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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD AGENDA

1.00 pm	Thursday 8 December 2022	Council Chamber - Town Hall

Members: 20, Quorum: 6

BOARD MEMBERS:

Elected Members:	Cllr Gillian Ford Cllr Oscar Ford Cllr Paul McGeary Cllr Ray Morgon, Leader of the Council
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 Narinderjit Kullar, Havering Clinical Care Director Ceri Jacob, BHR CCG
Other Organisations:	Anne-Marie Dean, Healthwatch Havering

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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 21st September 2022 and to authorise the Chairman to sign them.

5 MATTERS ARISING

To consider the Board's Action Log

6 HEALTH & WELLBEING BOARD GUIDANCE (Pages 5 - 22)

Report and appendix attached

7 NORTH EAST LONDON INTEGRATED CARE SYSTEM STRATEGY (Pages 23 - 36)

Report and appendix attached

8 COST OF LIVING STRATEGY (Pages 37 - 48)

Report and appendix attached

9 DATE OF NEXT MEETING

The date of the next meeting is 25th January 2023

Zena Smith
Democratic and Election Services Manager

MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Council Chamber - Town Hall
21 September 2022 (1.05 - 2.50 pm)

Present:

In person attendees: Cllr G Ford, O Ford, R Morgon, Paul Rose, ANM Dean, John Green, M Ansell, Dr N Kullar, Anthony Wakhisi, Sarita Symon, Gurmeet Singh

Zoom attendees Andrew Blake-Herbert, Barbara Nicholls, Robert South, Luke Burton, John O'Moore, Asif Imram, Jack Davies, Esosa Edosomwan, Ashlee Mulimba, Muronzil?, Parth Pillai, Raz Chinyuku,**:**

18 **CHAIRMAN'S ANNOUNCEMENTS**

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

19 **APOLOGIES FOR ABSENCE**

Apologies were received for the absence of Barbara Nichols with John Green as her substitute.

20 **DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

21 **MINUTES**

The minutes of the meeting held on 23rd March 2022 were agreed as a correct record and signed by the Chairman.

22 **MATTERS ARISING**

Members of the Board noted the system wide approach to obesity had been adopted.

23 **ICS UPDATE**

The Board were presented with an ICS update.

The ICS structure was explained to the Board members and was noted. Members noted the governance for the Havering Place Based Partnership had nearly been signed off. Members also noted the ICS was prioritising the issue of fuel poverty and how to keep residents well at home during the winter period.

The recommendations were **agreed**.

24 **BCF**

The Board were presented with the BCF plan for 2021-22 and 2022-23.

Members of the Board noted that there had been particular financial challenges. Members noted that patients within the reablement system in Havering were coming out of hospital and receiving care quicker with positive feedback which helps the hospitals. The Board discussed the main issue surrounding the lack of workforce.

The recommendations were **agreed**.

25 **JSNA**

The Board was presented with a BHR JSNA 2022 update.

Members noted that the JSNA join with the London Boroughs of Havering, barking & Dagenham and Redbridge Public Health teams following a successful collaboration in 2020. Members noted that a new landing page had launched for the JSNA which would allow for a more detailed presentation of data on an interactive map.

Members raised the point that there would need to be accessible copies of the document for disabled residents.

The Board agreed to delegate the sign off to the Chairman.

The recommendations were **agreed**.

26 **PNA**

The Board was presented with the 2022-25 Pharmaceutical Needs Assessment.

The Board Members noted the PNA collated data from various sources and conducted an analysis alongside steering groups. Members also noted the PNA took into account the different needs of local people with protected characteristics and considered if there was enough provisions. Members noted havering had 44 community pharmacies with 24 out of borough pharmacies within 1 mile of Havering's border.

The recommendations were **agreed**.

27 **JHWS REFRESH PROPOSAL**

The Board was presented with the JHWS refresh proposal.

Members noted the JHWS was formed in 2019 and would be in place until 2024. It was explained to members that the work programme would continue to implements the JHWS' priorities and would clarify the Board's relationship with the borough partnership and would prepare the JHWS for its refresh.

The recommendations were **agreed**.

28 **DATE OF NEXT MEETING**

The Board noted the next meeting date of 30th November 2022 with a start time of 1pm.

Chairman

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Health and wellbeing boards – guidance
Board Lead:	
Report Author and contact details:	

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
Discuss the latest guidance released by the Department of Health & Social Care on 22nd November 2022. The guidance should support ICB and ICP leaders, local authorities and HWBs to understand how they should work together to ensure effective system and place-based working, following the principle of subsidiarity.
RECOMMENDATIONS
Board to discuss the on-statutory guidance on the roles and duties of HWBSs and their purpose within the new system landscape.
REPORT DETAIL
See attached.
IMPLICATIONS AND RISKS
See attached.
BACKGROUND PAPERS
See attached.

Department of Health & Social Care (https://www.gov.uk/government/organisations/department-of-health-and-social-care)

Guidance

Health and wellbeing boards – guidance

Published 22 November 2022

Applies to England

Contents

This publication is available at https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance

Purpose of this guidance

Health and wellbeing boards (HWBs) have been a key mechanism for driving joined up working at a local level since they were established in 2013.

The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs).

In this new landscape, HWBs continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.

This non-statutory guidance sets out the roles and duties of HWBs and clarifies their purpose within the new system architecture. It accompanies previously published statutory guidance (https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance) on joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies (JLHWSs). The Health and Care Act 2022 amends section 116A of the Local Government and Public Involvement in Health Act 2007, renaming 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies'. Statutory guidance on JSNAs and JLHWSs currently remains unchanged.

> This guidance should support ICB and ICP leaders, local authorities and HWBs to understand how they should work together to ensure effective system and place-based working, following the principle of subsidiarity.

We acknowledge that there is a wide diversity within ICB areas in terms of geography, population size and configuration of local authorities and NHS partners. We therefore recognise that different approaches are required from one local population to another, one area to another, and that there will be different levels of maturity and development. Throughout this guidance, we have included illustrative examples of these different approaches.

Background and context

Promoting integrated, person-centred care and health improvement is a key objective of:

- the DHSC's adult social care reform vision (https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform)
- the Health and Care Act 2022 (https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted)

- the NHS Long Term Plan (https://www.longtermplan.nhs.uk/)
- the DHSC's integration white paper (Health and social care integration: joining up care for people, places and populations) (https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations/health-and-social-care-integration-joining-up-care-for-people-places-and-populations)

The Health and Social Care Act 2012 introduced HWBs, which became operational on 1 April 2013 in all 152 local authorities with social care and public health responsibilities.

HWBs:

- provide a strong focus on establishing a sense of place
- instil a mechanism for joint working and improving the wellbeing of their local population
- set strategic direction to improve health and wellbeing

The Health and Care Act 2022 did not change the statutory duties of HWBs as set out by the 2012 Act but established new NHS bodies known as ICBs and required the creation of ICPs in each local system area. This will empower local health and care leaders to join up planning and provision of services, both within the NHS and with local authorities, and help deliver more person-centred and preventative care.

The integration white paper set out opportunities to enable greater collaboration at place level to facilitate the effective delivery of integrated health and care services. We expect all place-based arrangements to build on and work with existing forums such as HWBs as key existing place-based forums for driving integration.

This document therefore provides guidance on HWBs to align with the Health and Care Act 2022 and wider place-based strategy. It replaces draft guidance published by the Department of Health and Social Care in July 2022.

Role and purpose of health and wellbeing boards

HWBs remain a formal statutory committee of the local authority, and will continue to provide a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities. The Local Government Association (LGA) has revised its support offer to HWB chairs and other lead members (https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/health-and-wellbeing-systems) focusing on the implications of integrated care systems. The LGA has also developed several case studies (https://www.local.gov.uk/case-studies) that highlight the ways in which HWBs have

been working to improve planning, service delivery and outcomes for their local populations. The government has also published guidance on place-based approaches (https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities) to reducing health inequalities.

Along with the HWB's other statutory functions, the functions of a local authority and its partner ICBs (under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007) are to be exercised by the HWB established by the local authority. [footnote 1]

Following the Health and Care Act 2022, clinical commissioning groups (CCGs) are abolished with effect from 1 July 2022 and ICBs take on their commissioning functions. The core statutory membership of HWBs is unchanged other than requiring a representative from ICBs, rather than CCGs. HWBs can continue, at their discretion, to invite other organisations to join the HWB including, for example:

- the voluntary, community and social enterprise (VCSE) and business sectors
- children's and adult social care
- healthcare providers

Case study: County Durham

Supplementary representation on the County Durham HWB membership, identified as part of its regular governance review, includes County Durham and Darlington Fire and Rescue Service, the Office of the Police and Crime Commissioner, and Housing representation. This is to ensure the health and care needs of residents are identified and addressed as part of the wider system.

Case study: Redbridge

In addition to its statutory membership, Redbridge HWB has lay members, housing reps, police and fire service, acute and community health providers and voluntary sector to provide a much more holistic leadership in supporting the wider determinants of health.

The HWB should therefore be a forum for discussions about strategic and operational co-ordination in the delivery of services already commissioned.

HWBs should review their membership following the establishment of ICBs and ICPs and their associated functions and duties. Any changes should reflect local circumstances and priorities and continue to meet the statutory requirements.

In the few areas where the ICP and HWB are coterminous (cover the same geographical boundaries), it may be appropriate for the HWB and ICP to have the same members. This can be done, for example, by one part of the meeting formally being of the HWB, and the other part of the ICP. However, both have different statutory functions which each will be required to fulfil.

Case study: Derbyshire

Derbyshire County Council's HWB reviewed its membership following the establishment of the Derby and Derbyshire ICP. All district and borough councils within Derbyshire now have elected members represented on the HWB. Previously this was just 2 representatives.

Extending the membership to include district and borough councils provides the HWB with a distinct role from the new ICP structures, but also enables a stronger place focus and recognises the importance of district and borough councils in prevention and promoting wellbeing.

Derbyshire HWB used examples of cross cutting issues such as housing to consider how the new ICP/ ICB structures work alongside the HWB and other existing groups and organisations.

Case study: Lincolnshire

Lincolnshire is a coterminous system. The HWB and ICP cover the same geographical area. The membership of the ICP mirrors the HWB and is reviewed annually to ensure as much alignment as possible. Times, locations and frequency of ICP meetings are aligned with those of the HWB.

Case study: Somerset

Given they cover the same geographical area, it has been proposed that the Somerset HWB and the Somerset ICP are aligned as committees in common.

From April 2023, it is proposed that the Somerset board will be established as the single high-level strategic partnership board for the county. This will consist of both the ICP and HWB. If required to fulfil the statutory duties of either board, it is proposed the Somerset board will split the agenda and show distinct agenda items for each board.

In order to operate in this way, it is important that the membership of the Somerset board encompasses the membership of both the health and wellbeing board and the ICP.

Case study: North Yorkshire

North Yorkshire HWB reviewed its membership to reflect the introduction of ICPs. Humber and North Yorkshire ICP is represented on the HWB by its chief operating officer – who is also the vice chair of the HWB – and the place director for North Yorkshire. West Yorkshire (which covers about 10% of North Yorkshire) is represented by the chief operating officer, Bradford District and Craven Health and Care Partnership.

Along with other local leaders, HWBs will continue to lead action at place level to improve people's lives and remain responsible for promoting greater integration and partnership between the NHS, public health and local government. This involves working effectively with local leaders, including place-based partnerships. Adopted ways of working should reflect local priorities and circumstances. Different partners may have different geographical footprints and governance structures and should therefore work together and ensure there is clarity on their respective roles. How HWBs work with place-based partnerships will vary, but HWBs can and should have an important role.

Case study: Bath and North East Somerset

It has been agreed that the Bath and North East Somerset HWB will set the vision for desired population outcomes for Bath and North East Somerset, the strategic direction and high-level priorities for system partners including the Integrated Care Alliance (ICA) and the Sustainable Places Board. Relevant priorities in the joint health and wellbeing strategy will be implemented through the ICA workplan.

Case study: Bedford

Place arrangements for Bedford Borough have placed great emphasis on partnership working, including the HWB as the strategic lead for place. A partnership arrangement including delivery groups at senior officer level report to the HWB on the delivery of place priorities as well as those in the joint local health and wellbeing strategy.

Joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies (JLHWSs)

HWBs continue to be responsible for:

- assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA)
- publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA
- The JLHWS should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans

Each HWB also has a separate statutory duty[footnote 2] to develop a pharmaceutical needs assessment (PNA) for their area, for which separate guidance is available (see Pharmaceutical needs assessments: information pack (https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack)). A PNA cannot be subsumed as part of JSNA and JLHWS but can be annexed to them.

The statutory guidance (https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance) explaining the duties and powers in relation to JSNAs and JLHWSs currently remains unchanged.

JSNAs and JLHWSs are the vehicles for ensuring that the needs and the local determinants of the health of the local population are identified and agreed. The JSNA provides the evidence base for the health and wellbeing needs of the local population and should be kept up to date regularly. The JLHWS sets out the agreed priorities and joint action for partners to address the health and wellbeing needs identified by the JSNA. They are not an end in themselves, but a regular process of strategic assessment and planning.

Local authorities and ICBs must have regard to the relevant JSNAs and JLHWSs so far as they are relevant when exercising their functions. NHS England must have regard to the relevant JSNAs and JLHWSs so far as relevant, in exercising any functions in arranging for the provision of health services in relation to the geographical area of a responsible local authority.

Joint strategic needs assessments (JSNAs)

In developing JSNAs, we expect HWBs to engage with any person, group or organisation agreed appropriate. They should involve the local community, representative organisations and consider wider social, environmental and economic factors which might impact on health and wellbeing across all demographics. HWBs should consider groups that might be excluded from engagement, such as inclusion health groups, those who face other forms of social exclusion, transient populations, people at risk of homelessness, babies, children and young people, and unpaid carers, including those who provide care to people

in the HWB place but live outside it. Inclusion health is a term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases); see Inclusion Health: applying All Our Health. (https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health)

JSNAs should also be informed by research, evidence, local insight and intelligence, as well as more detailed local needs assessments such as at a district or ward level. This should look at specific groups (such as those likely to have poor health outcomes, for example care-experienced children and young people); and wider issues that affect health such as housing or risk of homelessness, employment, education, crime, community safety, transport or planning. Evidence can be identified through public services data that identifies risk of homelessness and the Office for Health Improvement and Disparities (OHID) inclusion health monitoring system, to be launched in 2023. The integrated care strategy, produced by the ICP, will also be informed by research to ensure alignment. HWBs should also consider where there is a lack of such evidence and identify research needs in JSNAs that could be met by ICBs, local authorities and NHS England via the exercise of their research functions. [footnote 3]

Joint local health and wellbeing strategies (JLHWSs)

The JLHWS sets out the vision, priorities and action agreed by the HWB to meet the needs identified within the JSNA and to improve the health, care and wellbeing of local communities and reduce health inequalities. The JLHWS is for the footprint of the local authority (with children's and adult social care and public health responsibilities).

HWBs will need to consider the integrated care strategies when preparing their own strategy (JLHWS) to ensure that they are complementary. Conversely, HWBs should be active participants in the development of the integrated care strategy as this may also be useful for HWBs to consider in their development of their strategy.

When the HWB receives an integrated care strategy from the ICP, it does not need to refresh JLHWS if it considers that the existing JLHWS is sufficient.

The integrated care strategy should build on and complement JLHWSs, identifying where needs could be better addressed at the system level. It should also bring learning from across the system to drive improvement and innovation.

> The introduction of integrated care strategies is an opportunity for JSNAs and JLHWSs to be revised and/or refreshed, to ensure that they remain effective tools for decision making at both place and system levels. This includes maximising the opportunities of digitalising the JSNA and improving its accessibility for a range of users, for example through easy-read formats.

Examples of both JSNA and JLHWS development in practice can be found in the Local Government Association (LGA) document, What a difference a place makes (https://www.local.gov.uk/publications/what-difference-place-makes-growing-impact-health-and-wellbeing-boards).

The relationship between health and wellbeing boards and integrated care systems: continuity and change

As a minimum we expect all partners – the HWBs, ICBs and ICPs – to adopt a set of principles in developing relationships, including:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance, with clarity at all times on which statutory duties are being discharged
- ensuring that leadership is collaborative
- avoiding duplication of existing governance mechanisms
- being led by a focus on population health and health inequalities

ICB and ICP leaders within local systems, informed by the people in their local communities, need to have regard for and build on the work of HWBs to maximise the value of place based collaboration and integration, and reduce the risk of duplication. They should ensure that action at system-wide level adds value to the action at place level, and they are all aligned in understanding what is best for their population. ICB and ICP strategies and priorities should not detract from or undermine the local collaboration at place level. In an effective health and care system the ICP should build upon the existing work by HWBs and any place-based partnerships to integrate services. Working together at system level is helpful for issues that benefit from being tackled at scale.

Following the principle of subsidiarity, apart from those which are often best approached at system level (for example, workforce planning, or data and intelligence sharing), decisions should continue to be made as close as possible to local communities. Examples of how this works in practice can be accessed through the following resources: West Yorkshire Health and Care Partnership (https://www.wypartnership.co.uk/engagement-and-consultation/integrated-care-systems-legislation/integrated-care-board-constitution/west-yorkshire-integrated-care-board-functions-and-decisions) and Effective working across neighbourhood, place and system (https://www.local.gov.uk/publications/localising-decision-making-guide-support-effective-working-across-neighbourhood-place).

HWBs and local authorities

Each local authority with statutory children's and adult social care and public health responsibilities has had a HWB in place since 1 April 2013, though many shadow boards were in operation before then. District councils may create a HWB either as a subcommittee of a statutory HWB or as a local committee, though they are not required by statute to do so. HWBs can decide to jointly carry out their functions with one or more other HWBs.

They may, for example, choose to set up a joint committee. Several local authorities have created joint HWBs across a wider footprint in order to address strategic priorities. Case studies of these joint HWBs as an example can be accessed through this LGA resource (https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/health-and-wellbeing-systems-0) (see Case studies: Developing joint health and wellbeing board arrangements).

HWBs and pooled and aligned budgets

HWBs do not commission health services themselves and do not have their own budget but play an important role in informing the allocation of local resources. This includes responsibility for signing-off the Better Care Fund plan for the local area and providing governance for the pooled fund that must be set up in every area.

Their role in joining up the health and care system and driving integration will not be changed by the establishment of ICBs. Executives with lead responsibility for commissioning or operational delivery at place may continue to come together as members of the HWB, supporting integration.

HWBs and ICBs

HWBs will continue the relationships they had with CCGs with ICBs. This includes:

- forward plans (replacing commissioning plans)
- annual reports
- performance assessments

Joint forward plans (replacing commissioning plans)

Before the start of each financial year, an ICB, with its partner NHS trusts and NHS foundation trusts, must prepare a 5-year joint forward plan, to be refreshed each year.

ICBs must involve HWBs as follows:

- joint forward plans for the ICB and its partner NHS trusts and NHS foundation trusts must set out any steps that the ICB proposes to take to implement any JLHWS

- ICBs and their partner NHS trusts and NHS foundation trusts must involve each relevant HWB in preparing or revising their forward plans
- in particular, the HWB must be provided with a draft of the forward plan, and the ICB must consult with the HWB on whether the draft takes proper account of each relevant JLHWS
- following consultation, any HWB within the ICB's area has the right to respond to the ICB and may give its opinion to NHS England
- within the ICB's forward plan, it must include a statement from the HWB as to whether the JLHWS has been taken proper account of within the forward plan
- with the establishment of ICBs and the abolishment of CCGs, the former requirement for CCGs to share their commissioning plans with HWBs is now removed

Annual reports

ICBs are required as part of their annual reports to review any steps they have taken to implement any JLHWS to which they are required to have regard. In preparing this review, the ICB must consult each relevant HWB.

Performance assessments

In undertaking its annual performance assessment of an ICB, NHS England must include an assessment of how well the ICB has met the duty to have regard to the relevant JSNAs and JLHWSs within its area. In conducting the performance assessment, NHS England must consult each relevant HWB for their views on the ICB's contribution to the delivery of any JLHWS to which it was required to have regard.

Changes to previous arrangements

This section sets out the changes that apply to both ICPs and ICBs together in relation to their relationship with HWBs and also sets out the changes that impact each separately.

HWBs (and other place-based partnerships) will work with ICPs and ICBs to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities.

The Care Quality Commission's (CQC) reviews of integrated care systems will assess the provision of NHS care, public health and adult social care within the ICB area. They will consider how well the ICBs, local authorities and CQC registered providers discharge their functions in relation to the provision of care, as

well as the functioning of the system as a whole, which will include the role of the ICP. The CQC is required to publish a report, providing an independent assessment of the health and care in integrated care systems.

HWBs and ICBs

Every ICB which is within the HWB's footprint will be represented on the HWB. It is important that the previous local knowledge, strategies and relationships developed by HWBs and CCGs are built upon in the new system. ICBs will need to ensure that there is the right balance between system-level and place-level working. Further information on how HWBs and ICPs/ICBs will work together is available through the 'Must Know' LGA resource: Integrated health and care – How do you know your council is doing all it can to promote integration to improve health and social care outcomes at a time of change? (https://www.local.gov.uk/publications/must-know-integrated-health-and-care-how-do-you-know-your-council-doing-all-it-can)

Joint capital resource use plans

ICBs and their partner NHS trusts and NHS foundation trusts are required to share their joint capital resource use plan and any revisions with each relevant HWB.

This is a new duty on an ICB not previously required of a CCG.

It is intended that in sharing these with HWBs, there will be opportunity to align local priorities and provide consistency with strategic aims and plans.

HWBs and ICPs

Each ICP will, as a minimum, be a statutory joint committee of an ICB and each responsible local authority within the ICB's area. The ICP can appoint any other members as it sees fit. We expect that for ICPs to be effective, they will need to have a broad membership. These should build on existing partnership arrangements.

As outlined previously, where the HWB and ICP are coterminous (cover the same geographical boundaries), it may be appropriate to bring the HWB and ICP together, although each will need to fulfil its own statutory functions. The relationship between an ICP and HWBs will vary depending on the number of HWBs in the system, their maturity, and the existing partnership arrangements.

ICPs should use the insight and data held by HWBs in developing the integrated care strategy. JSNAs will be used by ICPs to develop the integrated care strategy, identifying where the assessed needs within the JSNA can be met by local authorities, ICBs or NHS England in exercising their functions. The 5-year joint forward plan, produced by the ICB and its partner NHS trusts or NHS foundation trusts, must set out any steps on how the ICB proposes to implement any JLHWS that relates to the ICB area, and the ICB must have regard to the integrated care strategy when exercising any of its functions.

We expect HWBs and ICPs to work collaboratively and iteratively in the preparation of the system-wide integrated care strategy that will tackle those challenges that are best dealt with at a system level (for example, workforce planning, or data and intelligence sharing). The expectation is that all HWBs in an ICB area will be involved in the preparation of the integrated care strategy. There is flexibility in how this will happen in different areas. ICPs will need to ensure that there are mechanisms within their system to ensure collective input to their strategic priorities, and that sufficient time is provided for this.

Case study: Berkshire West

Berkshire West comprises 3 unitary authorities, each with their own HWB. The 3 health and wellbeing boards have worked together to prepare a single joint local health and wellbeing strategy across the 3 areas, albeit with a separate delivery plan for each area. This will make it easier for the ICP when preparing its integrated care strategy.

The integrated care strategy is for the whole population (covering all ages), and it must, amongst other requirements, consider whether their needs could be met more effectively by using integration arrangements under section 75 of the NHS Act 2006 (https://www.legislation.gov.uk/ukpga/2006/41/section/75). HWBs will now be required to consider revising their JLHWS following the development of the integrated care strategy for their area (Local Government Act 2007 (https://www.legislation.gov.uk/ukpga/2007/28/section/116B)), but are not required to make changes. Alongside the JLHWS, the integrated care strategy should set the direction for the system as a whole.

For ICPs, where there is just one HWB in their area, it is up to the HWB and ICP to determine how the 2 strategies will complement each other and ensure that the assessed needs are addressed between them.

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1. Section 196(1) of the Health and Social Care Act 2012.
2. Section 128A of the NHS Act 2006 (https://www.legislation.gov.uk/ukpga/2006/41/contents), as amended by Section 206 of the Health and Care Act 2012. See also Regulations 3 - 9 and Schedule 1 to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (S.I. 2013/349).
3. ICBs and NHS England have duties in respect of research (sections 14Z40 and 13L, respectively, of the NHS Act 2006). ICBs, NHS England and local authorities have the power to conduct, commission or assist the conduct of research (paragraph 13 of Schedule 1 of the NHS Act 2006).

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HEALTH & WELLBEING BOARD

Subject Heading:	North East London Integrated Care Strategy Development
Board Lead:	Hilary Ross, Director of Strategic Development, NHS North East London
Report Author and contact details:	Emily Plane, Head of Strategy and System Development, Barking and Dagenham, Havering and Redbridge, NHS North East London

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

1.1 Considerable progress towards integration has taken place across North East London. Places have been working with their health and wellbeing boards through preparation of Better Care Fund plans, or the previous non-statutory Integrated Care Systems (prior to the Health and Care Act 2022) to develop strategies and approaches that support more integrated health and care.

1.2 The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007, and requires integrated care partnerships (ICPs) to write an integrated care strategy.

1.3 The Integrated Care Partnership strategy will need to set out how the assessed needs (building on place joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).

1.4 The vision of the Havering Partnership is to pool their 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. To do this, partners have identified a number of key priorities that they are progressing based on local insights, these include:

1.4.1 Mental Health

1.4.2 Developing a comprehensive approach to social prescribing and care coordination

1.4.3 Development of a multidisciplinary way of working around Primary Care networks, to support those with more complex needs

1.4.4 Development of a whole borough obesity strategy

1.4.5 Establishment of Community Chest funding for Community and Voluntary sector groups to support local people where there are currently gaps

1.4.6 Supporting local people around the cost of living impact

1.4.7 Health Inequalities projects including;

- Supporting Asylum Seekers
- Supporting those who are housebound
- Supporting carers and development of a carers strategy
- Homeless
- Self Service health checks
- Increasing uptake in benefits
- Launch of a universal stop smoking service

1.1 Development of the North East London Integrated Care System Strategy provides partners in Havering with the opportune moment to ensure that the strategy of the Integrated Care System reflects their locally agreed priorities (which may evolve as local strategies are refreshed).

1.2 The development of the integrated care strategy can be used to agree the steps that partners, working closely with local people and communities, will take together to deliver system-level evidence-based priorities in the short-,

medium- and long-term. These priorities should drive a unified focus on the challenges and opportunities to improve health and wellbeing of people and communities throughout the area of the integrated care partnership.

1.3 This paper provides an update on the approach and proposed content of the development of the North East London Integrated Care System Strategy.

RECOMMENDATIONS

It is recommended that the Board:

- Consider, discuss and comment on the proposed approach to develop the North East London Integrated Care Strategy
- Support identification of your key priorities and challenges locally, particularly based on your local knowledge and insights, to feed into development of the strategy

REPORT DETAIL

2. Background

2.1 Considerable progress towards integration has taken place across North East London. Places have been working with their health and wellbeing boards and local partners, through preparation of Better Care Fund plans, or the previous non-statutory Integrated Care Systems (prior to the Health and Care Act 2022) to develop strategies and approaches that support more integrated health and care.

2.2 The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007, and requires integrated care partnerships (ICPs) to write an integrated care strategy.

2.3 The Integrated Care Partnership strategy will need to set out how the assessed needs (building on place joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE). It will build on existing work and momentum to further the transformative change needed to tackle challenges such as reducing disparities in health and social care; improving quality and performance; preventing mental and physical ill health; maximising independence and preventing care needs, by promoting control, choice and flexibility in how people receive care and support.

2.4 The integrated care strategy will set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how commissioners in the NHS and local authorities, working with

providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. It presents an opportunity to firmly ground the approaches of our Place based Partnerships to do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.

2.5 The vision of the Havering Partnership is to pool their 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. To do this, partners have identified a number of key priorities that they are progressing based on local insights, these include:

2.5.1 Mental Health

2.5.2 Developing a comprehensive approach to social prescribing and care coordination

2.5.3 Development of a whole borough obesity strategy

2.5.4 Development of a multidisciplinary way of working around Primary Care networks, to support those with more complex needs

2.5.5 Establishment of Community Chest funding for Community and Voluntary sector groups to support local people where there are currently gaps

2.5.6 Supporting local people around the cost of living impact

2.5.7 Health Inequalities projects including;

- Supporting Asylum Seekers
- Supporting those who are housebound
- Supporting carers and development of a carers strategy
- Homeless
- Self Service health checks
- Increasing uptake in benefits
- Launch of a universal stop smoking service

2.6 Development of the North East London Integrated Care System Strategy provides partners in Havering with the opportune moment to ensure that the strategy of the Integrated Care System reflects their locally agreed priorities (which may evolve as partners refresh their local strategies).

3.0 Proposed approach to develop the North East London Integrated Care Strategy

3.1 We are proposing to sign off the interim North East London Integrated Care System Strategy at a full meeting of the integrated care partnership in January 2023.

3.2 To achieve this tight deadline, we will work closely with the North East London Place based Partnerships, Wellbeing Boards, Overview and Scrutiny Committees and partners over the next several months to co-

develop the content of the strategy, building on the significant engagement work that has already taken place across the system to identify our key priorities (babies, children and young people; mental health; long term conditions; and workforce and employment).

3.3 There is a requirement for the strategy to be refreshed annually and we intend for the strategy to support an ongoing process of system development, learning and improvement as opposed to production of a one-off static document.

3.4 **Appendix 1** sets out a proposed timeline for engagement over the next several months with key groups and partners. We are in the process of engaging with key groups within each Place based Partnership to get slots on agendas.

4.0 Proposed content of the strategy

4.1 We have established a range of workstreams to support development of the strategy. There is a workstream on data and analytics which is meeting fortnightly with whole system representation. In addition to producing a Population Health Profile for NEL, we have undertaken rapid reviews of local JSNAs and health and wellbeing strategies. The Healthwatch team has also undertaken an analysis of insights in relation to the four ICS priorities which will inform the workshops.

4.2 A series of stakeholder workshops are currently taking place aimed at progressing the four Integrated Care System priorities. Stakeholder events have taken place during October and November focusing on our priorities of babies, children and young people; mental health; long term conditions; and workforce and employment. Over 120 people from across the system attended a workshop on our system response to the cost of living increase on 6 October.

4.3 **Appendix 1** sets out in more detail the proposed content of the strategy, which we are keen to seek feedback and input from partners on to further shape.

IMPLICATIONS AND RISKS

Timescales are short ahead of the submission of the first draft of the strategy, however, the Partnership is dedicated to developing the content of the strategy locally with our Places, Health and Wellbeing Boards and partners and are keen for them to shape and own it, ensuring that it reflects our key challenges, and agreed direction of travel. Our intention for this to be an ongoing process, rather than a one off document, should help to mitigate the risk around the short timeframe that we have to develop the initial draft.

BACKGROUND PAPERS

Havering
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Appendices
Appendix 1 – North East London Integrated Care Strategy Development

North East London Health & Care Partnership

NHS North East London

North East London Integrated Care Strategy development

Havering Health and Wellbeing Board

November 2022

Summary of key points

- In July our **Integrated Care Partnership** was formally established. This is a statutory committee that brings together a broad set of system partners (including local government, the voluntary, community and social enterprise sector, NHS organisations and others) to develop an integrated care strategy for the area.

- System partners across the North East London Health and Care Partnership have already reached collective agreement on **our ICS purpose and four priorities** to focus on together as a system . These priorities will be at the heart of our integrated care strategy in NEL.

- The Department for Health and Social Care has issued **guidance for integrated care strategies** with a suggestion that partnerships might aim to produce an interim strategy around December 2022 ahead of further guidance in June 2023.

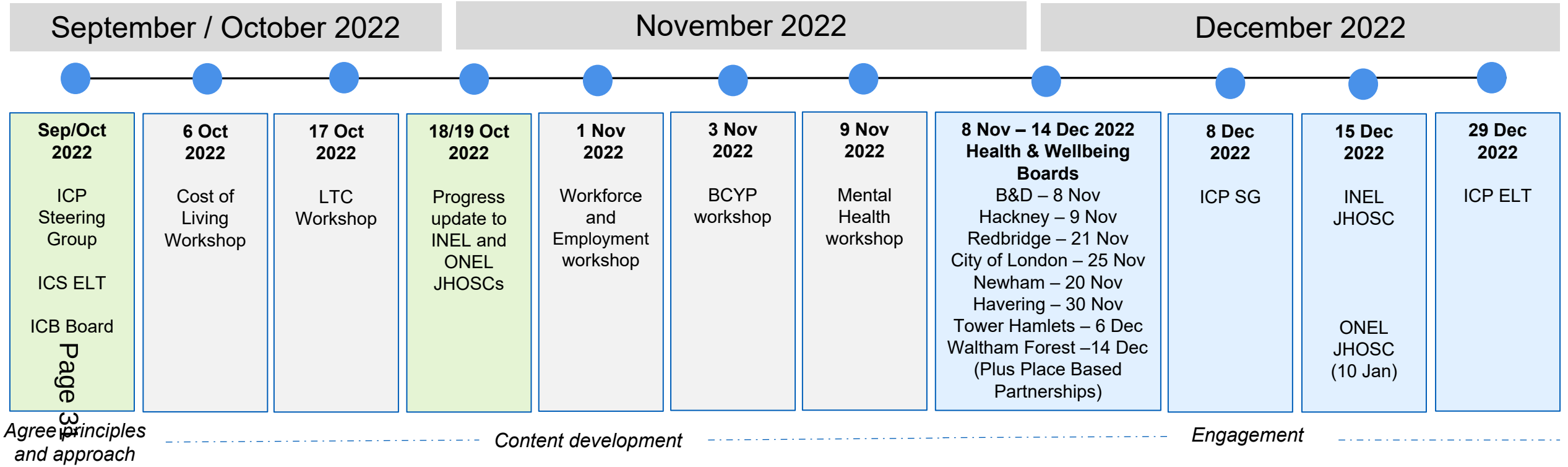
- As per the timeline in the next slide, the intention in NEL is to **sign off the interim strategy** at a full meeting of the integrated care partnership in **January 2023** following a period of engagement. There is a requirement for the strategy to be refreshed annually and we are keen to position the strategy in NEL as an **ongoing process of system development, learning and improvement** as opposed to production of a one-off static document.

- Our current focus is on **developing content** for the strategy and engagement. There is a workstream on data and analytics which is meeting fortnightly with whole system representation. In addition to producing a Population Health Profile for NEL, we have undertaken rapid reviews of local JSNAs and health and wellbeing strategies. The Healthwatch team has also undertaken an analysis of insights in relation to the four ICS priorities.

- A series of **stakeholder workshops** are taking place during October and November focused on progressing our priorities of *babies, children and young people; mental health; long term conditions;* and *workforce and employment.* Over 120 people from across the system attended a further workshop on our system response to the cost of living increase on 6 October.

- The **engagement plan** in North East London includes discussions with local health and wellbeing boards and joint overview and scrutiny committees as well as place based partnerships ahead of sign off by the full partnership in January 2023.

Integrated care strategy timeline and key milestones



Interim Integrated Care Strategy Sign Off:

Full Meeting of Integrated Care Partnership 11 January 2023

Alignment to:

- 2 year system intentions development
- Joint Forward Plan development (guidance due Oct 22)
- 2 year operational planning

The ICB Board will be meeting on 25 January 2023 and will need to consider the Integrated Care Strategy in development of the NHS Joint Forward Plan due before April 2023

Draft outline structure

Context

- ICS aims
- JSNAs
- HWB priorities
- NEL Population Health Profile
- Local insights
- Wide analyses
- National guidance and priorities

Strategic challenges

- Population growth
- Scale of deprivation
- Cost of living
- Health inequalities
- Historic underinvestment

System assets

- Richly diverse communities
- Our people
- Our partners and partnerships
- Anchor institutions

ICS mission and values

"We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity."

Improve quality and outcomes	Secure greater equity	Create value	Deepen collaboration

Our 4 ICS Priorities

Babies, Children & Young People	Long Term Conditions	Mental Health	Workforce and Employment

Our ambition
System priorities / actions including prevention and health inequalities
Outcomes

In the context of the current economic situation (including the impact of cost of living)

Securing the foundations of our system

- Residents at the heart of everything we do
- Financial sustainability and value
- Sustainability of core services
- Equity of provision, access, experience and outcomes
- Embedding integration at all levels
- Tackling health inequalities including our system response to cost of living increase
- Embedding a population health approach

How we will work differently as a system

- Develop a strengths based approach to working with communities
- Innovation and research including digital technology (and exclusion)
- Deepen collaboration through development of place based partnerships and provider collaboratives, integrated commissioning and budgets
- Accelerate development of enablers for population health and tackling health inequalities – prevention, PHM, personalisation, anchor approach to wider determinants

Further work

Plans for further engagement and development of our system approach

Impact

What good will look like for local people and our workforce including our progress on tackling health inequalities

'I' statements
e.g.

- 'I can access urgent care when I need to'
- 'I can continue to live at home with the support I need'

Example content development: key themes and actions from the Cost of Living Workshop

Over 120 stakeholders from all parts of our system attended a workshop on 6 October – attendees represented a wide range of backgrounds and seniority.

Stakeholders across the system in NEL share motivation and a sense of urgency to address this key challenge for staff and residents.

There was broad agreement on some key priorities that would benefit from urgent action at the system level as well as recognition of the need for sustained action.

Next steps were agreed at a meeting of the NEL Clinical Advisory Group on 12 October and included further follow up discussions with clinical and care professional leads about how we can improve support for vulnerable people through our frailty pathways.

Key themes / priorities from the workshop

- Develop platform / mechanisms for sharing practice and ideas across the system
- Establish system wide group to share and develop workforce initiatives – potential priorities discussed included opening up work places across NEL to wider groups of staff across the partnership, increasing access to support for care staff, support for emotional wellbeing
- Use our collective voice to influence regional and national policy (eg travel concessions/support for health and care staff)
- Sustained support for community and voluntary sector through the new collaborative
- Development of proposals to support people with cost of prescriptions, particularly those with multiple long term conditions
- Identification and targeted support for those most vulnerable and/or at risk of hospital admission in our communities

New system strategy and planning landscape

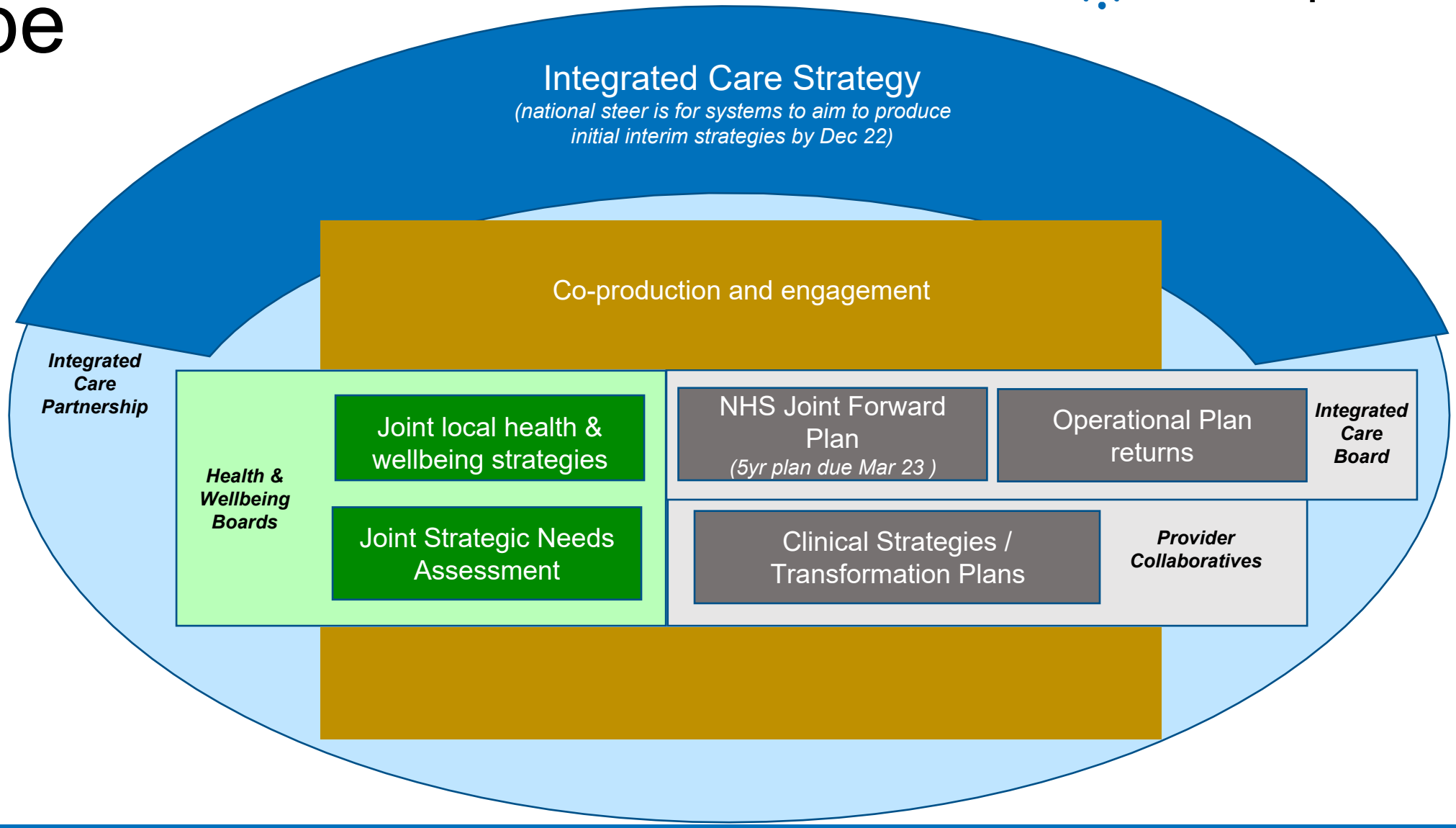
North East London Health & Care Partnership

Assumptions
The ICP Integrated Care Strategy will be the overarching strategy for the system.

It will set direction for the system including the new NHS Joint Forward Plan required in March 23 and our operational plan (now covering two years).

The strategy must address local JSNAs and there will need to be alignment with local health and wellbeing strategies.

Co-production and engagement with the full range of stakeholders including local people will be key.



Integrated Care Strategy

North East London Health & Care Partnership

- The integrated care strategy is an opportunity to work with a wide range of people, communities and organisations to develop evidence-based system-wide priorities that will improve the public's health and wellbeing and reduce disparities.
- The integrated care strategy must set out how the assessed needs (identified in the joint strategic needs assessments) of the integrated care board and integrated care partnership's area are to be met by the exercise of functions by the integrated care board, partner local authorities, and NHSE.
- These commissioners must have regard to the relevant integrated care strategy when exercising any of their functions, so far as relevant.

Statutory Requirements – Must do's

1. Must set out how the 'assessed needs' from the joint strategic needs assessments in relation to its area
2. Must consider whether the needs could be more effectively met with an arrangement under section 75 of the NHS Act 2006
3. Must have regard to the NHS mandate in preparing the integrated care strategy
4. Must involve local Healthwatch organisations and people who live and work in the area
5. Must consider revising the integrated care strategy whenever they receive a joint strategic needs assessment

Localising the strategy - reflecting our key challenges and context

1. Further insight beyond JSNAs (eg NEL Population Health Profile) and resident feedback / population insights
2. Demand forecasting based on population size and growth
3. Focusing on our four key NEL system priorities
4. Inequalities a thread across our strategy

Key risk and issues:

- JSNAs across NEL are not always consistent in approach.
- Some of our JSNAs are significantly out of date.

Mitigation:

- Engage with our place based partnerships to confirm key local priorities

We will be engaging with Health and Wellbeing boards, Place based Partnerships, Overview and Scrutiny Committees and other partners over the coming weeks , and are particularly keen to get input on the following:

North East London Health & Care Partnership

Reflecting local priorities

Based on your JSNA's, and local insights - what are the local priorities and outcomes you would like to see reflected in the system-wide strategy?

Developing system enablers

Where could the system add value to your local priorities?

What are the key outcomes you would like to see within the 4 system priorities -

- *Babies, Children and Young People*
- *Long Term Conditions*
- *Mental Health*
- *Workforce and Employment*

Tackling health inequalities

What are your key wider determinants of health that are impacting on poorer outcomes for your residents?

What are your priorities for addressing health inequalities locally?

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:

Board Lead:

Report Author and contact details:

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 cost of living crisis affects everyone. It has also exposed inequalities within our society as different groups of people are disproportionately affected by it. The cost of living strategy brings together the NHS; Havering Council and VCS in a joint response. To make sure the tenets of the strategy leave a legacy for future working.

RECOMMENDATIONS

1. Continue the work to share Cost of Living risk scores
2. Commitment on the next stages of our joint working
3. Access to frontline staff to help design 'actionable insights' dashboards

REPORT DETAIL

Help is out there.

All three entities offer help and support. It is fragmented, it is hard for a resident to know where to go. It is not marketed effectively, if they need help, they have to find it, and it does not come to them. What is on offer changes over time, where they went for help before may not be the best place now.

What have we done:

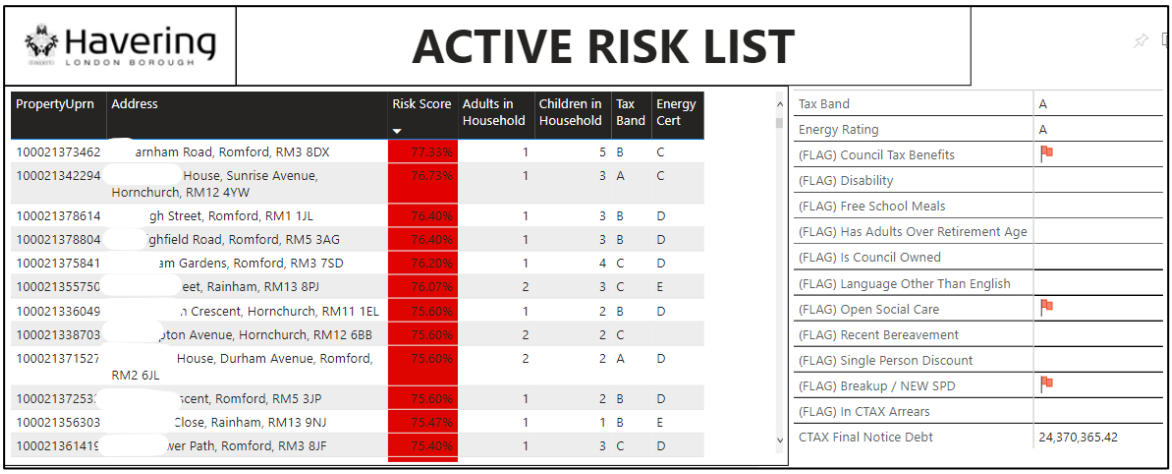
- Set up the 'one place' www.havering.gov.uk/costofliving website
- Created Marketing/Comms strategy
- Set up a network of Warm Spaces using VCS organisations
- Organised Warm Spaces 'roadshows'
- Produced a crib sheet for all partners to make sure all staff are thinking about cost of living
- Secured funding for Energy Doctors
- Signed in, principle, data sharing agreement with NEL
- Produced an Early Prevention Platform to identify at risk households
- Merged datasets (incorporated Mosaic; Public and Council datasets) to produce areas most at risk
- Linked in with the Climate Change strategy

Services for people not people for services.

The cost of living strategy aims to bring together all help and support in place, market this one place more effectively to residents who need it, in a way that want it. Residents are split into two broad groups; 'those that can, do' and 'those that can't, support'. The one place of help and support is for those that can help themselves or others. Those that need extra help are supported through existing frontline teams (who also use the one place for available help and support) and our dedicated team.

Sharing Knowledge

As part of the joint response to the cost of living is sharing all partners sharing knowledge. Havering council has produced a risk score to identify households who will be disproportionately affected by the cost of living crisis. This risk score is then presented as actionable insights to frontline services across the NHS and Havering council. An informed frontline service is an empowered frontline service. Picture 1 shows the current look of the board.



PropertyUprn	Address	Risk Score	Adults in Household	Children in Household	Tax Band	Energy Cert
100021373462	arnham Road, Romford, RM3 8DX	77.33%	1	5	B	C
100021342294	House, Sunrise Avenue, Hornchurch, RM12 4YW	76.73%	1	3	A	C
100021378614	gh Street, Romford, RM1 1JL	76.40%	1	3	B	D
100021378804	ghfield Road, Romford, RM5 3AG	76.40%	1	3	B	D
100021375841	am Gardens, Romford, RM3 7SD	76.20%	1	4	C	D
100021355750	eet, Rainham, RM13 8PJ	76.07%	2	3	C	E
100021336049	n Crescent, Hornchurch, RM11 1EL	75.60%	1	2	B	D
100021338703	pton Avenue, Hornchurch, RM12 6BB	75.60%	2	2	C	
100021371527	House, Durham Avenue, Romford, RM2 6JL	75.60%	2	2	A	D
100021372533	cent, Romford, RM5 3JP	75.60%	1	2	B	D
100021356303	Close, Rainham, RM13 9NJ	75.47%	1	1	B	E
100021361419	ver Path, Romford, RM3 8JF	75.40%	1	3	C	D

Tax Band	A
Energy Rating	A
(FLAG) Council Tax Benefits	
(FLAG) Disability	
(FLAG) Free School Meals	
(FLAG) Has Adults Over Retirement Age	
(FLAG) Is Council Owned	
(FLAG) Language Other Than English	
(FLAG) Open Social Care	
(FLAG) Recent Bereavement	
(FLAG) Single Person Discount	
(FLAG) Breakup / NEW SPD	
(FLAG) In CTAX Arrears	
CTAX Final Notice Debt	24,370,365.42

Picture 1. Risk board for cost of living by household. Addresses have been obscured.

We are currently working with our health partners to share our respective risk scores so that we get a greater understanding of the risk to households. The risk score is consistently being re-examined as more data becomes available and our understanding grows. We are currently working on the following:

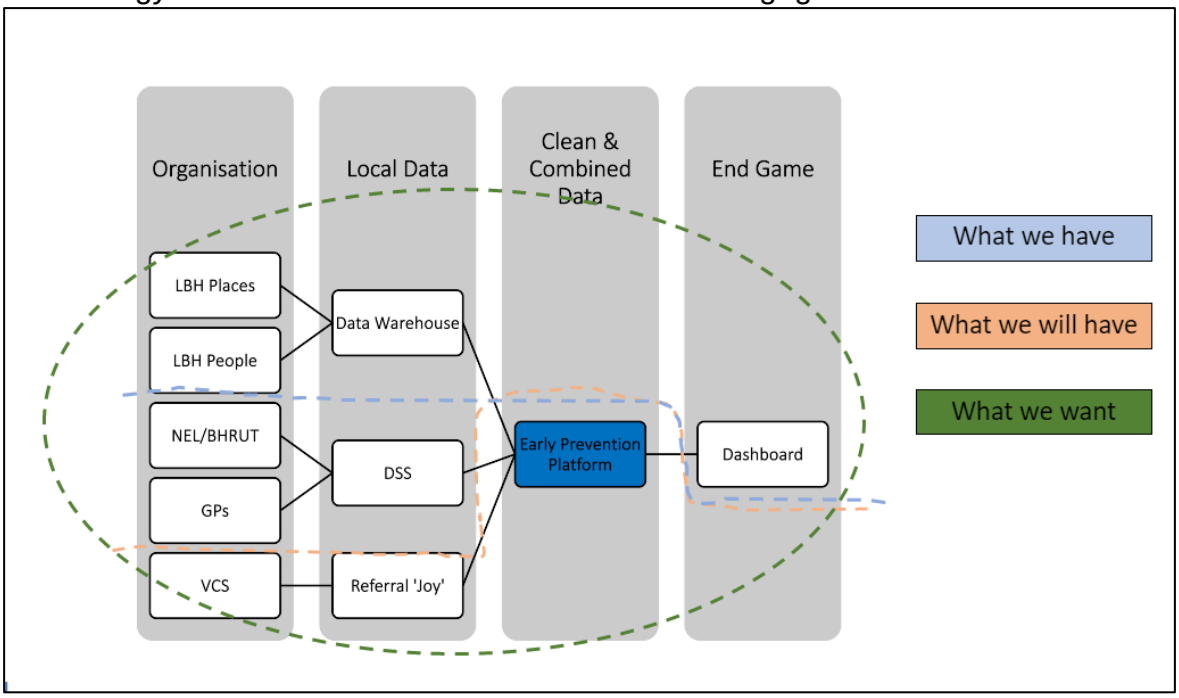
- English as an additional language
- Main language spoken is not English
- Council tenancy
- Open Adult Social Care package / service
- Open Children's Social Care referral
- Change from joint to sole tenancy in Open Housing
- Bereavement in last 12 months
- For those on CTax support or Housing Benefit
- Total value of debt
- Any history of recovery action
- Council tax band has reduced

Our ability to identify at risk households with Council and NHS data will be so much richer.

What next?

The components of the cost of living strategy; help and support wrapped around a resident; help and support in one place; a marketing strategy to 'sell' support services better; sharing data to target resources; utilising frontline staff to make every contact count; supporting frontline staff with easy avenues to refer residents and empowering frontline staff with actionable insights can be re-used for any future crisis or to change how services are delivered. Picture 2 details the next

stages of the work, the data structure which will underpin and support the tenets of the strategy. The structure even allows the VCS to engage and feed data in.



Picture 2 shows the different layers to joint working and how they interact. The Early Prevention Platform needs to be built, everything else exists.

IMPLICATIONS AND RISKS

The implication of extending the tenets of the cost of living crisis will greatly impact on all our abilities to identify at risk households. What that risk is trying to identify can be anything we wish; prevalence of obesity; impact of housing on health; areas of need. It will help frontline staff work efficiently together and wrap support around a resident. It will help with strategic decisions of who needs what where. Most importantly it will help with prevention and future planning. Supporting residents ***before*** they get into crisis means they are more likely to make better more informed decisions. It also means less, expensive, interventions from social care and acute services.

As with new ways of working there are new risks. The obvious one is the legal framework around data sharing. Work already submitted to NEL's and Havering IG for sharing risk scores at the *household* level have both been passed. Sharing risk scores at the household level does not identify individuals nor does it share the underlying data which makes up the risk score. The structure in picture 2 still shares household level data but does away with the risk score and shares the underlying data. Frontline staff's access to the EPP's data can be controlled through the actionable insight dashboards and is already detailed in submitted DPIA.

There is also the public perception of sharing data to use in this manner.

BACKGROUND PAPERS

Havering
LONDON BOROUGH

Cost of Living Strategy

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London Borough of Havering
Responding to the Cost of Living Crisis

Strategy summary

Help is out there.

It is fragmented, it is hard for a resident to know where to go.

It is not marketed effectively, if I need help, I have to find it, it does not come to me.

What is on offer changes over time, where I went for help before may not be the best place now.

We will bring help to those that need it, when they need it, in a way they need it.

Contents

Strategy

Background

There is a crisis. The cost of everyday essentials like energy and food is rising much faster than average incomes. This has been driven by an increase in energy costs following the war in Ukraine however all aspects of household expenditure have been affected. This has resulted in a significant increase in the levels of poverty.

"The default energy price cap is expected to be £4,266 in January 2023"[1]

"The average food bill has estimated to have increased by £533 a year"[2]

Local partners are not able to change the costs of living, but we are able to support our residents as much as possible. To work with our partners and the voluntary sector to make sure that all our residents facing increased poverty get as much support as possible.

The cost of living in Havering

In the 2019 index of multiple deprivation, the majority of Lower Super Output Areas in Havering fell within the 9th Decile of deprivation, (where the 10th Decile is the least deprived), hence Havering is seen as a relatively affluent borough. There are, however, some pockets of significant deprivation. Thirteen LSOAs in Havering have a domain indicator in the most deprived 10% in England. Five of these are in the North of the borough, in Gooshays ward.

In 2020, more than 1 in 10 (11%) of households in Havering were classed as being in fuel poverty, which is similar to the Outer London average of 11.5%.

A household is classed as being in fuel poverty if:

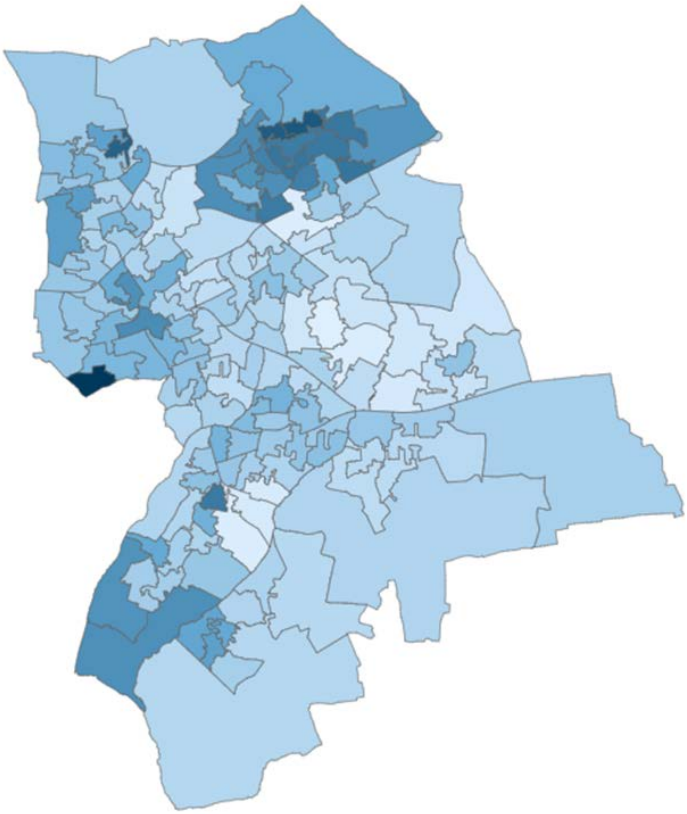
- The household's fuel poverty energy efficiency rating is Band D or below and
- Their disposable income (after housing and fuel costs) is below the poverty line.

In some areas of the borough, as many as one in five households are in fuel poverty. Even in those wards which are generally perceived to be more affluent, such as Upminster, there are still between 7 and 10% of households in fuel poverty.

The heat map below shows the proportion of households in fuel poverty per LSOA (the darker the colour, the higher the proportion of fuel poor households).

[1] Cornwall Insight August 2022
[2] Kantar August 2022

% households in fuel poverty by LSOA



The latest available data for energy costs shows that Havering has the highest estimated annual energy bills of all London boroughs. This is thought to be linked to the age of the housing stock and poorer energy efficiency on the whole when compared to boroughs which have seen more housing development.

Wages in Havering are low compared to the rest of London and over the last 10 years, Havering has seen one of the greatest increases (along with Enfield and Haringey) in low paid workers. Added to this, Havering residents rely heavily on their cars for commuting to work. Havering has the third highest (within London) proportion of residents who commute by car and the third lowest proportion who commute using public transport.

This means that residents of Havering will be hit harder by not only the rising costs of energy but also the increased costs of fuel.

Objectives

1. Maximizing household incomes by encouraging the take up of local and welfare benefits for the residents of Havering.
2. Making sure residents have access to the support they need when they need it.
3. Work jointly with Council; NHS; other statutory, charitable, and voluntary services to provide support for those that need it.

*" ...over **£15 billion** is being unclaimed by low-income households across the UK."*[3]

"It is estimated that Havering has nearly £4.5 million in unclaimed pension credits"[4]

Plan

1. We will be distributing the funding provided by government, making sure it gets to the people who need it. We will lobby for more resources to help those in need in the borough.
2. We are making sure residents receive the benefits to which they are entitled.
3. We will help residents manage their money.
4. We will show residents how to switch to cheaper energy tariffs.
5. We will be supporting improved energy efficiency within residents' homes.
6. We are working jointly with partners to maximise the help we can provide.

Groups we will be prioritising

- Residents with disabilities
- Low-income households, especially those with children and pensioners
- Residents who have pre-paid meters.

1. Funding

Emergency Assistance Scheme

In the first half of 2022, Government has provided £1.6million to support low-income households with food, energy bills and other essential items. This funding has been allocated to the **Emergency Assistance Scheme** to low-income families and individuals, to providing income for meals for children in low-income families during the holidays who receive free school meals. Funding has also been set aside for pensioners in receipt of Council Tax Support to further reduce their Council Tax bills.

Central Government have also provided £650 to low income-households to help with the rising costs of energy bills through their welfare benefits. Winter fuel payments, an allowance paid by the DWP has also been increased for pensioners to help with the cost of living crisis.

Council Tax

Through the Council Tax **Energy Rebate Scheme**, more than £12.3million has been given to over 102,000 households in payments of £150 (and £17 where Council Tax Support is not in payment or there are no vulnerability issues and the Council Tax property band is E to H) to help with the increasing cost of energy fuel bills.

Council Tax Support provides just under 15,000 low-income households with over £15 million in total to help reduce their Council Tax bills.

More recently in September 2022, Central Government has announced the capping of energy fuel bills at £2,500 for the average household.

[3] entitledto, Jan 2021

[4] Policy in Practice August 2022

Benefits

Business as usual benefits include **Housing Benefit** which helps more than 7,300 residents with their rent at an estimated cost of just over £49 million in 2022/2023.

In addition, just over £455k **Discretionary Housing Payment** funding has been provided to top up Housing Benefits where tenants are particularly struggling with their rent payments.

The Council also provides hardship payments to help individuals in exceptional circumstances with their Council Tax. Owner occupiers and private tenants may be able to get funding for energy-saving improvements, to help keep warm while saving money on energy bills and helping to reduce carbon emissions. This is being promoted as part of a consortium with the Energy Hub and the programme is branded "Sustainable Warmth".

Energy Efficiency

Grants are available, for qualifying households, to increase energy efficiency of residents' homes. All funding applications are arranged on the resident's behalf by Warmworks, who will also manage all the energy efficiency installation works.

The Council has secured £1.3m of funding through the Social Housing Decarbonisation Fund (SHDF) which will tackle some of the worst performing council owned housing Stock. We will introduce fabric first measures (external wall insulation, new windows, doors, loft insulation) to circa 120 properties to bring the properties up to at least EPC C, this requires us to more than match fund the scheme from the HRA (Housing Revenue Account).

2. Getting the benefits, you are entitled to

- Contacting those residents who are entitled to benefits but not receiving them
- Helping residents identify the benefits they are entitled to by providing links to free online benefit calculators

3. Managing money

- Make access to free online budgeting tools available through our 'Havering £ helps"
- Delivering face-to-face support for those that need it
- Promote 'money management' courses delivered by Havering Adult College

4. Switching tariffs

- We will support residents to get the best deals for energy
- We are working with energy companies to support residents

5. Making homes more energy efficient

- Working directly with low EPC rated homes
- Work with the Green Volunteers to promote making homes energy efficient
- We will deliver energy advice face-to-face

6. Joint Working

- We will work with established community groups to deliver services locally
- We will look for additional funding for community and voluntary sector groups

7. Ending Food Poverty

- We are supporting local food banks
- We are funding free meals for families
- Automatically awarding ‘Free School Meals’ for eligible families and promoting take-up with schools.
- Promote the Holiday Activity and Food Programme to vulnerable families.

Legacy

We will ensure that help and support for residents will be ongoing