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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD
AGENDA

1.00 pm	Wednesday, 23 June 2021	Council Chamber, Town Hall

Members: 16, Quorum: 6

BOARD MEMBERS:

Elected Members:	Cllr Robert Benham Cllr Jason Frost (Chairman) Cllr Damian White Cllr Nisha Patel
Officers of the Council:	Andrew Blake-Herbert, Chief Executive Barbara Nicholls, Director of Adult Services Mark Ansell, Interim Director of Public Health
Havering Clinical Commissioning Group:	Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG) Ceri Jacob, BHR CCG
Other Organisations:	Anne-Marie Dean, Healthwatch Havering Jacqui Van Rossum, NELFT Mehboob Khan, BHRUT

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

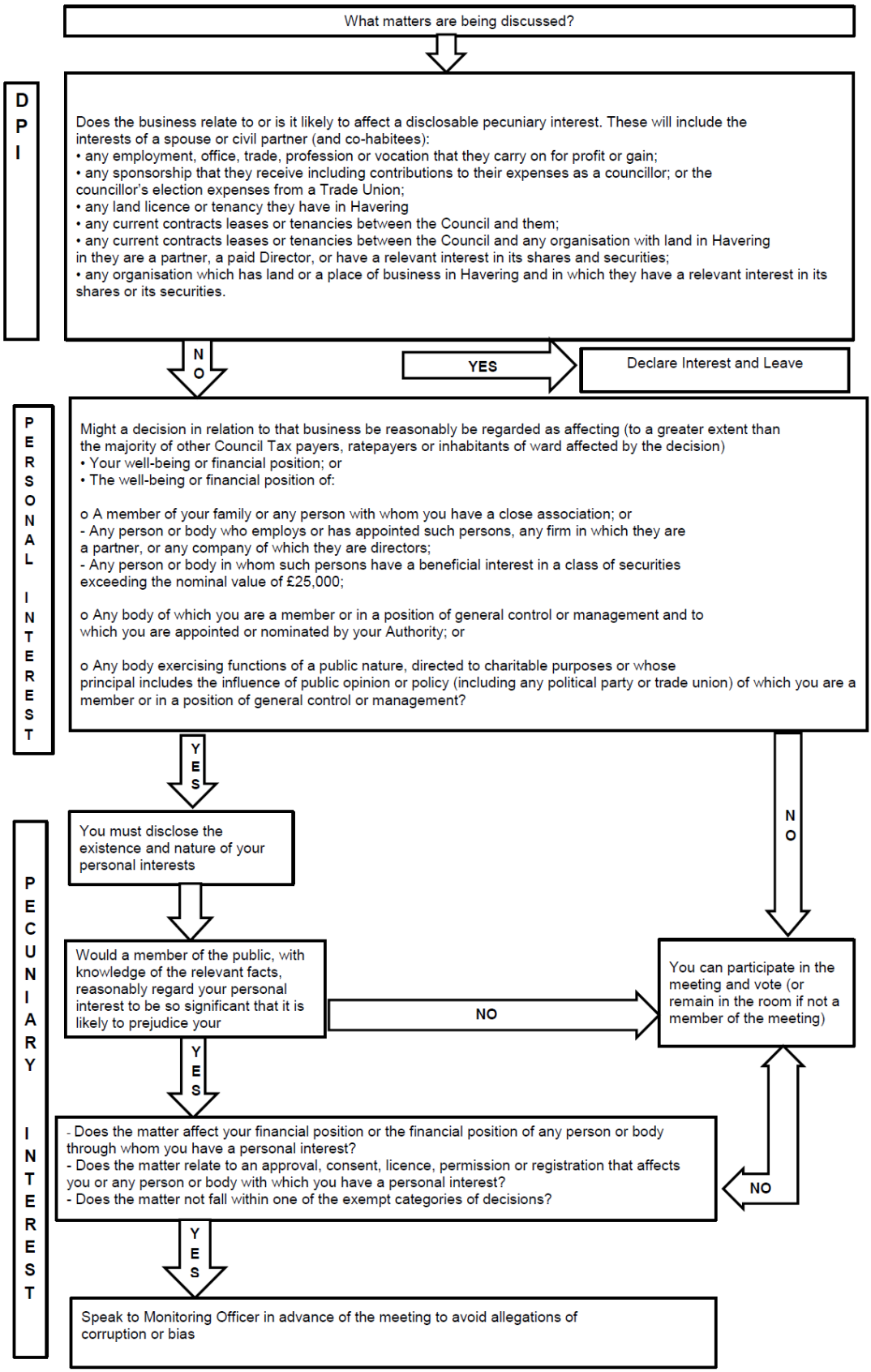
Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities 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

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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

2 APOLOGIES FOR ABSENCE

(If any) – receive

3 DISCLOSURE OF INTERESTS

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

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

4 MINUTES (Pages 1 - 4)

To approve as a correct record the minutes of the Committee held on 28th April 2021 and to authorise the Chairman to sign them.

5 MATTERS ARISING

To consider the Board's Action Log

6 BHR JSNA 2021 DEVELOPMENT (Pages 5 - 10)

Report attached

7 HAVERING BOROUGH PARTNERSHIP ROAD MAP (Pages 11 - 44)

Report and appendix attached

8 UPDATED TERMS OF REFERENCE (Pages 45 - 54)

Report and appendix attached

9 WORK PROGRAMME 2021-22 (Pages 55 - 58)

Report and appendix attached

10 LONDON AMBULANCE SERVICE LETTER (Pages 59 - 62)

Letter attached

11 DATE OF NEXT MEETING

To be set out at the meeting.

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MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Virtual Meeting
28 April 2021 (1.05 - 2.15 pm)

Present:

Elected Members: Councillors Jason Frost (Chairman)

Officers of the Council: Andrew Blake-Herbert (Chief Executive), Barbara Nicholls (Director of Adult Services) and Mark Ansell (Interim Director of Public Health)

Havering Clinical Commissioning Group: Dr Atul Aggarwal (Chair, Havering Clinical Commissioning Group (CCG))

Healthwatch: Anne-Marie Dean (Healthwatch Havering) and Fiona Peskett (BHRUT)

56 **CHAIRMAN'S ANNOUNCEMENTS**

The chair reminded members of the process they should take if they lost connection to the call.

57 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Paul Walker

Councillors Damian White, Robert Benham absent from the meeting and Nisha Patel were

58 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

59 **MINUTES**

The minutes of the meeting of the Board held on 31st March 2021 were agreed as a correct record and, due to COVID-19, will be signed by the Chairman at a later date.

60 **REVISED HAVERING OUTBREAK MANAGEMENT PLAN**

The Board was presented with the Council's revised Outbreak Management Plan.

Members noted that the original version was published in June 2020 and the second version was presented in March 2021. It was explained that the revised version had taken into account new policy and feedback from Test

and Trace (Quality Assurance Framework). It was noted that capacity for asymptomatic had been increased by the introduction of click & collect and home delivery systems. Members were reminded of the historical contact tracing procedures, and were informed of a new opportunity to include backward contact tracing (identifying the source of transmission) as part of the enhanced contact tracing response.

Members were informed that confirmatory PCR testing had been re-introduced to monitor emerging variants and to mitigate against the risk of false positives during periods of low virus prevalence. The Board was also briefed on the surge testing response plan. There was general consensus that data sharing systems with the Borough's Primary Care Networks (PCNs) would improve the effectiveness of outbreak and population health management. The Director of Public Health made a commitment to involve PCNs in the event that surge testing was necessitated in the borough.

The Board **agreed** the second version of the Outbreak Management Plan.

61 **EPIDEMIOLOGY UPDATE**

The Board was updated by the Director of Public Health on the Borough's COVID-19 situation.

The Board noted that nearly 60% of the eligible population had now received their first COVID-19 vaccination dose, reducing the incidence of community transmission, hospitalisation and death in the borough. Members queried as to whether there were any systems in place to monitor and manage the effects of long Covid. Members were informed of the BHR Long Covid Clinic, and noted that Covid specific sharing information agreements were being arranged in BHR.

62 **COMMS STRATEGY UPDATE**

The Board were updated on the Council's latest COVID-19 Communications Strategy.

Members noted several deployed assets including leaflets posted to Havering residents, digital mobile displays, branded communications e.g., face masks, and paid advertisements.

Board members noted the ongoing #DoingMyBit campaign which won the Public Sector Communications Award for 'Best Data-Driven Campaign'. The campaign was praised for its organic engagement with non-English speaking residents, with a volunteer call-out attracting over 300 new volunteers within a fortnight. Members were pleased to note that the campaign had been endorsed by West Ham United Football Club and Dr Aggarwal, Chair of Havering's CCG. Members noted that as part of the campaign, over 90 #DoingMyBit billboards were displayed across Havering and over 1,600 face-to-face visits had been conducted with local businesses.

Chairman

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HEALTH & WELLBEING BOARD

Subject Heading:	BHR JSNA 2021 Development
Board Lead:	Mark Ansell
Report Author and contact details:	Anthony Wakhisi Anthony.wakhisi@havering.go.uk

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

☐	The wider determinants of health • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
☐	Lifestyles and behaviours • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
☐	The communities and places we live in • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
☐	Local health and social care services • Development of integrated health, housing and social care services at locality level.
	BHR Integrated Care Partnership Board Transformation Board • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board

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SUMMARY

This report offers the board an overview of the current status of development of the BHR 2021 Joint Strategic Needs Assessment (JSNA) being carried out jointly by the Havering, Barking and Dagenham and Redbridge Public Health teams.

This is the second iteration of the BHR JSNA document following a successful collaborative approach taken by the three local authorities last year, which culminated in the production of a modern, easy to use and detailed JSNA that is complemented with an online tool to facilitate both the interrogation and further exploration of useful data, reports, and maps by interested stakeholders.

The current aim is to finalise the scoping of the BHR JSNA 2021 in the next eight weeks with the intention of updating literature and collating relevant data by September 2021 and to draft the final document by November 2021. According to this timetable, the 2021 JSNA will be presented to the ICP Board and respective Health and Wellbeing Board for approval in December 2021 and if approved publish it shortly after.

RECOMMENDATIONS

The HWB to note and feedback considerations on the current development framework and provide directions if required.

REPORT DETAIL

1 Introduction and Background

1.1 The Health and Social Care Act 2012 amends the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

1.2 In the Act, the Government sets out a vision for the leadership and delivery of public services, where decisions about services should be made as locally as possible, involving people who use them and the wider local community. The Act supports the principle of local clinical leadership and democratically elected leaders working together to deliver the best health and care services based on the best evidence of local needs.

1.3 Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole.

1.4 JSNAs are assessments of the current and future health and social care needs of the local community. Such needs could be met by the local authority, CCGs, or the NHS CB10. JSNAs are produced by health and wellbeing boards and are unique to each local area.

1.5 In 2019 the Directors of Public Health in Havering, Barking and Dagenham and Redbridge led on the project of delivering a Joint Strategic Needs Assessment for

the BHR area where each Local Authority delivered in 2020 a unique JSNA to their areas that at the same time gave full regards to the other areas, offering a comparative approach and delivering a JSNA that is both local to the individual areas and to the BHR area at large.

1.6 The published JSNAs incorporated, and were complemented by, an online tool called Local Insight that allowed detailed interrogation of data referred to in the JSNA along with a package of analytical reports that can be downloaded by the public and made use of.

2. Delivery of BHR JSNA 2021

2.1 The successful collaborative approach taken by the three local authorities last year, which culminated in the production of a modern, easy to use and detailed JSNA at BHR level, endorses a continuation of such work and the production of a BHR JSNA in 2021 that is complemented with an online tool to facilitate both the interrogation and further exploration of useful data, reports, and maps by interested stakeholders.

2.2 Although partially hindered by the refocusing of resources to meet the challenges posed by the pandemic, the delivery of the 2021 BHR JSNA is progressing well, with a revision of the latest JSNA and an initial scoping of this year one almost complete, and the Local Insight online platform already procured for, available online and made available for the public to make use of it for at least a further year.

2.3 The next stage of the delivery of this BHR JSNA 2021 will concentrate on the introduction of a new assessment of needs relating to public health protection where impacts of unforeseen circumstances such as the Covid-19 pandemic will be addressed and assessed at a local level.

2.4 The delivery and maintenance of the online tool is considered crucial, as going digital is very important to reach to wider audiences including commissioners, commercial entities, professionals and other stakeholders.

BHR JSNA 2021 iteration of the Local Insight tool will include a larger set of data and will attempt to give regards to newer geographies such as ones that could mirror primary care networks (PCNs).The current work is now exploring such considerations which would offer an alternative to the traditional views that are often based on borough boundaries and wards.

2.5 The BHR JSNA steering group will engage with Locality / PCN and transformation teams to ensure the 2021 JSNA includes key intelligence required where data is available.

2.6 The current aim is to finalise the scoping of the BHR JSNA 2021 in the next eight weeks with the intention of updating literature and collating relevant data by September 2021 and to draft the final document by November 2021. According to this timetable, the 2021 JSNA will be presented to the ICP Board and respective Health and Wellbeing Board for approval in December 2021 and if approved publish it shortly after..

3 Challenges

3.1 BHR intelligence teams do not have access to primary care data. This is an impasse that prevents the teams from offering an individual patient level analysis in support

of service delivery and the overall locality/PCN population health agenda. We will continue to pursue this with colleagues at the CCG.

3.2 Public Health Intelligence teams' capacity is limited due to COVID-19 surveillance responsibilities and the BHR JSNA delivery is an additional task alongside other mandatory intelligence products. Therefore, suggested timelines have taken this into consideration, and it is hoped the final JSNA report will be delivered and published by end of January 2022.

4. Delivery Plan

4.1 Timelines May 2021 – January 2022

	Completed
	Completion date / In progress
	Not delivered

Activity	Responsible	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022
BHR PHI Leads to meet and agree on a project plan	PHI Leads									
BHR steering group to engage with Localities / PCNs and transformation teams to identify intelligence needs	BHR steering group									
BHR PHI Leads to meet, allocate and commence data update (reports and local insight)	PHI Leads									
BHR PH consultants / service leads to review commentary and align with data updates	PH Consultants									
Revised drafts to be reviewed by Tri-borough DPHs	BHR DPHs									
Address comments and present / submit final draft to ICPB	PHI Leads									
Presentation at ICPB & HWBs	BHR DPHs									
Publication of BHR JSNA profiles	PHI Leads									

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IMPLICATIONS AND RISKS
JSNA is a statutory requirement and failing to deliver it would result in breaches in local Public Health authorities' duties, including the respective Health and Wellbeing boards.

BACKGROUND PAPERS
Link to most recent BHR JSNA profiles: https://bhrjsna.communityinsight.org/custom_pages?view_page=43 Link to BHR online insight tool: https://bhrjsna.communityinsight.org/map/

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HEALTH & WELLBEING BOARD

Subject Heading:	Havering Borough Partnership roadmap
Board Lead:	Barbara Nicholls/ Mark Ansell
Report Author and contact details:	John Green john.green@havering.gov.uk 01708 433018

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

☒	The wider determinants of health • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
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SUMMARY
The draft roadmap to a fully functioning Borough partnership as part of an Integrated Care System
RECOMMENDATIONS
For Board to note progress
REPORT DETAIL
Attached presentation is the roadmap drafted so far
IMPLICATIONS AND RISKS
This is the means by which some of the HWB agenda is to be delivered, although as a separate non-decision making entity. Risks include matching the scale of the agenda to the resources available to deliver it. The intrinsic demands of partnership working might be compromised because of the nature of separate organisations with potentially different priorities, governance and culture Many risks in getting to where we want to be that will need to be risk managed.
BACKGROUND PAPERS
None

BHR Integrated Care Partnership

Better care, better lives, together for all

Havering Borough Partnership

DRAFT 2021/22 ROADMAP

May 2021

A place based partnership that will form the foundation of the BHR Integrated Care Partnership, and wider North East London Integrated Care System

Introduction

- This Roadmap is based on conversations with leaders from across the Borough undertaken by NHS Elect and an initial meeting of the Havering Partnership held on May 24th (with a subsequent meeting of Primary Care Network (PCN) Clinical Directors to complete further work on joint priority setting on 1st June)

- It sets out our plans to develop a place based partnership, the foundation of an Integrated Care Partnership, in Havering

- We are referring to the Havering Partnership as the Havering Borough Partnership - HBP

- This is a first draft and we recognise that this is an emergent process – we have tried to make our plan detailed enough to help us move forward with some early work but flexible enough to allow our work to adapt and grow as we learn together in 2021/22

Approach

- This slide pack articulates what needs to be in place for the Havering Borough Partnership to be effective, however, the means to get these things in place will be developed in partnership
- It sets out the early thinking from our inaugural meeting on May 24th and the PCN leaders meeting on 1st June and aims to describe how we get from where we are now to where we want to be
- It draws on the Kings Fund report that identified the principles that make such partnerships effective
- It is also concerned with local issues, plans and the needs of local governance
- Partners will further contribute to the development of this road map as the year progresses

Systems, places, neighbourhoods

- **Neighbourhoods** (populations circa 30,000 to 50,000 people*): served by GP practices, NHS community services, social care and other providers to deliver co-ordinated and proactive services, through primary care networks (PCNs).
- **Places** (populations circa 250,000 to 500,000 people*): served by a set of health and care providers in a town or district, connecting PCNs to broader services, including those provided by local councils, community hospitals or voluntary organisations. ***The HBP!***
- **Systems** (populations circa 1 million to 3 million people*): in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

* Numbers vary from area to area, and may be larger or smaller than those presented here.

Key functions of a place based partnership

- Understanding and working with communities
  - Developing an in depth knowledge of local needs
  - Connecting with communities
- Joining up and coordinating services around people's needs
  - Jointly planning and coordinating services
  - Driving service transformation
- Addressing social and economic factors that influence health and well being
  - Collectively focusing on wider determinants of health
  - Mobilising local communities and building community leadership
- Supporting quality and sustainability of local services
  - Making best use of financial resources
  - Supporting local workforce development
  - Driving improvement through local oversight of quality and performance

These functions are where there is greatest potential to add value over and above the contributions of individual organisations or entire systems

In Havering Borough Partnership we have considered these functions and how they can best be delivered locally and begun to describe this in our roadmap

Progress so far

- It is our intention for the Havering Health and Wellbeing Board to provide the strategic oversight of the Havering Borough Partnership, and it will take decisions based within its remit. The HWB will meet formally every quarter. The Havering Borough Partnership will meeting monthly in the months that there is no HWB. Membership of both groups will be the same.
- We have reviewed membership to ensure that all key partners are around the table; Primary Care Network Clinical Directors are now key members. However more needs to be done to establish named partners and to ensure all voices are heard (e.g. the voluntary sector and residents)
- The Havering Borough Partnership Design Group (HBPDG) was established to support this and has completed some excellent early work. The Design Group aims to:
  - Improve the system through a range of initiatives supported by integrated approaches
  - Adopt strategies that are preventative in their nature, seeking to work across PCNs and wider partners through a joint approach
  - Work through 4 key workstreams focused on priorities identified last year (each with its own governance) to support the delivery of Place Based Care
- The Design Group offers a means of changing and improving outcomes for individuals but it's focus over the last year has been diverted to the COVID response and its resources are stretched
- However, we can use the resources already dedicated to the Design Group to support the work of the Partnership

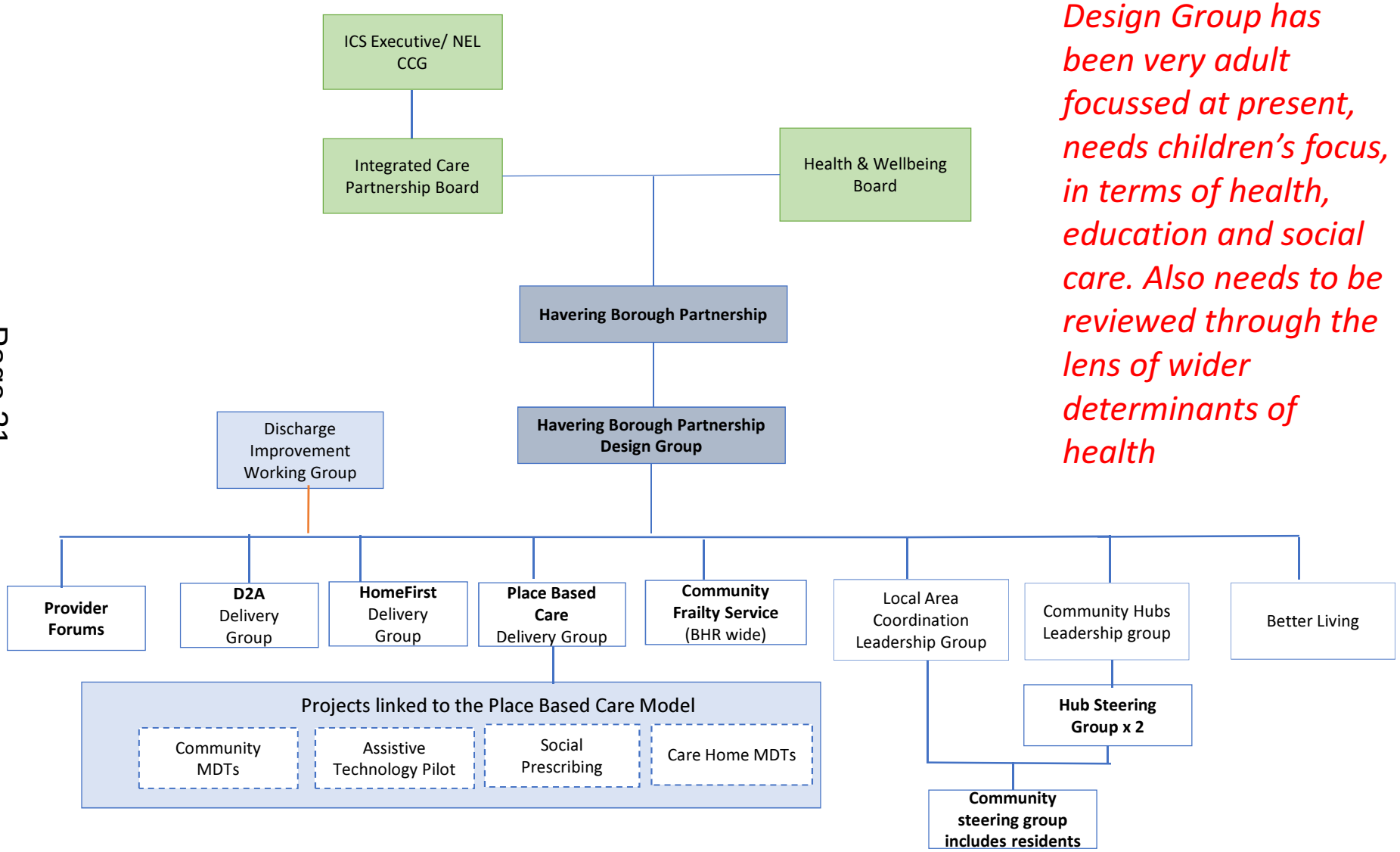
Steps in the development of this Roadmap

Process and meetings that have supported development of the Havering Borough Partnership Roadmap		
Key meeting	**Purpose**	**Leads**
Interviews with key leads to discuss priorities and thoughts on the detail of the Borough Partnership areas of focus / Roadmap detail	Discuss with key Havering leads their thoughts on; - Vision for / purpose of the Havering Borough Partnership - Potential key priority areas - How each member can get involved/ contribute	▪ Cllr Jason Frost ▪ Dr A Imran ▪ Dr N Kullar ▪ Dr J Gupta ▪ Dr. G Singh ▪ Dr J O Moore ▪ Dr N Rao ▪ Dr I Quigley ▪ Dr S Symon ▪ Carol White ▪ Mark Ansell
BHR level session to share thinking / learning on draft roadmaps	Share the thinking and learning around governance and key priorities / elements of your respective Partnership within the wider context of BHR, and this session will also give us some time to start to think about what value BHR and NEL can add to the Borough Partnerships, and where key work/programmes etc. should sit over time as the Borough Partnerships evolve.	▪ John Green ▪ Laura Neilson ▪ Mark Ansell ▪ PCN CDs – Dr Jwala Gupta, Dr Kullar ▪ Dr Dan Weaver / Urvashi Bhagat ▪ Carol White ▪ Sarah See
Havering session to review the more detailed Borough Partnership Roadmap and agree a final draft	Session to pull together all of our discussions on the Havering Borough Partnership to develop a final draft of our Roadmap ahead of submission to the Integrated Care Partnership at the end of May followed by a PCN session in earlyJune	All Havering Borough Partnership members, facilitated by Caroline Dove from NHS Elect followed by PCN Clinical Directors meeting

Our proposed approach is to:

1. **Set up the Havering Borough Partnership as the leadership group**
   - Drawing on HWB membership and other interested parties
   - This will be the lead decision-making body
   - It will set agendas for the
2. **Havering HWB to continue to make decisions that are within its terms of reference.**
   - Consider and make suggestion as necessary to terms of reference for the Havering Borough Partnership
   - Make decisions which are within the terms of reference for HWB
3. **Use an expanded version of the Havering Partnership Design Group to implement the programme including:**
   - Establish a programme plan of comprehensive activity to simultaneously:
     - Develop the Partnership
     - Implement change to the system driven by the Partnership

Governance



We recognise that the Design Group has been very adult focussed at present, needs children's focus, in terms of health, education and social care. Also needs to be reviewed through the lens of wider determinants of health

8 key principles

A series of principles for local health and care leaders to help guide them in these efforts

1. **Start from purpose, with a shared local vision**
2. **Build a new relationship with communities**
3. **Invest in building multi-agency partnerships**
4. **Build up from what already exists locally**
5. **Focus on relationships between systems, places and neighbourhoods**
6. **Nurture joined-up resource management**
7. **Strengthen the role of providers at place**
8. **Embed effective place-based leadership**

1 *Principle one: Start from purpose, with a shared local vision*

- HBP will be centred around a clear, shared understanding of vison and purpose and what the partnership is trying to achieve for local people and communities.
- We will co-create the objectives and priorities for the place with a broad range of local partners and stakeholders in order to create a sense of common purpose that binds the partnership together.
- This has been developed and agreed within the Partnership and is set out at slide 24, below

2 *Principle two: Build a new relationship with communities*

- Attempts to build a different relationship with communities are likely to have the greatest impact when they are based on a shared way of working across all of the services operating in a place, rather than being something that one organisation pursues in isolation
- We need to have 'different conversations' with residents/patients; and support local people to step into community leadership roles such as health champions, dementia friends, autism friends and other roles
- E.g. the Wigan Deal emphasises 'working with' rather than 'doing to' local people, drawing on the strengths and assets of individuals and communities to improve outcomes.

We will agree how we are going to do this as a Partnership – it is a long term objective and will need commitment and time. **We will build relationships that support ongoing discussion with local people around service improvement and transformation.**

2 Developing an in-depth understanding of local needs

- This involves bringing together data, particularly ‘real time’ data and insights from different agencies
- We need to build a rounded picture of the needs and strengths of different communities at a very local, granular level.
- Place-based partnerships can draw on information that already exists – for example, in JSNAs – and build on this by bringing together data and insights from a wider range of sources, including from direct engagement with local communities.
- These insights can be used to shape priorities for the place and articulate a collectively agreed ambition for the health of local people, as well as track the impact of our proposed priorities and workstreams on outcomes.

3 *Principle three: Invest in building multi-agency partnerships*

- The membership of HPB will be explicit and clear and include:
  - Local government – DASS; DPH; DCS; Housing; Regeneration; Commissioners;
  - NHS organisations – NELFT reps; BHRUT; CCG
  - VCS organisations – how and who?
  - Social care provider reps – care homes; home care; others?
  - Communities themselves – how and who?
  - Primary Care Networks – represented by leads.
  - Healthwatch;
- Partnerships involving a broad range of agencies and sectors are able to draw on a wider range of levers to influence health outcomes.

3 Decision making within the partnership

- We will determine how decisions are going to be made and ensure decisions are recorded and shared
- We will agree our process for collective decision-making and have a clear 'disagree and commit' approach – so that once a decision is made and agreed it will be backed by all partners
- We will always be mindful of the tensions between place decision making and organisational decision making processes
  - It could be helpful to make the pathway clear in organisational decision making in relation to the work of HBP

4 *Principle four: Build up from what already exists locally*

- Wherever possible, we will ensure our Partnership builds on pre-existing agendas, relationships and structures, and helps embed these into a coherent place-based way of working.
- For Havering, this means building on the work already started by the Design Group, establish the Havering Borough Partnership, and embed the Health and Wellbeing Board as providing the strategic leadership for the partnership
- It also means understanding what is going on now so that initiatives are sympathetic and we do not duplicate efforts

5 *Principle five: Focus on relationships between systems, places and neighbourhoods*

- We will establish how the HBP relates to surrounding places and to partnerships at other geographical levels (including BHR and NEL and the local PCNs) to ensure that all our activities are complementary.
- As part of this, we will agree who does what and ensure that decisions are devolved to be made as close as possible to local communities, and that activities are only be led at scale where there is good reason to do so.

Statutory developments understood

- ICS NHS body – will be responsible for NHS strategic planning and allocation decisions, and accountable to NHS England for NHS spending and performance within its boundaries. Key responsibilities of the ICS NHS body will include:
  - securing the provision of health services to meet the needs of the population by taking on the commissioning functions that currently reside with clinical commissioning groups (CCGs) alongside some of those that currently reside with NHS England
  - developing a plan to meet the health needs of the population
  - setting out the strategic direction for the system
  - developing a capital plan for NHS providers within the geography.

- ICS health and care partnership will be responsible for bringing together a wider set of system partners to promote partnership arrangements and develop a plan to address the broader health, public health and social care needs of the population (the ICS NHS body and local authorities will be required to 'have regard to' this plan when making decisions). Membership will be determined locally but alongside local government and NHS organisations is likely to include representatives of local VCS organisations, social care providers, housing providers, independent sector providers, and local Healthwatch organisations.
- Subject to the successful passage of a health and care bill through parliament, it is intended that these proposals will be implemented in April 2022.

6 *Principle six: Nurture joined-up resource management*

- The Havering Partnership will not be a legal entity able to hold a budget and so we need to think creatively about how our aspirations can be realised.
- We see this as one of the biggest challenges to address right now – we will only be able to deliver on our ambitious work programme if we can align the right resources behind the Partnership to drive and deliver our plans.
- So far, we have:
  - Recruited to a Programme Manager role in LBH, funded by CCG, specifically to oversee road map delivery
  - Supported development so far through the LBH Joint Commissioning Unit – Integration and Partnerships team
  - Identified CCG resources to help deliver agreed projects
- We need to do more urgently here

7 *Principle seven: Strengthen the role of providers at place*

- We see the importance of all health and care providers being closely engaged in place-based working and are delighted that a range of providers attended our inaugural meeting (including from primary care, care homes, the home care market the voluntary sector, mental health providers and the local acute Trust).
- There was huge support for the aspirations of the Partnership and commitment to collaborative working to deliver more integrated services and to improve population health.

8 *Principle eight: Embed effective place-based leadership*

- Effective leadership is critical to achieving the opportunities of the HBP and requires a leadership mindset that is supportive of collaboration – a 'system first' approach
- We must harness the power of the multi-agency leadership team that will co-ordinate change at place level, and work across different levels within HBP.
- We plan to undertake a specific OD programme to develop the ethos of shared leadership across Havering

8 Jointly planning and co-ordinating services

- Successful improvement at a Borough level is predicated upon planning and delivery between services across the NHS, local government, VCS and independent sector services in order to deliver better co-ordinated and personalised care and to avoid duplication and inefficiency.
- Our plans involve joining up community-based services, including primary care, community health services, social care and some community mental health services in a model centred around localities or PCNs.
- The involvement of local government and other partners creates opportunities to extend the scope of collaboration beyond NHS and primarily adult social care – for example, to connect with children's education and social care more effectively, and local housing teams, schools, police, employment and welfare services, and regeneration.

Our collective vision for the Havering Partnership

The vision of the Havering Partnership is to pool our collective resources to create person centred, seamless care and support designed around the needs of local people throughout their life course, with a strong focus on prevention, addressing inequalities and the wider determinants of health by:

1. Developing joined up support and services that prevent people becoming ill – this covers a whole range of activities aimed at building more resilient communities and better 'health literacy' which are largely undertaken by non-health partners, including school readiness, employment, housing etc
2. Ensuring that when people do need advice it is easy to access and seamless between different agencies – joining up services between the NHS and voluntary sector to enable a swift and comprehensive response
3. Ensuring that services for people who are ill are high quality and can be accessed without delay

-

How we want to work together to deliver this vision

There needs to be urgent work on putting 'enablers' in place to help realise our vision and see real change delivered 'on the ground'. We have identified the following areas identified for early focus :

1. **Good governance and accountability** – we need to set up robust governance and accountability structures to enable us to deliver this vision. This will not be a 'quick win'.
2. **Adequate resourcing** – the PMO support needs to be increased and we need to fund GP time to increase clinical input. We can't draw from existing resources as everyone is so stretched and we definitely need more than a single project manager to deliver this huge agenda!
3. **Good data** – we need good data to inform our decision-making and measure the impact of our work. As part of this we need to establish data sharing and systems access agreements.
4. **Shared accommodation** – practically, we should work swiftly to identify accommodation to support the colocation of services through shared accommodation wherever possible, as this offers huge benefits to staff and patients.
5. **A culture of collaboration and change supported at the most senior level** – we need to be setting the right culture across Havering where people are encouraged to collaborate rather than compete and where opportunities to create joint services and joint posts are sought out and supported.
6. **Patient/resident voice** – we need to ensure the patient/resident voice is central to our discussions and decision-making and that, in 12 months' time residents feel included and involved, and we have a clear picture of how people experience services and are engaged (let's measure this from the beginning!). As part of this we can get input from local councilors and organisations such as HealthWatch.
7. **Practical arrangements** – we need clarity on the meeting schedule and membership of the Partnership and links to the wider system e.g. fire service/education etc.

Establishing Partnership behaviours

As part of this, we have begun to think about Partnership behaviours and will seek to finalise these within Q1, early suggestions here are for us to:

- Seek to understand pressures on other parts of the system
- Enable participation and views outside of board meetings
- Avoid creating 'route maps of blame'
- Try not to make assumptions about other parts of the system – use dialogue to clarify – pick up the phone ☺
- Hold meetings of key players focused on relationships and team building, recognising the importance of great team working and strong trust to underpin delivery of our challenging work programme

Emerging priorities 1

We agreed as a Partnership that we will identify early priority areas for joint work together in Q1 and Q2 2021/22 and learn by doing work together in these area.

At the Partnership launch members discussed the possibility of focusing on **social inclusion** as the first priority, with a request for this option to be developed further by the PCN leaders in their meeting the following week. Overall, the HBP members agreed that a focus on social inclusion in some form would be worthwhile topic and enable the Partnership to test how to work together to best effect.

The following possible future priorities were suggested:

1. How to use our role as anchor institutions to build community resilience and increase employment opportunities
2. Healthy living, diet and exercise
3. CYP mental health – expand the offer of recovery and support
4. Covid recovery – get the community view on the repercussions of Covid for Havering
5. The structural determinants of ill health – pollution, housing, transport links etc
6. Mapping the services that we have and building links
7. Comms and engagement – building on Covid successes in terms of community messaging and agree how to involve the end user voice in how services are shaped (and create systems to measure this)

A common theme of growing resilience in the community beyond the work with frail, vulnerable people underpinned many of the suggested priority areas.

Emerging priorities 2

The PCN Clinical Directors built on the initial conversations of the HBP and, based on both sets of discussions, our first year priority areas for the HBP are as follows:

- Mental health – we will work with NELFT and the community groups to understand how the HBP can add most value here to support the existing transformation work
- Housing – supporting a focus on housing as a key determinant of health and well-being – there could be a joint focus on providing affordable housing for NHS / Key workers
- Joblessness – this links to our plans around our work as anchor organisations in improving individual and community life chances / supporting the broader council economic recovery priorities

These 3 priorities will all support the overarching theme of addressing social inclusion and building community resilience in Havering and, in the context of COVID, all areas where we have seen significant additional demand arise

Havering Borough Partnership – outline roadmap

Based on the inaugural meeting of the Partnership, in 2021 our priority plans are to:

- Undertake early work on housing, joblessness and mental health (including social prescribing and our role as anchor organisations)
- Agree how we will work together through a focused OD programme
- Engage with local people and wider partners to agree our next set of priorities
- Identify a resourcing plan and secure funding and appoint (or second) people to work on the Partnership priorities (including more clinician time)

Asks of the BHR Integrated Care Partnership / NEL Integrated Care System

- Resource to operationalise our Roadmap in 2021/22 (details of the requirement is set out in the next slide)
- Timely information/data – we need support to understand population health and where to focus our efforts and to measure the impact of our workstreams
- Understanding of what's working well elsewhere – sharing best practice on 'the what' and 'the how'
- Work to create a shared understanding of what will be delivered at each level of the Partnership /system, and what the expectations are of Borough Partnerships

Outline resourcing requirements

Based on the outline plans created at our inaugural meeting, we think we will need the following resources to build on the Design Group work and deliver our vision and ambitions:

1. A full time senior project manager to lead the who Partnership work programme – funded already and in post shortly
2. 2 full time project managers to support the mental health, joblessness and housing programmes of work – not yet funded
3. A data analyst to ensure we have the data required both to inform our planning and to measure our impact – not yet funded
4. Funding to backfill GPs to increase the role and scope of the PCN CDs and drive more change through the PCNs
5. A community engagement specialist to support our work with local residents (and lead the work on anchor organisations)
6. Resources to support the delivery of a consultation programme
7. Funding for an Partnership wide OD programme

We estimate that the additional cost for these resources in 2021/22 is around £270K. We would equally welcome secondments from people already working in the system to fill the posts described in points 2, 3 and 5.

Proposal / next steps

As the next steps for the HBP we will:

- Share this roadmap with the members of the HBP to check that it reflects their understanding of the agreements reached and they support the content
- Secure sign-off of these plans and our initial priority areas from BHR/NEL teams and work with these teams to refine our plans and secure resources to deliver these
- Begin work in line with the roadmap and principles described above to deliver a Havering-wide programme of work that is visible and delivered incrementally
- Begin to organise our existing resources to develop a robust governance structure and to plan OD and community engagement work

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HEALTH & WELLBEING BOARD

Subject Heading:	Health and Wellbeing Board Terms of Reference
Board Lead:	Mark Ansell
Report Author and contact details:	Mark Ansell (Mark.Ansell@havering.gov.uk)

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

☒	The wider determinants of health • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
☒	Lifestyles and behaviours • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
☒	The communities and places we live in • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
☒	Local health and social care services • Development of integrated health, housing and social care services at locality level.
☒	BHR Integrated Care Partnership Board Transformation Board • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board

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SUMMARY

The Health and Wellbeing Board's Terms of Reference (ToR) have been revised to reflect changes to the development of the health and care integration agenda, and to strengthen action across the wider determinants of health and inequalities.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:-

1. Consider the refreshed ToR.
2. Suggest any amendments.
3. Sign of the revised ToR (subject to any amendments and via Chair's action if required).

REPORT DETAIL

The revised ToR are reflective and based on long-standing conversations with leaders and key partners across the Borough and an understanding of Population Health Management.

At the core, the revised changes to the ToR set out;

1. Additional priorities for the Health and Wellbeing Board, notably:
   i) Collaborative working between health and other key partner agencies.
   ii) A Health in All Policies approach that addresses the wider determinants of health and health inequalities.
   iii) Stakeholder engagement to improve the shaping of health and care services in the borough.
   iv) Resolution of issues and obstacles that prevent implementation of the Joint Health and Wellbeing Strategies by bodies such as the Havering Borough Partnership.
2. Changes to the membership and provision for non-voting members as the Board thinks appropriate, or as required depending on the subject under discussion
3. Changes to the governance arrangements, guidance around quoracy arrangements and meetings frequency.

IMPLICATIONS AND RISKS

None

BACKGROUND PAPERS

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None

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Havering Health and Wellbeing Board

Terms of Reference

1. Background

1.1 Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing ~~for their~~ of the local population.

1.2 The Havering Health and Wellbeing Board (the Board) is a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government.

1.3 The Board has a statutory duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

2. Responsibilities

2.1 The main responsibilities of the Board are to:

2.1.1 Agree the health and wellbeing priorities for Havering and oversee the development and implementation of a Joint Health and Wellbeing Strategy.

2.1.2 Oversee the development of the joint strategic needs assessment and the pharmaceutical needs assessment. (Order to be switched with 2.1 as JSNA informs JHWS)

2.1.3 Ensure people in Havering have services of the highest quality which promote their health and wellbeing, narrow inequalities and improve outcomes for local residents.

2.1.4 Bring together key partners to implement the Health and Wellbeing Strategy.

2.1.5 Encourage integrated working between health, social care and wider community and voluntary provision, addressing the wider determinants of health at a community and or place-based level.

2.1.6 Support and enable the community to participate in improving the health and wellbeing of Havering and shaping health and care services in the borough.

2.1.7 Support the adoption of a Health in All Policies approach by all partners that addresses the wider determinants of health and health inequalities.

2.1.8 Assist the Havering Borough Partnership, where required, by addressing issues and obstacles that prevent implementation of the JHWS.

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3. Membership

3.1 Elected Members

- Four elected members in accordance with London Borough of Havering Constitution:
  - Lead member for adults and public health (Chair)
  - Lead member for Children's Services
  - Leader of the Council
  - Additional member nominated by the Leader

3.2 Officers of the Council

- Director of Public Health
- Director of Adult Social Care
- Director of Children's Services.
- Chief Executive
- Director of Housing
- Director of Regeneration

3.3 ~~Havering Clinical Commissioning Groups~~

- ~~(Four representatives).~~ North East London Clinical Commissioning Group (NEL CCG) (two representatives)

3.4 Havering Primary Care Networks (PCNs) represented by the Clinical Directors:

- Havering Crest
- North
- South
- Marshall

3.6 Other Organisations

- ~~Primary Care Networks: One Clinical Director from each Network~~
- Healthwatch Havering (Represented by Anne-Marie Dean, Executive Chairman)
- BHRUT (Represented by Mehboob Khan, Non-Executive Director)
- NELFT representative (Represented by Carol White, Integrated Care Director)
- Voluntary and Community Sector representative (Represented by Paul Rose, Compact for Havering Chairman)

3.7 Non-voting members

- Such other persons, or representatives of such other persons, as the Board thinks appropriate, or as required depending on the subject under discussion.

All HWB members must be cognisant of potential conflicts of interest. Board members must declare such conflicts of interest and absent themselves from discussions and decision making where such conflicts of interest exist

In attendance

LBH Public Health Consultant and/or Public Health Support Officer (to support DPH in their HWB lead officer function)

4 Reporting and Governance Arrangements

4.6 The Health and Wellbeing Board is a committee of the Council.

4.7 ~~The following groups will report to the Health and Wellbeing Board:~~ The Board will establish reporting relationships with bodies leading on implementation of the Joint Health and Wellbeing Strategy.

- ~~All groups that are responsible for delivering the Health and Wellbeing Board strategy priorities~~
- ~~Transformation boards that have been established to deliver health and wellbeing improvements across Barking and Dagenham, Havering and Redbridge~~
- ~~Other groups where the Health and Wellbeing board has agreed to provide governance oversight, including:~~
    - ~~Dementia Partnership Board~~

4.8 The Health and Wellbeing Board will be held in public unless confidential financial or other information should prevent this (as per the Local Government Act, 1972).

4.9 The Leader of the Council will nominate a Chairman. Board members to nominate a Vice Chairman from among the health organisation representatives.

4.10 All full members of the Board will have voting rights. Where a vote is tied, the Chairman will have the casting vote.

4.11 Full members of the Board who are unable to attend a meeting should nominate a deputy who can speak and vote on their behalf.

4.12 The Board is quorate when six members are present, providing that there is at least one representative from each of the following groups; Elected Members, Officers of the Council, ~~Havering Clinical Commissioning Group~~ Havering NEL CCG or PCNs, and ~~Other Organisations~~ NELFT or BHRUT.

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4.13 Meetings will be held ~~every other month~~ quarterly. Special meetings may be requested by the Board at any time.

4.14 Papers to be published at least 5 working days before a meeting.

4.15 The Board may co-operate with similar Boards in other locations where their interests align. This may include multi-area commissioning arrangements

4.16 These terms of reference will be reviewed when a request is made and seconded by Health and Wellbeing Board Members

Updated June 2021

Signed ……..

(Chair of the Health and Wellbeing Board)

Date: ……

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LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Health and Wellbeing Board Work Programme 2021-22
Board Lead:	Mark Ansell
Report Author and contact details:	Mark Ansell Mark.Ansell@havering.gov.uk

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

☒	The wider determinants of health • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
☒	Lifestyles and behaviours • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
☒	The communities and places we live in • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
☒	Local health and social care services • Development of integrated health, housing and social care services at locality level.
☒	BHR Integrated Care Partnership Board Transformation Board • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board

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SUMMARY
As part of the review of the Health and Wellbeing Board's Terms of Reference, the Board is asked to consider the work programme for the calendar year 2021-22. The work programme contains the proposed agenda items for future Health and Wellbeing Board meetings in accordance with the key aims and priorities set out in the draft Terms of Reference.
RECOMMENDATIONS
The Havering Health and Wellbeing Board is recommended to consider and agree the work programme. As part of this, the Board is also asked to consider and agree on the schedule programme due to the reduced meeting frequency as reflected in the draft Terms of Reference.
REPORT DETAIL
The work programme for the Havering Health and Wellbeing Board 2021-22 is attached as Appendix 1 to this report. The work programme contains proposed agenda items for the upcoming Board meetings and covers: • Covid-19 epidemiology. • Items that require sign off by the Board including the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). • Emerging issues and progress regards to the Havering Borough Partnership and other bodies leading on implementation of the JHWS. • A Health in all Policies approach and identification of draft Council strategy and policies with significant implications for health or wider determinants of health.
IMPLICATIONS AND RISKS
None
BACKGROUND PAPERS
None

Health and Wellbeing Board 2021-21

Draft Work Programme

HWB Meeting June 2021		
Update on Borough Partnership	Borough Partnership Design Group	To share road map for development of the BP in coming year
Draft revised HWB Terms of Reference	Public Health	For the Board to consider and agree on the Terms of Reference in light of BP road map.
Draft work programme for HWB	Public Health	To consider proposed work programme given agreed ToR and relationship with BP
Update on Joint Strategic Needs Assessment	Public Health	To share proposed process and timeline to refresh the JSNA and demonstrate local insight – the web based tool holding the datasets underpinning the JSNA
London Ambulance Service progress with estates vision in North East London	LAS	
Covid-19 epidemiology	Public Health	Update on local C-19 situation given Centrals Govt's decision re. final step in relaxation of lockdown due 21st June at the earliest

HWB Meeting July or September 2021 (date tbc)		
Update on progress with Borough Partnership	Borough Partnership Design Group	Opportunity to share progress particularly with regard to implementation of JHWS and escalate any issues of concern
Paper re. Health in all policies (HiAP)	Public Health	Share results of horizon scanning exercise to identify policies with significant impact on health, health and care services and / or wider determinants of health and time table for presentation to the HWB
Presentation of draft Council strategy with significant implications for wider determinants of health	Relevant Council services	Present of at least one strategy and supporting HIA for discussion and comment by HWB
Presentation of any significant draft strategies re. health and care services	NHS partners / ASC / CSC	Presentation of at least one draft strategy for discussion and comment by HWB

HWB Meeting November-January 2021 (date tbc)		
Update on progress with Borough Partnership	Borough Partnership Design Group	Opportunity to share progress particularly with regard to implementation of JHWS and escalate any issues of concern
Presentation of refreshed JSNA	Public Health	Presentation of refreshed JSNA
Draft of revised JHWS	Public Health	Board to receive and endorse draft of refreshed JHWS reflecting refreshed JSNA prior to public consultation
Presentation of draft Council strategy with significant implications for wider determinants of health	Tbc	Present of at least one strategy and supporting HIA for discussion and comment by HWB
Presentation of any significant draft strategies re. health and care services	NHS partners / ASC / CSC	Presentation of at least one draft strategy for discussion and comment by HWB

HWB Meeting January or March 2021 (date tbc)		
Update on progress with Borough Partnership	Borough Partnership Design Group	Opportunity to share progress particularly with regard to implementation of JHWS and escalate any issues of concern
Final draft of JHWS	Public Health	Board to receive and adopt final draft of refreshed JHWS reflecting outcome of public consultation
Presentation of any significant draft strategies re. health and care services	NHS partners / ASC / CSC	Presentation of at least one draft strategy for discussion and comment by HWB
Presentation of draft Council strategy with significant implications for wider determinants of health	Relevant Council services	Present of at least one strategy and supporting HIA for discussion and comment by HWB

London Ambulance Service
NHS Trust

Operations Directorate
Headquarters
220 Waterloo Road
London
SE1 8SD

Tel: 020 7783 2000

www.londonambulance.nhs.uk

7 June 2021

Dear Andrew Blake-Herbert,

I am writing to provide you with an update on some developments the Trust is undertaking to further improve the high quality, urgent and emergency care we provide to Havering and the surrounding area.

As you will know from our 2018-2021 Strategy, we outlined our ambition to become a world-class ambulance service for a world-class city through seven enabling strategies, one of which is the transformation of our operations and estate to ensure it is fit for the modern 21st Century. We recognised that our estate comprised of an eclectic mix of property inherited and accumulated over many years, much of which dated back to the Victorian times of horse-drawn ambulances in 1880s, and was not fit for purpose in a modern, world-class city.

In driving forward our strategy and taking on board the recommendations from Lord Carter's review into *'Operational productivity and performance in English NHS ambulance trusts: unwarranted variation'*, we published our *'Estates Vision'* in 2019 which detailed how we plan to overhaul our estate by replacing our existing 68 stations with a network of circa 18 state-of-the-art Ambulance Deployment Centres, operating under a new 'Hub and Spoke' model.

These Ambulance Deployment Centres, which will be supported by strategically located standby points and rest and refreshment posts for our staff and volunteers across London, aim to have modern, fit for purpose facilities for all of our staff and volunteers. This includes having ambulance 'make ready' and light vehicle maintenance facilities, modern management, administrative, training and wellbeing facilities available to our crews at the start and end of their shift, which will help improve the standard of care we provide to our patients across London. This model is already successfully used across other ambulance services, including West Midlands Ambulance Service and South East Coast Ambulance Service.

I am delighted to share that after careful review and consideration of our estate, a site has been selected in Romford, North East London for the development of our first pioneer Ambulance Deployment Centre, subject to planning permission. Discussions for planning permission with Barking and Dagenham Borough Council have commenced, and we have informed staff and volunteers of these discussions and will continue to update them on progress made. Please see a photo below of our vision for our pioneer Ambulance Deployment Centre in Romford.

In developing an Ambulance Deployment Centre in Romford, we plan to merge our existing stations of Romford, Ilford, Hornchurch and Becontree. Once the new ambulance station is up and running, this will ultimately result in the permanent closure of these stations.

It is important for you to know that there will be no job losses as a result of these closures. All staff and volunteers affected by this long-term relocation are being regularly informed, supported throughout and will be formally consulted with later in the year.

By way of background, since summer last year Romford's staff and volunteers have already been temporarily working from the larger and better equipped Ilford ambulance station as part of our London-wide estate consolidation measures implemented to cope with the challenges presented by COVID-19. This move has hugely benefited staff and volunteers, who, through starting and ending their shift at a station with co-located facilities, have had greater access to improved vehicle preparedness, increased management and wellbeing

support and better distribution of personal protective equipment (PPE). Through these measures, we have been able to keep our crews safe whilst also improving our performance in Havering and the surrounding area.

Romford Group has been chosen as the first site for a number of reasons. As you will already know, the current Romford Ambulance Station location is in a site designated for major regeneration as part of the proposed Bridge Close Regeneration Scheme, so a new location is urgently needed. The population around the Romford area is predicted to have the largest population growth in London, and our current estate will not be fit for purpose to respond to their needs. Due to the locality of Romford, we will be able to develop the new operating model with limited impact on the wider service.

I'd like to provide you with some information about how we work to provide you with the assurance that this change will not adversely affect patients in the area. It will instead transform the way we work to ensure we deliver consistent high quality care to our patients when they need us.

As a fully mobile health service which covers a large geographical area, our dispatch methodology allocates the most appropriate resources to each and every incident, which means that a majority of incidents we attend are dispatched from hospitals, standby points across London or directly from responding to a previous patient, rather than from ambulance stations directly. Of the 36,626 incidents attended in Havering in 2019 only 26% received a response directly from an ambulance station, with 17% of these coming from the Romford ambulance station vicinity only.

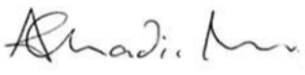
As the overwhelming majority of our ambulances are not dispatched from ambulance stations, the proposed relocation will have no impact on the provision of services to patients in Havering and the surrounding area. We therefore do not believe that this change will amount to a substantial variation in the provision of health services in your area. As a consequence we do not believe that there is a requirement for public consultation. We would like to speak to you about this in more detail, both with your council and collectively with other councils in the surrounding area, to confirm you agree with this. We understand there is an Outer North East London Joint Health Overview and Scrutiny Committee which we would be happy to engage with to discuss this further.

In modernising our operations through the development of an Ambulance Deployment Centre in Romford, an ambulance station which will be designed around patient care and will enable rapid and efficient preparation and deployment of our frontline teams, we believe this will help ensure we can provide continued high quality care to our patients in Havering and the surrounding area first time, every time.

We will shortly begin engaging with stakeholders in Havering and the surrounding area to inform them of our exciting plans to create an operating model, and estate, that is fit for the future and helps us achieve our vision of becoming a world-class ambulance for a world-class city.

If you have any questions regarding these plans, please do not hesitate to contact our Stakeholder Communications Manager Philippa Keir on 07342 087326 or via email: philippa.keir@nhs.net who will respond promptly and can help assist with any further information you may require.

Yours sincerely,



Khadir Meer

Chief Operating Officer and Deputy Chief Executive
London Ambulance Service

Figure 1Artist impression of an LAS Ambulance Deployment Centre in Romford

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