training for community healthcare professionals and community champions
- **Roll out of the Recovery Package**
  - Holistic Needs Assessments (HNA), Treatment Summaries and Health and Wellbeing events
  - Stratified pathways of care for breast, prostate and colorectal patients

# Future actions – BHR Cancer Transformation Group

- NHSE Transformation funding release to meet waiting times and improve care
- Improved diagnostic pathways to commence treatment earlier to improve survival – e.g. national lung optimal pathway
- Work with community and faith groups in order to engage with hard to reach groups
- Development of a Multiple Diagnostic Centre in ONEL
- Work with LA to develop a strategy for health and screening messages for those with learning disabilities
- Use ‘health champions’ to promote health lifestyles and to encourage individuals to ‘think cancer’
- Continue to work with Macmillan and Cancer Research UK to access resources and funding for innovative projects to improve patient care and survival

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Department  
for Work &  
Pensions

# Access to Work



## An Introduction to Access to Work

Access to Work is a programme that aims to help people who have a disability or long-term health condition start or stay in work. There are two main types of Access to Work provision: 'Assessments' and 'Elements'. Assessments involve exploring workplace-related barriers to employment and making recommendations on how these can be overcome. Elements are intended to supplement the reasonable adjustments that employers are required to make under the Equality Act 2010 and can include, for example:

- 'Communication Support for Interviews'
- 'Special Aids and Equipment'
- 'Adaptations to Premises'
- 'Adaptations to Vehicles'
- 'Travel to Work' (help with the costs of travelling to work)
- 'Travel in Work' (help with the costs of work-related travel)
- 'Support Worker'
- 'Mental Health Support Service'
- 'Miscellaneous'

In some but not all cases an Assessment is required to find out whether a customer is eligible to receive an Element.

# Access to Work Statistics

## Main stories

### All provision

Access to Work provision was approved for

**15,020 people**  
in  
2016/17.

### Assessments

Assessments were approved for

**12,940 people**  
in  
2016/17.

### Elements

Elements were approved for

**23,630 people**  
in  
2016/17.

# Access to Work Elements Recent Statistics

The number of people who had any Access to Work Elements of each type approved

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	2015/16	2016/17
Adaptation to Premises	20	50
Adaptation to Vehicles	130	120
Communication	250	260
Support for Interviews		
Miscellaneous	60	40
Travel in Work	430	390
Special Aids and Equipment	11,120	12,450
Support Worker	7,400	8,450
Travel to Work	5,750	5,750
Mental Health Support Service	1,280	1,780

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# Access to Work

- Access to Work was introduced in June 1994
- Is a National Programme delivered by Department for Work and Pensions

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To help overcome barriers that disabled people come across when moving onto or retaining employment.

- Provides a grant to cover additional costs over and above the requirements of making “reasonable adjustments” which an employer is legally obliged to provide under the “Equality Act 2010”
- A flexible programme that focuses on the needs of the individual.

# What is a Reasonable Adjustment?

## Summary

Where someone meets the definition of a disabled person in the Equality Act 2010 (the Act) employers are required to make reasonable adjustments to any elements of the job which place a disabled person at a substantial disadvantage compared to non-disabled people.

Employers are only required to make adjustments that are reasonable. Factors such as the cost and practicability of making an adjustment and the resources available to the employer may be relevant in deciding what is reasonable

# 3 Requirements of Employers Duty to make Reasonable Adjustments

There are 3 main considerations when determining what reasonable adjustments could be put in place for an employee

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- Changes to the ways in which things are done in the organisation
- Changes to overcome the barriers created by the physical features of the workplace
- To provide extra / auxiliary equipment

# Requirements of Employers Duty to make Reasonable Adjustments

- [changing the recruitment process](#) so a candidate can be considered for a job
- doing things another way, such as allowing someone with social anxiety disorder to have their own desk instead of hot-desking
- making physical changes to the workplace, like installing a ramp for a wheelchair user or an audio-visual fire alarm for a deaf person
- letting a disabled person work somewhere else, such as on the ground floor for a wheelchair user
- changing their equipment, for instance providing a special keyboard if they have arthritis
- allowing employees who become disabled to make a phased return to work, including flexible hours or part-time working
- offering employees training opportunities, recreation and refreshment facilities

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# Benefits of Access to Work

- Encourages greater independence
- Promotes work as being the best route to inclusion for disabled people
- Enables disabled people to work on a more equal basis with non disabled colleagues
- Encourages employers to recruit and retain disabled people by offering practical help.
- Provides advice to disabled people and their employers

# Eligibility Criteria - Types Of Help

- Have a disability or health condition that has a long term, adverse affect on their ability to carry out their job
- Be over 16 years old
- Be in, or about to start, paid employment (including self employment)
- Live and work in England, Scotland or Wales
- Not be claiming Incapacity Benefit or ESA once they are in work (with the exception of higher permitted work)

# To get help from Access to Work you must:

- have a disability or health condition (physical or mental) that makes it hard for you to do parts of your job or get to and from work
- be 16 or over
- live in England, Scotland or Wales - there's a different system in Northern Ireland

You also need to have a paid job, or be about to start or return to one. A paid job could include:

- self-employment
- an apprenticeship
- a work trial or work experience
- an internship

You can't get a grant for voluntary work.

Your job must be based in England, Scotland or Wales.

You can't get Access to Work if you live in the Channel Islands or the Isle of Man.

# If you get other benefits:

Certain benefits may affect whether you can get an Access to Work grant.

Universal Credit, Jobseeker's Allowance or Income Support

You can still get help from Access to Work if you work more than one hour a week.

Employment and Support Allowance:

You can only get help from Access to Work if you're doing 'permitted work'. It's permitted work if all of the following apply:

- you earn up to £120 a week
- you work less than 16 hours a week
- it's been agreed with your work coach

# Types Of Help

There are seven main elements within Access to Work:

- Special Aids and Equipment (SAE)
- Adaptations to Premises and equipment (APE)
- Travel to Work (TtW)
- Travel in Work (TiW)
- Support Worker (SW)
- Communication Support at Interview (CSI)
- Mental Health Support Service (MHSS)

# Mental Health Support Service

Support is available for people with mental health conditions who are either:

- Going into work
- Absent from work as a result of a mental health condition
- Finding work difficult as a result of a mental health condition

The support available from Access to Work includes:

- An assessment of needs
- A personalised six month support plan, with detailed steps designed to keep a person in, or help them to return to work
- Signposting to relevant intervention and support services

This service is provided for Access to Work by Remploy

# Examples of Mental Health Support

## Coping strategies

This could cover a range of strategies and will depend on the individual's job role, their condition and how this impacts their work. For example:

- Keeping a mood diary
- Using memory aids such as Mind Maps, checklists
- Relaxation techniques when under pressure
- Developing a Wellbeing Recovery Action Plan
- Cognitive Behavioural techniques

## Reasonable adjustments

- Development of Flexible working, phased return, etc.
- Putting in place a buddy or mentor
- Temporary reduction in targets or reallocation
- Additional time to complete certain aspects of job role
- Regular formalised 121 meetings to review concerns

# Access to Work Grants -Cost Sharing Financial Support

The level of grant will depend on:

- Whether the applicant is employed or self employed
- How long they have been in their job
- The type of help required
- The size of company they work for

Access to Work provides the grant with which to procure the support that is needed, it does not provide the support itself.

# How to Apply - Contact Details

- Disabled employee makes the application
- Telephone applications - Alternative arrangements can be made.
- The Customer Service Team will take basic details
- A stencil will be sent to an adviser who will call the customer and undertake an eligibility check and appraisal of need.
- Once the appraisal has been undertaken this will help the adviser make an informed decision to award support or identify if a further workplace holistic assessment is required before being able to identify what support is required ( this will mainly be for specialist aids)

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### Cancer Referral Programme

Have you had a diagnosis of cancer in the last five years? Havering Council, working with YMCA Romford, is offering a free 12 week wellbeing programme for patients aged 16 or over, who are Havering residents, registered with a GP.

The course will be led by specialist cancer rehabilitation instructors. A variety of activities will be offered to help you become active both during and after treatment. Activities will be tailored to each individual, accommodating all levels of fitness and ability.

#### The Benefits

There are many benefits to becoming more active before, during and after cancer treatment, including:

- Reduces tiredness
- Relieves pain and improves flexibility
- Improves mood and quality of life
- Improves bone health and reduces the risk of osteoporosis
- Helps to achieve and maintain a healthy weight

There are many ways to achieve these benefits, including:

- Walking
  - Everyday activities at home
- Gym sessions
- Pilates/yoga classes

For further information please contact Viki Bainsfair on **01708 770416** or via email at [vikibainsfair@ymcatg.org](mailto:vikibainsfair@ymcatg.org).

[Click here](#) to download a consent form.



### Quick links

- KIDS CLUB >>
- FITNESS TIMETABLE >>
- BOOK CLASS ONLINE >>
- CHALLENGE EVENTS >>

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