



Haverling

L O N D O N B O R O U G H

HEALTH & WELLBEING BOARD AGENDA

1.00 pm	Thursday, 29 June 2023	Council Chamber, Town Hall
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Members: 18, Quorum: 6

BOARD MEMBERS:

Elected Members: Gillian Ford (Chairman), Ray Morgon, Oscar Ford, Paul McGeary

Officers of the Council: Andrew Blake-Herbert, Barbara Nicholls, Robert South, Mark Ansell

Integrated Care Partnership/ NEL CCG: Luke Burton, Narinderjit Kullar

Other Organisations: Anne-Marie Dean, Nick Swift, Jacqui van Rossum, Carol White, Paul Rose, Rob Kershaw, Catherine Oats, Farhana Imran, T Bernard

**For information about the meeting please contact:
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luke.phimister@onesource.co.uk**

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

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

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.

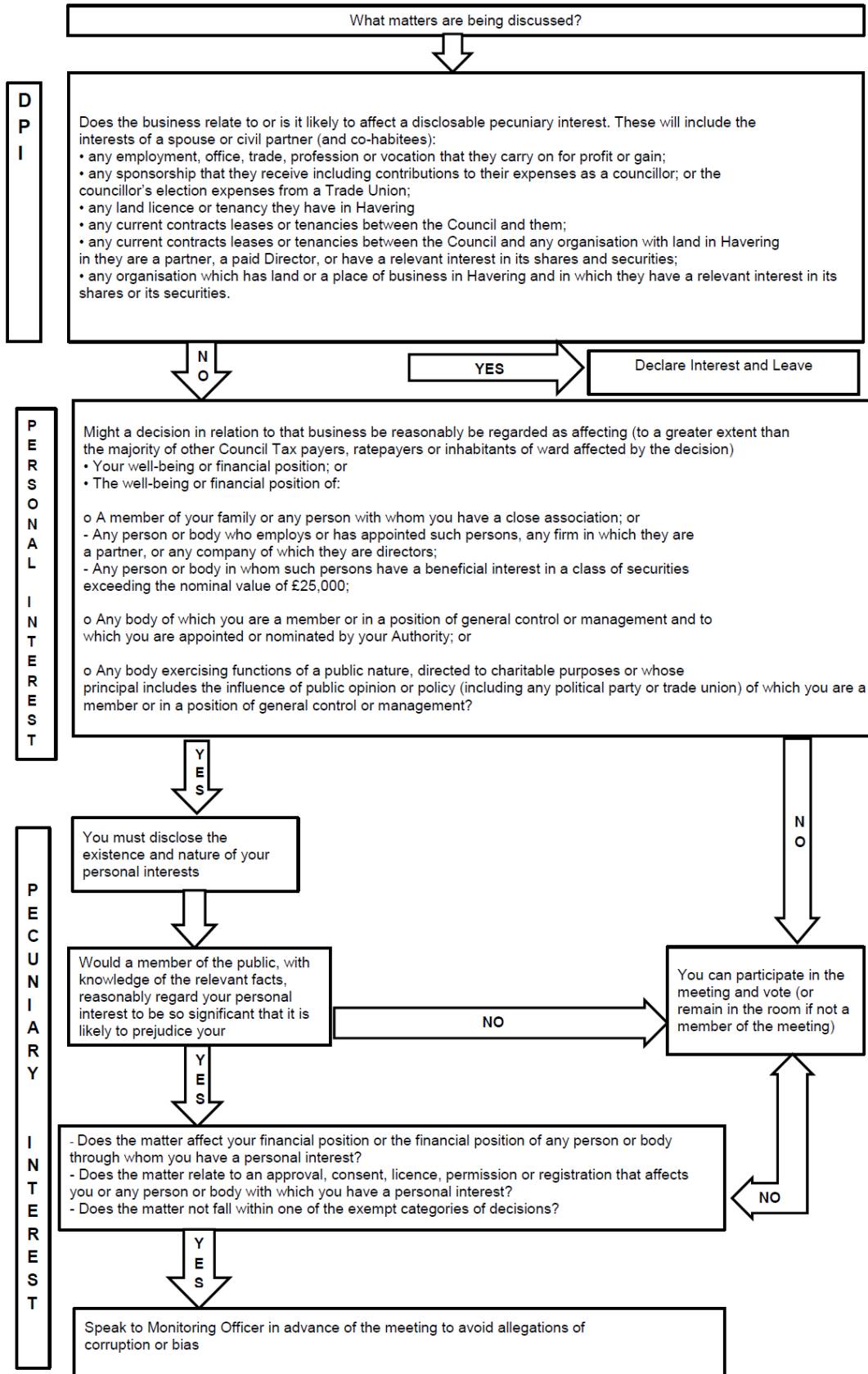
What does the Health and Wellbeing Board do?

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 29th March 2023 and to authorise the Chairman to sign them.

5 MATTERS ARISING

To consider the Board's Action Log

6 STRATEGY FOR THOSE WHO PROVIDE INFORMAL AND UNPAID CARE IN HAVERING 23 - 26 (Pages 5 - 60)

Report and appendices attached

7 BCF END OF YEAR 22/23 & PLANNING 23-25 SUBMISSIONS (Pages 61 - 88)

Report attached

8 HEALTHY WEIGHT STRATEGY 23-28 (Pages 89 - 92)

Report attached

9 SEXUAL AND REPRODUCTIVE HEALTH STRATEGY - RESIDENT CONSULTATION (Pages 93 - 104)

Report attached

10 DATE OF NEXT MEETING

The next meeting will be held on 18th October 2023 at 1pm.

Zena Smith
Democratic and Elections Services
Manager

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**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Council Chamber - Town Hall
29 March 2023 (1.10 - 2.30 pm)**

Present:

Elected Members: Councillors Oscar Ford

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

Havering Clinical Commissioning Group: Dr Jwala Gupta Aggarwal (Chair)

Other: Ann Hepworth (BHRUT), Dr Asif Imran, Emily Plane and Nick Swift

Healthwatch: Anne-Marie Dean (Healthwatch Havering)

Present online:

Irvine Muronzi and Dr Sarita Symon.

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

38 CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded members of the actions to take in case of an emergency.

39 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Ray Morgon and Councillor Gillian Ford.

40 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

41 MINUTES

The minutes of the meeting held on 8 December 2022 were agreed and signed as a correct record by the Chairman.

42 **MATTERS ARISING**

There were no matters arising.

43 **HAVERING PLACED BASED BOROUGH PARTNERSHIP UPDATE**

The Board were presented with an update on the Place Based Borough Partnership.

It was explained that the CCGs were disbanded in July 2022 and the Integrated Care Boards were established with a wider Integrated Care System around them with a focus on Partnership working and as part of that focus on Places. Internal work with the NHS Integrated Care Board was ongoing and once the restructure was complete there would be a budget put in place and problems around the current resource and funding challenges would be resolved.

Updates were provided regarding the ongoing work and achievements. These included the following: working closely with focus on the community and voluntary sector, establishing a core foundation, building community resilience, clinical care leadership, funding various projects using the health inequality money (stop smoking service, transforming other services including carer strategy). All principles were based around the idea of 'starting well, living well and ageing well' philosophy.

It was explained that improvements would be made within Population Health Management. There would be an Integrated Data Team who would enable more robust data and core knowledge about health management.

Future updates would be provided to the Board on all of the above.

The Board **noted** the update.

44 **BOROUGH PARTNERSHIP SUPPORT PLANS**

The Board were presented with the Borough Partnership Support Plans.

An outline of the plans to integrate the Council and NHS teams to support the Borough Partnership.

It was explained that work around the Target Operating Model (TOM) and how that would combine the system as a whole and in a joined up way to bring services to the residents. It would include bring together commissioning transformation, digital infrastructure and integration with the Council and influence the system around the central philosophy of "starting well, living well and ageing well".

Residents would be updated on the new plan and the opportunities that are created through an on-going communications and community engagement strategy once the consultation phase had been completed and feedback was received.

The Board **noted** the report.

45 **RELATIONSHIP BETWEEN HWBB AND HPBPB**

The Board were presented with a report on the Relationship between the Health and Well Being Board (HWBB) and Havering Place Based Partnership Board (HPBPB).

The report proposed some initial priorities for the HWBB in the coming year and suggested how the HWBB might choose to develop thereafter to ensure that it complements the HPBPB and minimises duplication of effort. The proposals were informed by an analysis of the Terms of Reference and Mutual Accountability Framework for place based partnerships in North East London which were provided as background papers.

It was explained that the priorities needed to be identified locally because there would be high expectations on the team being currently formed and draw on their priority to engage with the community. A strong focus on improving outcomes on health and social care services would be key. On examination of other Boroughs there was the idea of bringing their HWBBs and Place Based Partnerships (PBP) together to avoid duplication of effort. This would be discussed further for Havering once more clarity on priorities locally were achieved. More thought and a decision would be required on whether to align the two agendas of the HWBB and the HPBPB or to have the HWBB focus on the wider determinants of population level and the HPBPB focusing on the providing service. There would also be the option for the Council to delegate more authority to the HWBB through the constitution.

The Board **noted** the report.

46 **ANNUAL REPORT**

The Board were presented with an Annual Public Health Report.

It was explained that the Director of Public Health had a statutory duty to produce an annual public health report looking at the health of the community in which they work.

The 2022 Report focused on the pandemic – from the perspective of the Council. It described the course of the pandemic in the form of a timeline highlighting key events in the national and local response. Local campaigns

and communications messages were shown on the timeline to illustrate what was going on in Havering at that point.

Brief articles written by colleagues involved in direct aspects of the response provide more detail. The report acknowledged the contribution of a huge number of colleagues during the pandemic. It also highlighted learning that would help the Health and Wellbeing Board (HWBB) and the Havering Place Based Borough Partnership (HPBBP) tackle the equally huge challenges ahead such as closing the 7 year difference in life expectancy between residents living in the most and least disadvantaged communities within the borough or reducing the proportion (2/3rd) of adults who are obese or overweight.

The HWBB was asked to note the following learning from the pandemic:

1. What can be achieved if we succeed in mobilising the whole of civil society – the community and voluntary sector, local businesses, schools and colleges, other statutory partners, all elements of the Council, as well as health and social care.
2. If we are to reduce health inequalities we must continue with our existing strategy and - Address the wider determinants of health - The communities in which we live - Our Lifestyles and behaviours - As well as ensuring access to high quality health and care services
3. The same service offer to all communities will not achieve equality of outcomes. We must develop the means to allow residents to shape the delivery of services to meet their needs and preferences. To this end, investment in community engagement is essential.
4. The pandemic demonstrated how much more partners can achieve together if they are able to share information. The dispensation that allowed information to be shared simply and quickly has since been withdrawn. Data sharing or the lack of it remains a significant barrier to the development of integrated health and care services.

The Board **noted** the report and the recommendations.

47 **DATE OF NEXT MEETING**

The next meeting was scheduled for 10 May 2023.

Chairman



HEALTH & WELLBEING BOARD

Subject Heading:

Strategy for those who provide informal and unpaid care in Havering, 2023 - 2026

Board Lead:

Emily Plane, Head of Strategy and System Development

Report Author and contact details:

NHS North East London ICB
e.plane@nhs.net

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

<input checked="" type="checkbox"/>	<p>The wider determinants of health</p> <ul style="list-style-type: none"> • 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.
<input type="checkbox"/>	<p>Lifestyles and behaviours</p> <ul style="list-style-type: none"> • 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
<input checked="" type="checkbox"/>	<p>The communities and places we live in</p> <ul style="list-style-type: none"> • 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.
<input checked="" type="checkbox"/>	<p>Local health and social care services</p> <ul style="list-style-type: none"> • Development of integrated health, housing and social care services at locality level.
<input type="checkbox"/>	<p>BHR Integrated Care Partnership Board Transformation Board</p> <ul style="list-style-type: none"> • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care <p>Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board</p>



SUMMARY

Recognising the invaluable contribution that those who provide unpaid and informal care to friends and relatives on a daily basis contribute, partners in Havering, under the Place based Partnership, have jointly undertaken development of a Strategy for those who provide informal and unpaid care to ensure that we deliver improved experiences and outcomes for Carers in the Borough.

This paper sets out how the strategy was developed with partners and local people, how the priorities have been articulated as 'I' statements so that it's really clear how local carers will experience improvements, and includes the full strategy and action plan which clearly articulates how the strategy will deliver improved outcomes for local carers.

This paper seeks endorsement of the strategy, and support to establish a Carers Board, which will evolve from the Carers strategy working group, and will be responsible for overseeing the delivery of the strategy action plan.

RECOMMENDATIONS

Health and Wellbeing Board members are asked to:

- Review and endorse the Strategy for those who provide informal and unpaid care in Havering, 2023 – 2026
- Endorse establishment of a Carers Board, which will report into the Havering Place based Partnership and Havering Health and Wellbeing Board, and will be responsible for oversight of the delivery of the strategy action plan

REPORT DETAIL

1.0 Introduction

- 1.1 Unpaid and informal carers provide invaluable support for loved ones and friends on a daily basis. The recent Covid Pandemic further highlighted the significant role that they play in supporting people to remain well at home. They coordinate care and appointments, provide personal care, and improve the wellbeing of those whom they look after. It is important that health, care and the community and voluntary sector support unpaid carers to continue to provide the invaluable tasks that they carry out every day.
- 1.2 NHS England describes a carer as “anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.”
- 1.3 In the context of the developing Havering Place based Partnership, which brings together health, care and the community and voluntary sector in



Havering with a focus on integrating services and support for local people in a way that is meaningful to them, partners in Havering have jointly undertaken development of the Strategy for those who provide informal and unpaid care in Havering, 2023 – 2026, to ensure that we deliver improved experiences and outcomes for Carers in the Borough.

2.0 Development of the strategy

2.1 The language that we have used throughout the strategy; ‘those who provide information and unpaid care’ – reflects feedback from local Carers, for many of whom the word ‘carer’ does not resonate with the role that they undertake. The strategy itself highlights a significant gap between the number of potential carers in the Borough based on recent census data, and the number actually registered for support with our Carers Hub, and Imago (for young carers). There is a strong focus throughout the strategy on seeking to address this gap.

2.2 We have sought to embed our Havering Place based Partnership ethos from the inception of the strategy development; first speaking to those whom the strategy is targeted at supporting, and seeking their views on the key areas they think need to be improved. A real life case study of an informal carer in Havering is the key focus of the strategy, highlighting how services and support need to improve for local carers. The strategy itself is a partnership product, developed by a working group of leads from across the partnership, spanning the Community and Voluntary Sector, Health, Care and the Local Authority.

2.3 The strategy builds on the previous strategy (2017-2019) and reflects learning since the Pandemic that a greater focus on support for informal/unpaid Carers is needed. This strategy also takes into account that ways of living and working have changed dramatically since 2019. Following engagement with local carers, it seeks to address shifts in needs of carers, whilst expanding scope of the strategy to range across all ages. This has been an opportunity for carers to design their strategic vision with the Council and wider partners, and directly contribute to the action plan which will be owned and delivered by partners across Havering.

2.4 Based on the support local Carers have told us that they need, our main strategic priorities for carers moving forward include:

1. Improved Identification and assessment of informal Carers
2. Easier access to information and advice, including wider wellbeing services
3. Improved links into primary care and other services, and better coordination of services
4. Access to Respite and carers breaks, that is more flexible



We have framed these priorities in the form of 'I' statements in the vision section of the strategy, to clearly articulate how outcomes will materially improve for those providing informal and unpaid care in Havering.

- 2.5 How the partnership will deliver these outcomes is set out in the 'action plan' section towards the end of the strategy.

3.0 Monitoring of the strategy action plan

- 3.1 To ensure that we achieve the outcomes and goals that we have set within the strategy, we will develop a dashboard with key indicators for those who provide informal and unpaid care in Havering. Both qualitative and quantitative data will be collected within this.
- 3.2 The partnership working group established to oversee development of the strategy will evolve into a Carers Board, who will oversee the delivery of the action plan within the strategy. It is our intention that this board will be comprised of local informal/unpaid carers, as well as partnership leads, and that the board will be Chaired by a Carer.
- 3.3 £100,000 of Health Inequalities monies has been secured via the Havering Place based Partnership to support delivery of a number of key elements of the strategy action plan, including:
- Text message to be sent to all informal carers coded as such with their GP practice in Havering – circa 5,000 people reminding them that they can register with the Carers Hub to access a Carers Assessment and further support and guidance
 - Training for front line staff, run as virtual webinars, alongside dedicated sessions at the Havering GPs Protected Time Initiative, and the Havering Practice Managers Forum, to improve identification and coding of unpaid and informal carers on the primary care system, and increase the number of unpaid and informal carers being referred to the Carers Hub
 - Additional capacity within the Carers Hub to undertake dedicated Carers Assessments
 - One off additional capacity in the carers hub to support a potential influx of people requesting to be added to the Carers register and requiring support
 - Training for unpaid and informal Carers; The aim is to develop a package of information and training (online and in person, both in and out of 9-5 Monday-Friday working hours) to enable those undertaking informal/unpaid caring duties to feel more supported/confident in their roles. We will be working with the Carers hub to support local people



to recognise that they are undertaking Caring duties, and register as Carers to access this training. We will be providing tailored sessions for conditions such as frailty, Dementia and other conditions as identified. We will ensure that onward referrals are made to social prescribing link workers as required, to support carers who may need additional support. We will create a link with the Carers Hub to ensure that carers who are newly identified are accessing all of the support and benefits to which they are entitled.

3.4 Other projects which the Havering Place based Partnership will be undertaking, such as the roll out of a single database of health and care services across Havering, will support delivery of the action plan within the strategy.

4.0 Author

4.1 Emily Plane, Head of Strategy and System Development – BHR
NHS North East London ICB

IMPLICATIONS AND RISKS

Resource is a key risk in terms of delivery of the strategy. The Integrated Care Board, and Council are both undertaking consultations that will seek to reduce their running costs. The Havering Place based Partnership are dedicated to working together across the system to ensure that we make best use of the resource that we have, and ensure that it is directed to the right place to deliver improved outcomes for local people.

BACKGROUND PAPERS

- Attachment 1 Strategy for those who provide informal and unpaid care in Havering, 2023 – 2026
- Attachment 2 DRAFT Equality & Health Impact Assessment (EqHIA)

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Strategy for those who provide informal and unpaid care in Havering, 2023 - 2026

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Developed by the Havering Integrated Care Partnership (part of the North East London Health and Care Partnership) – a partnership of health, Local Authority, care and community and voluntary sector leads in Havering

Document Details

Name	Strategy for those of all ages who provide informal and unpaid care in Havering, 2023 - 2026
Version number	V4
Status	Final draft, with comments from partners
Authors	Lucy Sullivan-Allsop and Emily Plane
Lead Officer	Mariette Mason – London Borough of Havering Emily Plane – NHS North East London
Approved by	
Scheduled review date	June 2024, once the document has been reviewed and endorsed / approved by the Havering Integrated Care Partnership Board, and the Havering Health and Wellbeing Board

Equality & Health Impact Assessment record

1	Title of activity	Strategy for those of all ages who provide informal and unpaid care in Havering, 2023 - 2026		
2	Type of activity	<i>Strategy for informal and unpaid carers in Havering</i>		
3	Scope of activity	<i>All unpaid carers in Havering, broadly spread across 3 main cohorts:</i> <ul style="list-style-type: none"> - Adult carers - Parent Carers - Young Carers 		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	If the answer to <u>any</u> of these questions is 'YES', please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is 'NO', please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes		
5	If you answered YES:	A full EqHIA has been completed. This is attached as Appendix 1 to this strategy.		
6	If you answered NO: <i>(Please provide a clear and robust explanation on why your activity does not require an EqHIA. This is essential in case the activity is challenged under the Equality Act 2010.)</i> <i>Please keep this checklist for your audit trail.</i>			

Date	Completed by	Review date
May 2023	Emily Plane	May 2024

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Foreword



Dr Narinderjit Kullar

Clinical Director, Havering Place based Partnership

The support that unpaid and informal Carers provide to their friends and loved ones on a daily basis is essential to allow cared for people to continue to live the lives that they want, at home. Given the vital role that these Carers provide, it is critical that we as a partnership of health, care, community and voluntary leads in Havering, work together to identify and support Carers in a way that is meaningful to them.

I am particularly mindful of the impact that taking on a Caring role can have on a person. We need to do everything that we can to make this role easier for all those involved, from ensuring that informal carers are listened to by the professionals that they come into contact with, to supporting the Health and wellbeing of the carers themselves. Importantly, we want Carers in Havering to feel valued, listened to, and supported to best enable them to continue to undertake the incredible work they do on a daily basis.



Councillor Gillian Ford

Chair, Havering Place based Partnership Board, and Lead Member for Health

As a partnership we recognise the incredible role informal and unpaid Carers play in the borough and want to support them as much as possible to continue to provide the critical support that they give to friends and loved ones. I am particularly mindful of the effects of caring not just on a person's wellbeing, but on their social interaction and career prospects, both current and future.

We want to ensure that no Carer is left behind or adversely affected by providing support for a friend, child, parent, partner or loved one.

We have developed this strategy by speaking with local Carers, as well as a wide range of clinicians, professionals and community and voluntary sector staff who come into daily contact with local people providing this vital role. This strategy sets out our commitment to supporting people to achieve the outcomes that they want, and we intend to continue working with carers in Havering to shape the support that they receive.

Executive summary



Unpaid Carers (those who provide unpaid and informal care to their friends or family) provide invaluable support for loved ones and friends on a daily basis. The recent Covid Pandemic further highlighted the significant role that they play in supporting people to remain well at home. They coordinate care and appointments, provide personal care, and improve the wellbeing of those they look after. It is important that health, care and the community and voluntary sector support unpaid carers to continue to provide the invaluable tasks that they carry out every day. They often however don't recognise that they are performing this crucial function as a 'carer'. 2021 Census data suggests up to one in ten people in Havering provide informal and unpaid care on a regular basis.

In the context of the developing Havering Place based Partnership, which brings together health, care and the community and voluntary sector in Havering with a focus on integrating services and support for local people in a way that is meaningful to them, partners in Havering have jointly undertaken a refresh of the strategy for informal and unpaid carers, to ensure that we deliver improved experiences and outcomes in the Borough.

Based on what support local people who provide informal and unpaid care have told us that they need, our main strategic priorities for carers moving forward include:

- ✓ **Easier access to information and advice, including wider wellbeing services**
- ✓ **Recognition of the role that they play, and enabling them to have an active role in the decision making for the person they care for**
- ✓ **Improved Identification and assessment of informal Carers including faster access to individual carers assessments**
- ✓ **Access to Respite that is more flexible**
- ✓ **Improved links into primary care, and better coordination of services**
- ✓ **Training for unpaid and informal carers to help them to carry out their caring roles**

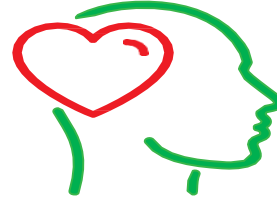
Vision and aspirations - Havering

Developed with and for those who provide unpaid and informal care in Havering



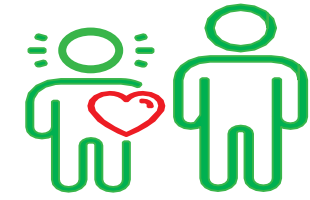
A system that supports unpaid and informal Carers

1. I have easy access to information and advice when I need it, including signposting to the right place
2. I have easy access to help and support when I need it, including if/when my caring role ends
3. I encounter friendly professionals who understand my role as a carer, listen to me and share information with me
4. I am recognised as an expert and equal partner of care with my views and opinions valued and respected
5. I have access to a range of support, including breaks from my caring responsibilities, to help me live my life and continue to carry on with my caring role
6. I can access an individual carers needs assessment when I need it



Wellbeing, Career prospects, and employment

1. I am supported to recognise that I am a carer, and that I may need help both in my caring role and to maintain my own health and well-being
2. I have access to information and advice to help me look after my own mental and physical health
3. If I recognise a change in my cared for person's needs, I know where to turn, and am listened to; for example, that an increase in care package is needed
4. I am supported to maximise my income, including accessing benefits to which I may be entitled
5. I am supported with my caring responsibilities so that I can continue to work or study
6. I am offered access to training better equip me to deliver my caring role



Support for young Carers

1. I can attend carers support groups and activities with young carers that understand what I am going through
2. I can access help to support me with my mental health and wellbeing
3. I am able to focus on my future and my studies without impacting on my caring role, including university, training, apprenticeships and employment options
4. My school or college understands my caring role and I feel supported

Introduction; who is a Carer

Who is a Carer

NHS England describes a carer as “anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.”

Carers span all ages and backgrounds and provide informal support to loved ones, who would otherwise likely be in a care home or hospital. Whilst there are many sub-sections and groupings of carers, for this strategy we have sectioned carers into three broad groups to focus aims and actions tailored to each group.

There are several sub categories of unpaid Carers, including:

- **Adult Carers:** anyone aged 18 years or above who provides care for another person
- **Young Carers:** anyone under the age of 18 who provides care to another person, often a parent or sibling
- **Parent Carers:** someone aged 18 years or above who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

Introduction; development of this strategy

This strategy refresh builds on the previous strategy (2017-2019) and reflects learning since the Pandemic that a greater focus on support for informal/unpaid Carers is needed. This strategy also takes into account that ways of living and working have changed dramatically since 2019. Following engagement with local carers, it seeks to address shifts in needs of carers, whilst expanding scope of the strategy to range across all ages. This has been an opportunity for carers to design their strategic vision with the Council and wider partners, and directly contribute to the action plan which will be owned and delivered by partners across Havering.

The Strategy for those provide informal and unpaid care in Havering, 2023 - 2026 has been developed by Havering Council in partnership with the new system operating across health and wider partners – the North East London Integrated Care System (ICS), and Havering Place based Partnership. The ICS aims to enable greater cohesion and collaboration across partnerships, and this strategy is an example of how this can work – with issues affecting Carers drawing heavily upon health, as well as social care, and the wider determinants of health.

As a joint Strategy across the Havering Place based Partnership, the Council and partners were eager to imbed collaboration at every stage; a key aspect of this strategy has been the underpinning key principle of co-design and co-production. Carer engagement for this strategy started with an initial introduction presentation to the Havering Carers Hub, which over the following months expanded into a recurring working group of key leads over the partnership. Our engagement plan started with the introduction of the Strategy context to the Havering Carers Hub which sparked conversations about what the priorities should look like.

Activities that have fed into the development of this strategy:

- Partnership workshops
- Programme of engagement with local Carers including:
 - 1-1 discussions
 - Focus Groups
 - Carer consultation events
 - Carer workshops
 - Borough-wide online engagement survey
- Discussions solidifying priorities across all groups
- Mapping out action points with Carers to focus on the priorities that were most meaningful to them
- ICB involvement and working group
- Partnership Board discussion
- Attendance and discussion at Carers Hub events
- Meetings with ICB colleagues across North East London
- National webinars and collaborative events
- National Survey 2021 of adult carers in England
- National GP Survey with dedicated questions to Carers
- Close working with our commissioned services, the Carers Hub, Imago and Havering Young Carers

The All Age Carers Strategy will sit alongside other key strategic documents that impact upon carers and their families including:

- Autism Strategy
- Learning Disabilities strategy (in development)
- Voluntary Sector Strategy
- Havering's Joint Commissioning Strategy
- Havering's Dementia Strategy (to be published)

National Legislation

Putting People at the Heart of Care – April 2023

- 10 year vision for transformation of care and support in England including joining up services to support people and carers
- Extension of the Better Care Fund (BCF) Support Programme and the launch of a new national leadership programme for local health and social care leaders.
- Sets out investment for additional support for unpaid carers in recognition of the enormous contribution they make
- The DHSC provides funding through the Better Care Fund for "short breaks and respite services for carers, as well as additional advice and support
- Key policy changes to support; improved information and advice, empowering unpaid carers and supporting autistic people and people with a disability into employment

Other related legislation:

- Breaks for Carers of Disabled Children Regulations 2011
- Care and support for deafblind children and adults policy guidance

Health and Care Act 2022

- Aims to make it easier for health and care organisations to deliver joined up care to people who require multiple services, building on earlier recommendations by NHS England and NHS Improvement
- Recognises the equal importance of supporting carers as well as the people they care for, giving carers the right to receive support from their local authority if they have eligible needs; which can be identified through a carer's assessment.
- Sets out the establishment of Integrated Care Boards, who carry new duties which make them responsible for involving carers as well as those they care for in decision-making; Carers must be involved when decisions are made around changes to or developments to a service, where there is an expectation of involved care in relation to the patient's prevention, treatment, and diagnosis.
- NHS hospital trusts in England must ensure that unpaid carers are involved as soon as possible when plans for a patient's discharge after treatment are being made. This covers all carers of adults needing care and support following hospital discharge, including health care support such as Continuing Healthcare.

- Childrens Act 1989
- Chronically Sick and Disabled Persons Act 1970
- Children and Families Act 2014

2014 Care Act

- The Care Act aims to ensure people needing care receive the support they need and that their wellbeing is at the centre of the process. The Act also aims to bring personalisation to care services, giving greater control and influence to those in need of support.
- the Care Act gives local authorities a responsibility to assess the level of support that a carer may need (building on the Carers Recognition and services act, 1995)
- To do this, the local authority will undertake an assessment with the carer to decide whether the carer has needs that require support
- Once a carer's assessment has been completed, the local authority will then decide whether the carer is eligible for support. The carer will be entitled to support if they meet the eligibility criteria and the person they care for lives in the local authority area.

What matters to local carers – feedback from engagement

One to one discussions



"I live alone with my mum who is ill, it's just us but it's always been that way"

Imago Young Carer (aged 9-12)

"Sometimes I don't know where to get help, I care for my husband on my own and struggle using technology to access information"

Adult Carer

"I take care of my twin sisters with mental health problems and my great grandmother. I used to have a group of young carers to meet up with, but now with my college schedule and caring I don't have time"

Young adult carer (aged 19)

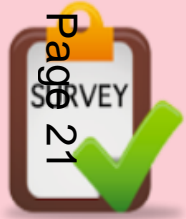
"I just want carers to be acknowledged as workers, entitled to breaks. We work so hard and employers often don't recognise this strain"

Adult Carer

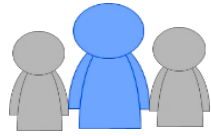
"I have cared for my grandad for as long as I can remember, but since he became bed-bound 2 years ago, it has taken more time. I had to take 8 weeks off college because it's just me and my mum who care for him"

Young adult carer (aged 23)

Borough wide Survey



1 in 3



Of 125 respondents said that access to timely GP appointments was their top priority

64%



Of respondents felt that training to help them fulfil their informal/unpaid caring role would be useful

1 in 2



50% of respondents felt that better access to get through to services on the phone in a timely way is their top priority for improvement

1 in 2



Of the 125 respondents felt that their relationship with their GP worked well in terms of the care and support they currently receive

The general additional comments provided focussed on the need to coordinate care around people, ensuring that it is more seamless, ensure access to information and advice so that people can navigate the system, and ensure access to timely appointments.

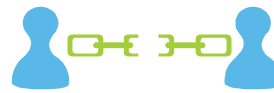
Focus Groups



It is often difficult to understand what services are out there to support Carers and the people that they care for. Carers will often have to go to the GP to be referred on for support. This should be more simple. A single directory would be helpful, if everyone could access it.



Access to respite should be easier, and it should be more flexible. It's really important that Carers have access to respite when they need it, that doesn't disrupt the routines of the person they're caring for



Access to Primary Care appointments should be easier and more quick. A flexible model would be helpful, that means you are seen by the right person for your query, in a timely way.



Services should be more streamlined around the needs of the person. It can be difficult to navigate a range of appointments, and it takes time to take the person that you care for to different appointments at different places.



Carers should be identified and recognised for the key role that they play. Sometimes it's difficult to get the GP to call the Carer rather than the cared for person to discuss their care, even if the cared for person has dementia

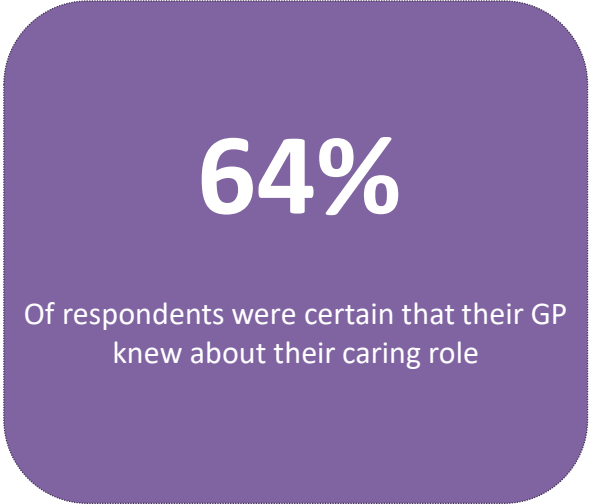
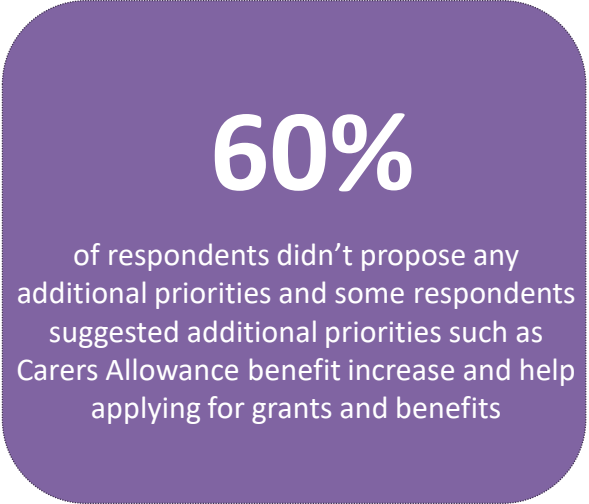


Further engagement with local Carers to test our priorities



Citizen’s space Havering engaged with Carers across Havering to test the emerging feedback and priorities from the focus groups, one to one discussions, and engagement survey.

Feedback from 125 respondents included:



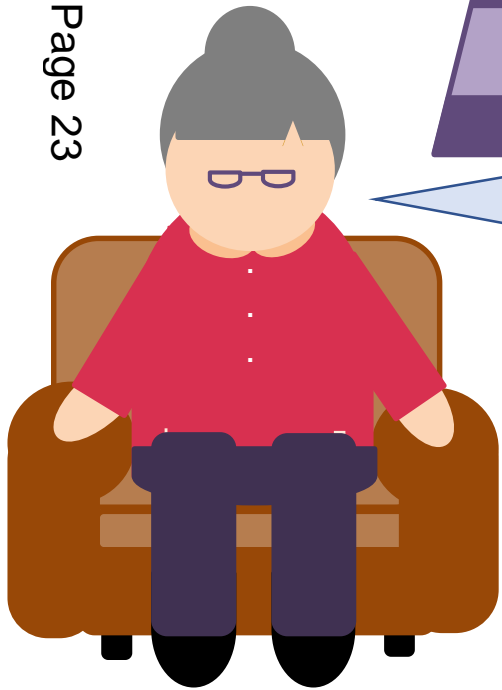
Havering Carers experience: Lynn's story

Lynn and her mother Joan share a really close bond, and are more like best friends. They're always there for each other, and see each other frequently. Lynn's mother had started to slowly decline in the past couple of years, being less able to manage. Lynn noticed this and, as well as supporting her mother herself; acting as her advocate, booking appointments, arranging food shopping and other support, Lynn requested a Social Care assessment following which a care package was put in place (single handed, 4 times per day). A lot of the monitoring of her mother's diabetes and blood sugar levels falls to Lynn, including the decision of when to escalate; Lynn also notices that the diabetes medication is given by nurses on several occasions despite her mother's blood sugar levels at the time suggesting that it should not have been administered.

In 2022, Lynn's mother, who was at this point defined as 'housebound' developed a rash across her body, which left her in extreme discomfort. From then on, Lynn's mother's condition began to decline, despite Lynn's struggles to get her seen by the right people to support her. The following page maps their journey from this point.

Lynn's Mum - Joan

Page 23

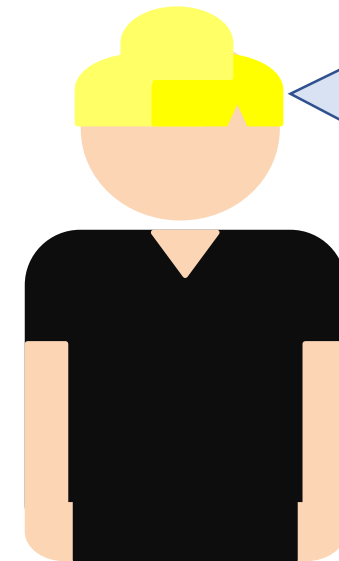


"I don't mind being woken up by the cat, she reminds me that I'm still alive"

Lynn's Mum

- 89 years old
- Lives alone with daughter nearby
- Declining mobility
- Care Package – single handed, x4 times a day
- Type 2 Insulin controlled diabetes
- 2019 Alzheimer's diagnosis

Lynn



"I'm not a Carer, I don't have any formal caring qualifications, I'm just trying to do what's best for Mum"

"I often felt I was alone, trying to fight for Mum"

As well as supporting her mother and her family, Lynn works in Havering in the Community and Voluntary Sector and has a strong understanding of the health, care and community system in Havering.

Lynn and Joan's story

6 Sept 2022

Saw diabetic foot nurse because Lynn's mother had been removed from the toenail cutting service - Lynn had to go back to the GP to be re-referred for this.

Lynn asked about the rash that had broken out for circa two weeks and was advised to see GP and provided with creams

Sept - Oct 2022

Called GP and was asked to send photos of the rash.

Several weeks later, Lynn's mum started to struggle with her breathing as the itch from rash was becoming unbearable.

Lynn advised by GP to call the Community Treatment Team (NELFT Community Rapid Response service)

6th Oct 2022

Lynn called the CTT on advise of her GP, and advised that she was calling due to her mother's rash, and irregular breathing.

CTT called the GP and spoke with them, then called Lynn back the next morning. Nurse arrived to undertake obs and take bloods. Also reviewed rash. GP arrived to see rash after request from CTT doctors

10th Oct 2022

Lynn took her mum to a dermatology appointment that the GP instigated for the rash at DMC Westland medical Centre in Hornchurch. Struggled to find somewhere to park. They did not have access to Lynn's mum's medical records, and were not aware of the medication that she was on. No thorough inspection of rash or resolution for this just cream and antihistamine tablets again

Late Dec 2022

Seen by diabetic Nurse in the community; concerned that Novamix had been prescribed. Stopped this medication and changed to Tresla.

1st Dec 2022

Medication review with Pharmacist
15th Dec - Queens dermatology. Inconclusive biopsy results. Creams and tablets given
30th Dec another Westland appointment no access to medication changes and no attempt to check over mums rash physically.

28th October 2022

A&E - from 2pm - 8.30pm until Mum fell out of her Chair and was rushed through. CT scan and bloods. No pain relief/cream given. Jnr doctor wanted to admit, initial consultant wouldn't; told to send home with cream and Puritan and let GP deal with it. Lynn has to get another consultant to prevent her Mum being discharged at 1.30am

28th October 2022

Rash significantly worse and itch really affecting Lynn's Mum; she is unable to focus on eating, drinking or anything else. Lynn went back to the GP and was seen by a Nurse practitioner to try to get another appointment with the dermatologist. Advised to go to A&E as the nurse felt it was now life threatening

28th & 29th Dec 2022

Series of Hypos, - Lynn rushed to her mother's house when couldn't see her on the CCTV. Lynn arrived, found mother on floor, and called 999. LAS crews attend after several hours. Blood sugar level at 1.1
Advised that both doses of insulin were administered that day incorrectly (when blood sugar was at 4).
Hypo again the following day, Lynn sat with Mum all night and LAS attend the next morning.

28 Oct - Nov 2022

Admitted to hospital for 3 weeks. Lynn pushed the hospital for a dermatologist to review the rash which was finally done. Biopsy taken - 12 week wait for results. Hospital prescribe Novamix Insulin twice daily, which requires blood sugar to be tested and at the right level before administration of insulin by a Community Nurse.

20th January 2023

Lynn's Mum sadly passes away in hospital at 3am. Lynn is at her side.



19th January 2023

Lynns Mum suddenly deteriorated. Tested negative for COVID and obs done by CCT team that evening. Were going to do bloods but didn't as mum was comfortable. At 6.10am on 19th Jan Lynns mum lent against wall and slides down to the floor. Lynn got call from carer at 8.10 and goes to see her. Appeared Hypothermic. LAS convey to hospital. Mother continues to deteriorate, is fighting cold sepsis and Lynn is told she has now also contracted Covid.





Haverling Carers experience: Lynn's story

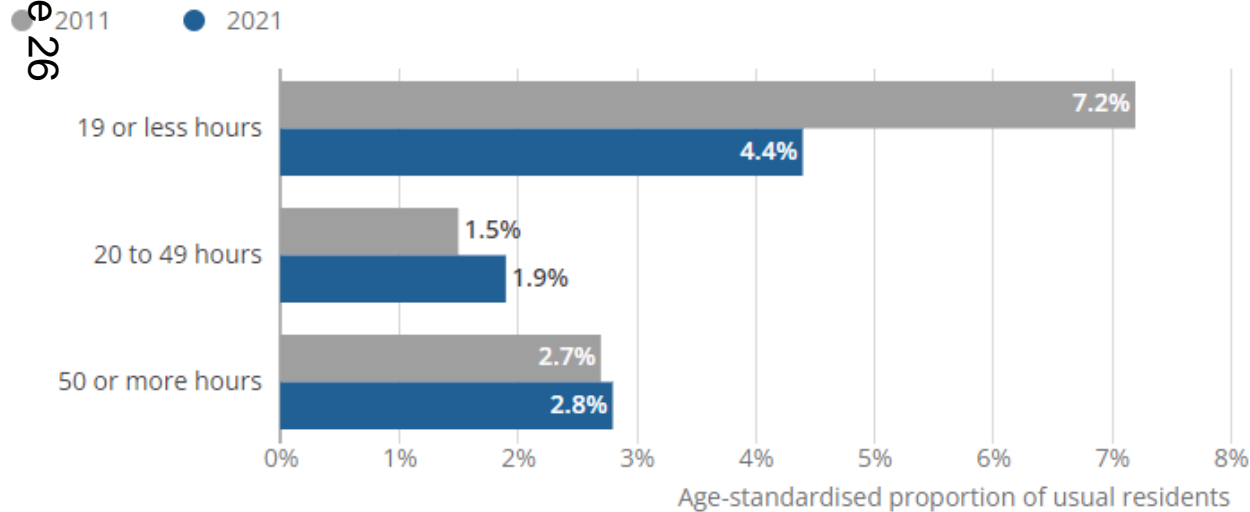
There are many instances within Joan and Lynn's journey where care could have been improved, particularly:

- There was a lack of care coordination /person centred care around Joan's journey, with Lynn trying to fill this function; there were many occasions where Lynn was not listened to, and she really had to push to have her mother seen
- There were many cases where, to get the referral or support she knew that her mother needed, Lynn had to go back to the GP for an appointment, to get the onward referral
- Joan's rash was never properly investigated / addressed, and she was in significant discomfort because of this throughout the last few months of her life
- Lynn was never identified as a carer / no one who saw Lynn ever checked that she was receiving the support to which she was entitled
- Joan's journey was convoluted, and without Lynn acting on her behalf and taking her to appointments, could have been significantly worse
- Lynn is now left with not only the impact of losing one of the people whom she loved most in the world, but also the impact of the experiences that she and her mother had to go through during the last months of her mother's life

What the data tells us - nationally

- Carers UK charity and the University of Sheffield used 2021 Census figures to calculate the value that unpaid carers contribute to the economy. For England and Wales, this was estimated to be **£162bn** per year, based on a calculation of £25 per hour in 2021.
- Recent Census data (2021) has shown a decrease in the proportion of the population who provide unpaid care, nevertheless around 5 million people in the UK identify themselves as providing unpaid care, the breakdown of which is shown in the chart below:

Figure 1: Number of hours of unpaid care provided per week, usual residents aged 5 years and over, age-standardised proportions, 2011 and 2021, England and Wales



Despite a decrease in the overall number of carers, proportions of carers providing higher numbers of unpaid care have risen.

Source: Office for National Statistics – Census 2021

What the data tells us - Havering

- Havering has seen an increase in population of 10.5% from 2011-2021, almost 3% higher than London's overall population increase, this is being driven by new housing developments, and migration into the borough. Havering has the second-least densely populated local authority area across London (Census, 2021), which could predict high potential for population booms in the future. Havering has a high number of single person dwellings, and the second oldest population in London.
- With regards to carers, this population growth is relevant, as with a growing population, and a nationally ageing population, there is a higher demand for care. This particularly affects older adults, but as families increasingly move to Havering amidst economic development, unpaid care as young carers and parent carers will increase.

1,400

Adult Carers registered with the Carers hub (with access to information, advice and Carers assessments)

5,000_c

People coded as a carer with their GP practice i.e. they have identified that they are providing informal or unpaid care to a friend or loved one

1,209

Adult Carer assessments completed in the past year

250

Young Carers identified and receiving support from Imago (aged between 5-17 years old)

- Despite these figures, it is known that the true number of unpaid carers across the borough is likely to be much higher than this, as many people will not recognise the caring role that they are fulfilling, or may not wish to, access support services. With Census 2021 figures showing that **8.7% of the population are providing some level of unpaid care**, this could potentially equate to over **22,800 unpaid and informal carers** in Havering.
- This is a significant gap between the number of known carers registered with a GP (5,000) or the Carers Hub (1,400), and the potential number of actual carers of nearly 23,000. **One of the top priorities for Havering will be helping those providing unpaid and informal care to identify their key role, and register for support, information, and advice.**
- Community and voluntary sector partners and local people have fed back that there has been a rise in the number of young children struggling with personality disorders, as well as an increase in incidents of Autism and other conditions. Support is needed for parent and family carers of these people to ensure that they can support their needs, and are able to link into services if needed.

What the data tells us - Havering

Informal Care can have a significant impact on the physical, emotional, financial, and mental wellbeing of the person providing it. As such, it is essential that Carers receive regular assessments of their own wellbeing, in their own right, to ensure that they are also receiving the support that they need.

Outcomes of the Personal Social Services of Adult Carers in England (SACE) survey 2021-2022, suggest that :

- Circa 75% of carers had not received an assessment in their own right or a review in the past year
- Ease of access to information for carers (30.9% found accessing information either 'fairly' or 'very' difficult), and awareness of the availability of information for carers (37.6% of respondents having not tried to access information and advice)
- Financial considerations (59.5% of respondents were retired), which also relates the potential for carers to have to leave the workforce to be able to carry out their caring duties – increased in likelihood by the fact that 56% of carers in Havering are aged 45-65.
- The impact of Covid affected carers significantly in their interaction and isolation (86.3% of respondents did not have as much social interaction as they would like, with a large proportion of these mentioning feeling socially isolated)



Local Carers and cared for people celebrate the Kings Coronation at an event hosted by Havering Carers Hub, May 2023. Photo courtesy of Havering Carers Hub

Young Carers

Who is a Young Carer

The definition of a young carer, according to section 96 **of the Children and Families Act 2014** is:

- A person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work).
- This can relate to care for any family member who is physically or mentally ill, frail, elderly, disabled or misuses alcohol, or substances.

National figures

- Over 800,000 secondary school aged children are young carers in the UK
- One in five children and young people are young carers
- Their unpaid work is the equivalent of £12,000 a year on a part-time carer's wage
- 68% of young carers are bullied in schools
- The average was 48 school days missed or cut short because of their caring role
- 45% of young adult carers report they have mental health problems.
- There are 50,000 children and young people looking after someone with mental ill health in the UK
- 40% of young carers are having to get up in the night
- Young carers spend an average of 25 hours a week looking after loved ones



Young Carers

What support do young carers provide?

- Practical tasks
- Physical care
- Personal care
- Managing the family budget
- Administering medication
- Looking after or “parenting” younger siblings
- Emotional support
- Interpreting

Impact on young carers of the care they provide

- Limited horizons and aspirations
- Limited opportunities to take part in social or leisure activities
- A fear of professionals and statutory services
- Young Carers are often more mature than their peers
- Health problems may develop due to their role
- Emotional wellbeing of Young Carers can also be negatively affected
- The presence of problematic substance misuse in the family
- Family income lower than average family
- Exposure to adults risky behaviour



Young Carers

Young Carers in Havering

- There are over 200 Young Carers registered with Imago, from the ages of 5-18
- The largest age group is 9 - 11
- Imago are currently supporting 25 young carers that have a social care plan in place
- The most common “cared for” is the mother but it can be another relative with a large number caring for a sibling as well
- Imago are working with 48 different schools across Havering and supporting young carers that attend
- Majority of the referrals to Imago are currently from; social services, family wellbeing, schools and CAMHS

Thresholds for support and support provided by Imago to young carers:

Level	Criteria	Action
3 HIGH 10%	Significant caring role and negative impact of caring, additional support needs, moderate to high level of care given, significant additional risk factors	Liaise with relevant social care team to assess the cared-for family member
2 MEDIUM 25%	Additional support needs identified, moderate level of care being given, some additional risk factors	Action plan, 1:1 support, advocacy, support groups, workshops and respite activities. Signposting, consulted on YC issues; invited to one-off events, liaise with other professionals involved with the family e.g. school
1 LOW 65%	Low levels of caring, little negative impact of caring	Monthly bulletin, signposting, consulted on YC issues, invited to one-off events, travel pass

Current provision and support in Havering

Adult Carers

Havering Carers Hub provide carers support to adult carers in Havering

Website: <https://www.haveringcarershub.org.uk/>
Telephone: 01708 961111
Email: info@haveringcarershub.org.uk

Young Carers

Imago provide carers support to young carers in Havering

Website: <https://www.imago.community/Children-and-Young-People/Havering-Young-Carers>
Telephone: 0300 111 1110
Email: hello@imago.community

Parent Carers

The **Havering Positive Parents Group** has been key to supporting local parents. Details to follow once the group has been re-established.

Further groups and services who can provide information and support:

- Special Educational Needs sen@havering.gov.uk
- Autism Hub – Sycamore Trust Autismhub@sycamoretrust.org.uk



Carers Strategy Action Plan

Ask from local carers	Project / Action to deliver this	Lead	How will we measure success	Timescale	Responsible Officer
<p>I have easy access to information and advice when I need it, including signposting to the right place</p>	<p>Roll out of the Joy app across Havering; particularly the 'marketplace' element, which will provide a single database of all services including health, care and the wider community and voluntary sector services that can support local people. All professionals in the Borough will have access, as well as local people.</p> <p>Project underway within the Havering Place based Partnership to bring together all of the roles aimed at connecting local people to wider services and support, and better coordinating care. This group will have a focus on supporting Carers and ensuring that their care and needs are met. This group includes: Social Prescribers, Core Connectors, Local Area Coordinators, Health Coach leads and other similar roles.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<ul style="list-style-type: none"> ▪ Increase in carer satisfaction relating to access to services - reported through the Carers hub survey and qualitative surveys for those who access Social Prescribing / Local Area Coordinator services. ▪ Timelier access to GP and other appointments as people are directed to the right service for their needs, first time, reducing unnecessary activity in the borough 	<p>Joy app to be rolled out in 2023/24</p>	<p>TBC</p>
<p>I have easy access to help and support when I need it, including if/when my caring role ends</p>	<p>Local Area Coordination has been funded for a further year to support local people.</p> <p>A project is underway to support teams of health, care and community and voluntary sector staff to work together at a 'primary care network' level as a multidisciplinary team. This will ensure that services are more joined up. Through this work, partners will seek to improve coordination of services, including informal and unpaid carers in these discussions, and ensuring that they are not left holding the ring on coordination of services. This project will also seek to ensure that appointments for the most vulnerable are more timely.</p> <p>Population Health Management approach is being developed to enable targeted support and coordination of services for those who need it.</p> <p>Community Chest monies has increased capacity for local people in Havering to access Bereavement support - the Carers Hub will ensure that local carers are aware that they can access this if they have recently suffered a bereavement.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<ul style="list-style-type: none"> ▪ Increase in the number of informal/unpaid carers being supported by Social Prescribers and Local Area Coordinators. ▪ Number of staff trained to recognise Carers and have the necessary conversations with them. ▪ Increase in the number of people registered as a Carer in Havering. ▪ Qualitative measures - satisfaction rates of those who provide informal and unpaid care. 	<p>2023/24</p>	<p>TBC</p>
<p>I encounter friendly professionals who understand my role as a carer, listen to me and share information with me</p>	<p>Training to be rolled out for all staff who work with local people in Havering, to support better identification of those who provide informal and unpaid care. Staff will be supported to have conversations with these people to ensure that they are able to recognise the important role that they play, and are linked to the Carers Hub to register as a carer to access an assessment, information and advice / further support as needed.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<ul style="list-style-type: none"> ▪ Number of staff trained to recognise informal and unpaid carers and have conversations with them to register them for the support and advice that they need. 	<p>2023/24</p>	<p>TBC</p>
<p>I am recognised as an expert and equal partner of care with my views and opinions valued and respected</p>	<p>Training to be rolled out for all staff who work with local people in Havering, to support better identification of those who provide informal and unpaid care. Staff will be supported to have conversations with these people to ensure that they are able to recognise the important role that they play, and are linked to the Carers Hub to register as a carer to access an assessment, information and advice / further support as needed.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<ul style="list-style-type: none"> ▪ Increase in the number of people registered as a carer in Havering. ▪ Qualitative measures - satisfaction rates of those who provide informal and unpaid care. 	<p>2023/24</p>	<p>TBC</p>
<p>I have access to a range of support, including breaks from my caring responsibilities, to help me live my life and continue to carry on with my caring role</p>	<p>A review of respite services has been undertaken across Havering to enable this to be more flexible.</p> <p>Increasing the number of people who register as a Carer via training for frontline staff and better communication across the borough, to ensure that local carers receive the right information and advice on how to access respite care.</p> <p>Through the Multidisciplinary team work described above, ensure that Carers have a link in local health and care services who can support them to ensure that the care for their cared for person is more joined up and coordinated.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<ul style="list-style-type: none"> ▪ Number of carers who access respite. ▪ Qualitative measures - satisfaction rates of those who provide informal and unpaid care. 	<p>2023/24</p>	<p>TBC</p>
<p>I can access an individual carers needs assessment when I need it</p>	<p>Support more people across the borough (via training for front line staff) to identify as a carer and register with the Carers hub.</p> <p>Review underway to enable the Carers Hub themselves to deliver individual Carers Assessments for local people, to increase the timeliness of these assessments. From this they are able to access better signposting and coordination of services and support, and better qualitative outcomes for local carers including improved wellbeing scores.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<ul style="list-style-type: none"> ▪ Increase in the number of informal and unpaid carers having an individual Carers assessment. ▪ Decrease in the wait time for an individual Carers Assessment. ▪ Qualitative measures - satisfaction rates of those who provide informal and unpaid care. 	<p>2023/24</p>	<p>TBC</p>

Carers Strategy Action Plan



**North East London
Health & Care
Partnership**

Ask from local carers	Project / Action to deliver this	Lead	How will we measure success	Timescale	Responsible Officer
<p>I am supported to recognise that I am a carer, and that I may need help both in my caring role and to maintain my own health and well-being</p>	<p>Support more people across the borough (via training for front line staff) to identify as a carer and register with the Carers hub.</p> <p>Project underway in Primary Care to improve coding of Cares on the GP systems.</p> <p>Targeted text message to those registered as a Carer with their GP (circa 5,000 people) to encourage them to register with the Carers hub for further support, information and advice (increased capacity will be provided to the Carers hub to ensure that they can cope with a potential increase in calls / requests for support in a short amount of time.</p> <p>Work to increase specific references to identifying and supporting unpaid carers in Job descriptions of staff, particularly those who undertake Social Prescribing functions.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<p>Increase in the number of informal and unpaid carers registering with the Carers Hub.</p> <p>Increase in the number of informal and unpaid carers coded as such with their GP practice</p> <p>Improved qualitative reports from Carers / satisfaction rates – reporting improved wellbeing and support following identification as a Carer, and registration with the Carers hub,</p>	<p>2023/24</p>	<p>TBC</p>
<p>I have access to information and advice to help me look after my own mental and physical health</p>	<p>Roll out of the Joy app across Havering; particularly the 'marketplace' element, which will provide a single database of all services including health, care and the wider community and voluntary sector services that can support local people. All professionals in the Borough will have access, as well as local people.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<p>Increase in carer satisfaction relating to access to services - reported through the Carers hub survey and qualitative surveys for those who access Social Prescribing / Local Area Coordinator services.</p> <p>Timelier access to GP and other appointments as people are directed to the right service for their needs, first time, reducing unnecessary activity in the borough</p>	<p>2023/24</p>	<p>TBC</p>
<p>If I recognise a change in my cared for person's needs, I know where to turn, and am listened to; for example, that an increase in care package is needed</p>	<p>Training to be rolled out for all staff who work with local people in Havering, to support better identification of those who provide informal and unpaid care.</p> <p>Staff will be supported to have conversations with these people to ensure that they are able to recognise the important role that they play, and are linked to the Carers Hub to register as a carer to access an assessment, information and advice / further support as needed.</p> <p>This will include recognising the important role that informal and unpaid carers play, and treating them as an equal partner in discussions about the care for their cared for person.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<p>Qualitative measures - satisfaction rates of those who provide informal and unpaid care.</p> <p>Increased number of people supported via the Carers hub, including reporting data on the number of Carers who go back to the hub for information and advice / signposting, and the outcome of this.</p>	<p>2023/24</p>	<p>TBC</p>
<p>I am supported to maximise my income, including accessing benefits to which I may be entitled</p>	<p>Increased identification of informal and unpaid Carers as set out in the actions within this plan.</p> <p>Work with informal and unpaid carers to increase their knowledge about their rights around employment and their caring role.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<p>Increase in the number of informal and unpaid carers accessing the benefits and support to which they are entitled</p> <p>Increase in the proportion of informal and unpaid carers at working age who are able to enter / continue work if they wish, alongside their caring role</p>	<p>Longer term project</p>	<p>TBC</p>
<p>I am supported with my caring responsibilities so that I can continue to work or study</p>	<p>Support for young Carers to prevent adverse impact of their caring role on their academic achievement.</p> <p>Timely access to respite services that are flexible, as and when needed.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<p>Academic attainment for Young Carers improved</p>	<p>2023/24</p>	<p>TBC</p>
<p>I am offered access to training better equip me to deliver my caring role</p>	<p>Tailored training programme to be run across the borough that meets the needs of all carers (with modules aimed at young carers, parent carers, and adult carers). This will include training to better understand some of the conditions their cared for people have, and how to manage them. This will include support for those with personality disorders, and other specific conditions that are on the rise and which local carers are identifying that they need support with.</p> <p>Support Carers through the training to understand how to access and navigate services, and understand what support they are entitled to.</p>	<p>Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'</p>	<p>Qualitative measures - satisfaction rates of those who provide informal and unpaid care.</p> <p>Measure number of additional training options requested by carers from feedback at end of any training provided, and seek to provide this additional training / ensure the identified needs are met.</p>	<p>2023/24</p>	<p>TBC</p>

Carers Strategy Action Plan

Ask from local carers	Project / Action to deliver this	Lead	How will we measure success	Timescale	Responsible Officer
I can attend carers support groups and activities with young carers that understand what I am going through	Recommission a comprehensive and supportive service for young carers in Havering.	Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'	Qualitative measures - satisfaction rates of those who provide informal and unpaid care. Number of support groups / people supported.	Tender process to be undertaken in 2023/24	TBC
I can access help to support me with my mental health and wellbeing	Specific / tailored training for health, care and professional staff across Havering to recognise and refer on young carers for support, including working closely with local schools. Exploration of a social prescribing service for young people in Havering to enable them to access services to support their physical and mental wellbeing.	Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'	Number of young people registered as a carer and in receipt of an assessment, information and advice / support Number of young people who are supported by a social prescriber. Qualitative measures - satisfaction rates of those who provide informal and unpaid care.	2023/24	TBC
I am able to focus on my future and my studies without impacting on my caring role, including university, training, apprenticeships and employment options	Increased identification of informal and unpaid Carers as set out in the actions within this plan. Support for young Carers to prevent adverse impact of their caring role on their academic achievement, including working closely with local schools to raise awareness of this. Timely access to respite services that are flexible, as and when needed.	Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'	Increase in the proportion of informal and unpaid carers at working age who are able to enter / continue work if they wish, alongside their caring role – assess this via Carers Hub surveys and qualitative feedback Academic attainment for Young Carers improved (work with schools and colleges to capture this information)	2023/24	TBC
As a young carer, my school or college understands my caring role and I feel supported to continue to undertake my studies, without my caring role impacting on them	Targeted work and training for local schools to identify and support the needs of young carers.	Project manager to be identified once the NHS and Local Authority consultations are completed and there is a full team at 'Havering Place'		2023/24	TBC

Governance and oversight of this strategy and action plan



Partners of the Havering Place based Partnership have established a working group, including leads from across the council, social care, NHS and community and voluntary sector, to oversee the development of this strategy.

This group will eventually evolve into the Havering Carers Board and will oversee delivery of the action plan set out within this strategy. It is our aspiration that the group will be chaired by, and be comprised of a number of local people who are, or were informal/unpaid carers.

The group is currently chaired by a person who was an informal carer for six years in Havering for her grandfather who had dementia.

Terms of Reference – Supporting unpaid / informal Carers in Havering – working group

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Remit/purpose	<p>This group is formed to bring together oversight of support for Carers in Havering across partner organisations. For the purposes of this group the definition of a 'Carer' is someone who provides informal/unpaid support on a regular basis to a family member or friend who due to illness, disability, a mental health problem or an addiction, cannot cope without their support.</p> <p>The group will, in the short term:</p> <ul style="list-style-type: none">▪ Provider oversight for development of the Carers strategy for Havering. As part of this process:<ul style="list-style-type: none">○ Support engagement with local Carers to capture and map their experiences and challenges, to feed into the content of the strategy○ Map current provision / support for carers within Havering to feed into the strategy○ Collate data on carers within the borough to feed into the strategy○ Identify the current gaps in provision to feed into the strategy○ Identify short, medium and long term priorities for carers in Havering and articulate these within the strategy▪ Oversee the proposal and implementation of the subsequent project/s for the 2022/23 Health Inequalities funded project to support Carers in Havering <p>In the longer term, this group will:</p> <ul style="list-style-type: none">▪ Evolve into a board of the Havering Place based Partnership for informal/unpaid carers▪ Oversee delivery of the Havering Carers strategy and monitoring of outcomes for unpaid/informal Carers in Havering▪ Oversee implementation of the priorities identifies in the strategy, as required▪ Shape further proposals relating to short term funding for projects to improve outcomes for Carers in Havering, and oversee implementation of these
Onward reporting	This group will report into the Havering Place based Partnership Board

This strategy was developed with input from a range of health, care and community and voluntary sector partners as well as local informal and unpaid Carers. The Havering Place based Partnership are thankful to all of the individuals who gave their time to shape the priorities, detail, and action plan.

We would like to thank in particular; Imago, Carers Hub, partners of the Havering Place based Partnership, and the fantastic community and voluntary sector groups who have given their time and expertise.

Special thank you to Lynn Warnett for sharing her story and allowing us to use it as a case study to highlight the improvements needed for local people and drive the change needed to do better for all informal and unpaid carers in Havering.



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Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	Strategy for those who provide informal and unpaid care in Havering, 2023 - 2026
Lead officer:	Emily Plane, Head of Strategy and System Development – BHR, Havering Place based partnership NHS North East London Integrated Care Board
Approved by:	Mariette Mason, Interim Commissioning Portfolio Manager Joint Commissioning Unit
Date completed:	Friday 2 nd June 2023
Scheduled date for review:	June 2024

Please note that the Corporate Policy & Diversity and Public Health teams require at least **5 working days** to provide advice on EqHIAs.

Did you seek advice from the Corporate Policy & Diversity team?	No
Did you seek advice from the Public Health team?	Yes
Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	No

Please note that EqHIAs are **public** documents and must be made available on the Council's [EqHIA webpage](#).

Please submit the completed form via e-mail to EqHIA@havering.gov.uk thank you.

1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact EqHIA@havering.gov.uk for advice from either the Corporate Diversity or Public Health teams. Please refer to the Guidance in Appendix 1 on how to complete this form.

About your activity

1	Title of activity	Strategy for those who provide informal and unpaid care in Havering, 2023 - 2026		
2	Type of activity	Strategy		
3	Scope of activity	<p>Strategy aimed at improving identification of those who provide informal and unpaid care who live in Havering, and improving outcomes across a range of identified areas (that were identified by local Carers themselves) including:</p> <ol style="list-style-type: none"> 1. Improved Identification and assessment of informal Carers 2. Easier access to information and advice, including wider wellbeing services 3. Improved links into primary care and other services, and better coordination of services 4. Access to Respite and carers breaks, that is more flexible <p>NHS England describes a carer as “anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.”</p>		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	If the answer to <u>any</u> of these questions is ‘YES’ , please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is ‘NO’ , please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes		
4c	Does the activity have the potential to impact (either positively or negatively) upon	Yes		

	any factors which determine people's health and wellbeing?			
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO:	N/A		

Completed by:	Emily Plane, Head of Strategy and System Development – BHR, Havering Place based partnership NHS North East London Integrated Care Board
Date:	Friday 2nd June 2023

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

Background/context:
<p>Unpaid and informal carers provide invaluable support for loved ones and friends on a daily basis. The recent Covid Pandemic further highlighted the significant role that they play in supporting people to remain well at home. They coordinate care and appointments, provide personal care, and improve the wellbeing of those whom they look after. It is important that health, care and the community and voluntary sector support unpaid carers to continue to provide the invaluable tasks that they carry out every day.</p> <p>NHS England describes a carer as “anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.”</p> <p>In the context of the developing Havering Place based Partnership, which brings together health, care and the community and voluntary sector in Havering with a focus on integrating services and support for local people in a way that is meaningful to them, partners in Havering have jointly undertaken development of the Strategy for those who provide informal and unpaid care in Havering, 2023 – 2026, to ensure that we deliver improved experiences and outcomes for Carers in the Borough.</p> <p>Development of the strategy The language that we have used throughout the strategy; ‘those who provide information and unpaid care’ – reflects feedback from local Carers, for many of whom the word ‘carer’ does not resonate with the role that they undertake. The strategy itself highlights</p>

a significant gap between the number of potential carers in the Borough based on recent census data, and the number actually registered for support with our Carers Hub, and Imago (for young carers). There is a strong focus throughout the strategy on seeking to address this gap.

We have sought to embed our Havering Place based Partnership ethos from the inception of the strategy development; first speaking to those whom the strategy is targeted at supporting, and seeking their views on the key areas they think need to be improved. A real life case study of an informal carer in Havering is the key focus of the strategy, highlighting how services and support need to improve for local carers. The strategy itself is a partnership product, developed by a working group of leads from across the partnership, spanning the Community and Voluntary Sector, Health, Care and the Local Authority.

The strategy builds on the previous strategy (2017-2019) and reflects learning since the Pandemic that a greater focus on support for informal/unpaid Carers is needed. This strategy also takes into account that ways of living and working have changed dramatically since 2019. Following engagement with local carers, it seeks to address shifts in needs of carers, whilst expanding scope of the strategy to range across all ages. This has been an opportunity for carers to design their strategic vision with the Council and wider partners, and directly contribute to the action plan which will be owned and delivered by partners across Havering.

Based on the support local Carers have told us that they need, our main strategic priorities for carers moving forward include:

1. Improved Identification and assessment of informal Carers
2. Easier access to information and advice, including wider wellbeing services
3. Improved links into primary care and other services, and better coordination of services
4. Access to Respite and carers breaks, that is more flexible

We have framed these priorities in the form of 'I' statements in the vision section of the strategy, to clearly articulate how outcomes will materially improve for those providing informal and unpaid care in Havering.

How the partnership will deliver these outcomes is set out in the 'action plan' section towards the end of the strategy.

**Expand box as required*

Who will be affected by the activity?

The aim of the strategy is that all of those providing unpaid and informal Care in Havering will see improved identification of the role that they provide, and support/outcomes.

There are currently 1,400 carers registered with the Carers Hub in Havering, and circa 250 young people receiving support from Imago. Census data suggests that as many as 23,000 people could be providing informal and unpaid care in the Borough. These people are from all ages and backgrounds.

One of the key aspirations of the strategy is to ensure that all of those providing this support are aware of the support and advice that is available to them, and to ensure that their own mental and physical wellbeing, as well as their education and employment opportunities, are not adversely affected by their caring role.

Protected Characteristic - Age: Consider the full range of age groups	
Please tick (✓) the relevant box:	
Positive	✓
Neutral	
Negative	
<i>*Expand box as required</i>	
Evidence: <ul style="list-style-type: none"> - Unpaid and informal carers can be from nearly any age group, and increasing numbers of people are providing informal and unpaid care who are aged 6-17 years old, as well as increase in older people providing care to grandchildren and others into their retirement. - The strategy will ensure that everyone providing informal and unpaid care, is aware of the support that is available to them, and can access this - Data suggests that up to 23,000 people across the borough of all ages, currently provide informal and unpaid care. The significant majority of these are not registered with the Carers Hub or receiving support from Imago. The strategy seeks to improve identification of Carers, and ensure that they can access the support that they need. 	
Sources used: <ul style="list-style-type: none"> - 2021 Census data - General Practice (Primary Care) data on the number of people coded as providing informal care in Havering - Discussion with local Carers of all ages, both 1-1's, focus groups, and borough wide surveys 	

Protected Characteristic - Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions	
Please tick (✓) the relevant box:	
Positive	✓
Neutral	
Negative	
<i>*Expand box as required</i>	

Evidence:

- Unpaid and informal carers can be from nearly any background. Primary Care data suggests that a number of those providing informal and unpaid care across the Borough, themselves have a long-term condition or disability.
- The strategy will ensure that everyone providing informal and unpaid care, is aware of the support that is available to them, and can access this
- Data suggests that up to 23,000 people across the borough of all ages, currently provide informal and unpaid care. The significant majority of these are not registered with the Carers Hub or receiving support from Imago. The strategy seeks to improve identification of Carers, and ensure that they can access the support that they need.

Sources used:

- 2021 Census data
- General Practice (Primary Care) data on the number of people coded as providing informal care in Havering
- Discussion with local Carers, both 1-1's, focus groups, and borough wide surveys

Protected Characteristic - Sex/gender: Consider both men and women

Please tick (✓)
the relevant box:

Positive**Neutral****Negative****Overall impact:****Expand box as required***Evidence:**

- Data suggest that it is usually women who provide informal and unpaid care, however, there is a large proportion of men who also fulfil this role
- The strategy will ensure that everyone providing informal and unpaid care, is aware of the support that is available to them, and can access this
- Data suggests that up to 23,000 people across the borough of all ages, currently provide informal and unpaid care. The significant majority of these are not registered with the Carers Hub or receiving support from Imago. The strategy seeks to improve identification of Carers, and ensure that they can access the support that they need.

Sources used:

- 2021 Census data
- General Practice (Primary Care) data on the number of people coded as providing informal care in Havering
- Discussion with local Carers, both 1-1's, focus groups, and borough wide surveys

Protected Characteristic - Ethnicity/race: Consider the impact on different ethnic groups and nationalities

<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
<i>*Expand box as required</i>		
Evidence:		
<i>*Expand box as required</i>		
Sources used:		
<i>*Expand box as required</i>		

Protected Characteristic - Religion/faith: Consider people from different religions or beliefs including those with no religion or belief		
<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
<i>*Expand box as required</i>		
Evidence:		
<i>*Expand box as required</i>		
Sources used:		
<i>*Expand box as required</i>		

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

<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
<i>*Expand box as required</i>		
Evidence:		
<i>*Expand box as required</i>		
Sources used:		
<i>*Expand box as required</i>		

Protected Characteristic - Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth		
<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
<i>*Expand box as required</i>		
Evidence:		
<i>*Expand box as required</i>		
Sources used:		
<i>*Expand box as required</i>		

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

<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive	✓	
Neutral		
Negative		
<i>*Expand box as required</i>		
Evidence:		
<ul style="list-style-type: none"> - Those who provide informal and unpaid care can often find themselves at a disadvantage in relation to their own education and career / employment opportunities, as a result of the time commitment related to their caring duties. The strategy seeks to ensure that the impact of the caring duties are mitigated in this respect as much as possible by raising awareness within schools and employers, and raising awareness with the carers themselves around the support available, and their rights. - The strategy will ensure that everyone providing informal and unpaid care, is aware of the support that is available to them, and can access this - Data suggests that up to 23,000 people across the borough of all ages, currently provide informal and unpaid care. The significant majority of these are not registered with the Carers Hub or receiving support from Imago. The strategy seeks to improve identification of Carers, and ensure that they can access the support that they need. 		
Sources used:		
<ul style="list-style-type: none"> - 2021 Census data - General Practice (Primary Care) data on the number of people coded as providing informal care in Havering - Discussion with local Carers, both 1-1's, focus groups, and borough wide surveys 		

Health & Wellbeing Impact: Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity? Please use the Health and Wellbeing Impact Tool in Appendix 2 to help you answer this question.		
<i>Please tick (✓) all the relevant boxes that apply:</i>		Overall impact:
Positive	✓	
Neutral		
Negative		
<i>*Expand box as required</i>		
Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Evidence:		
<ul style="list-style-type: none"> - Providing unpaid and informal care can have a significant impact on a person's mental and physical wellbeing. The time commitment can see them becoming isolated from their friends and unable to attend social events. The strategy aims to ensure that unpaid and informal carers are supported as much as possible to mitigate the impact on them of their caring role. 		

- The strategy will ensure that everyone providing informal and unpaid care, is aware of the support that is available to them, and can access this
- Data suggests that up to 23,000 people across the borough of all ages, currently provide informal and unpaid care. The significant majority of these are not registered with the Carers Hub or receiving support from Imago. The strategy seeks to improve identification of Carers, and ensure that they can access the support that they need.

Sources used:

- 2021 Census data
- General Practice (Primary Care) data on the number of people coded as providing informal care in Havering
- Discussion with local Carers, both 1-1's, focus groups, and borough wide surveys

3. Outcome of the Assessment

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

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

✓	1. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u>	→	Proceed with implementation of your activity
	2. The EqHIA identified some <u>negative impact</u> which still needs to be <u>addressed</u>	→	COMPLETE SECTION 4: Complete action plan and finalise the EqHIA
	3. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level	→	Stop and remove the activity or revise the activity thoroughly . Complete an EqHIA on the revised proposal.

4. Action Plan

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

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
Age	Positive	Delivery of the action plan within the strategy	Dashboard to be developed for the Carers strategy that will be monitored via the Havering Carers Board (to be established in the coming months), with reporting on progress into the Havering Place based Partnership, and Havering Health and Wellbeing Board	Review on an ongoing basis via the Carers Board, reporting into the Havering Place based Partnership, and Havering Health and Wellbeing Board	Emily Plane, Head of Strategy and System Development, BHR NHS North East London ICB
Disability	Positive	Delivery of the action plan within the strategy. Engage and work closely with local people who experience a disability to ensure that their			

		needs are being met.			
Sex/gender	Positive	Delivery of the action plan within the strategy			
Socio-economic status	Positive	Delivery of the action plan within the strategy			
Health & Wellbeing Impact	Positive	Delivery of the action plan within the strategy			

Add further rows as necessary

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

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

5. Review

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

Review:

The EqHIA will be reviewed yearly, under the oversight of the Havering Carers Board which will be established in the coming months, and will report into the Havering Place based Partnership Board and Havering Health and Wellbeing Board

Scheduled date of review: June 2024

Lead Officer conducting the review: Emily Plane, Head of Strategy and System Development, BHR, NHS North East London ICB

**Expand box as required*

Please submit the completed form via e-mail to EqHIA@haverling.gov.uk thank you.

Appendix 1. Guidance on Undertaking an EqHIA

This Guidance can be deleted prior to publication.

What is it?

The Equality & Health Impact Assessment (EqHIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service, whilst at the same time ensuring a person's chance of leading a healthy life is the same wherever they live and whoever they are. We want to ensure that the activities of the Council are 'fit for purpose' and meet the needs of Havering's increasingly diverse communities and employees. This robust and systematic EqHIA process ensures that any potential detrimental effects or discrimination is identified, removed, or mitigated and positive impacts are enhanced.

When to Assess:

An EqHIA should be carried out when you are changing, removing or introducing a new service, policy, strategy or function; for simplicity, these are referred to as an "activity" throughout this document. It is best to conduct the assessment as early as possible in the decision-making process.

Guidance: Equality & Health Impact Assessment Checklist

The Checklist in Section 1 asks the key questions,

4a) Are you changing, introducing a new, or removing a service, policy, strategy or function?

4b) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?

4c) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?

- If the answer to ANY of the questions 4a, 4b or 4c of the Checklist is 'YES' then you must carry out an assessment. e.g. Proposed changes to Contact Centre Opening Hours
'YES' = you need to carry out an EqHIA
- If the answer to ALL of the questions, 4a or 4b of the Checklist is NO, then you do not need to carry out an EqHIA assessment. e.g. Quarterly Performance Report
'NO' = you DO NOT need to carry out an EqHIA. Please provide a clear explanation as to why you consider an EqHIA is not required for your activity.

Using the Checklist

The assessment should take into account all the potential impacts of the proposed activity, be it a major financial decision, or a seemingly simple policy change. Considering and completing this EqHIA will ensure that all Council plans, strategies, policies, procedures, services or other activity comply with relevant statutory obligations and responsibilities. In particular it helps the Council to meet its legal obligation under the [Equality Act 2010 and the Public Sector Equality Duty](#) and its public health duties under the [Health and Social Care Act 2012](#).

Having Due Regard

To have due regard means that in making decisions and in its other day-to-day activities, the Council must consciously consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups
- Reduce inequalities in health outcomes

Combining Equality and Health Impact Assessment:

[Equality Impact Assessments \(EIAs\)](#) provide a systematic way of ensuring that legal obligations are met. They assess whether a proposed policy, procedure, service change or plan will affect people different on the basis of their 'protected characteristics' and if it will affect their human rights. Currently there are **nine protected characteristics** (previously known as 'equality groups' or 'equality strands'): age, disability, sex/gender, ethnicity/race, religion/faith, sexual orientation, gender reassignment, marriage/civil partnership, and pregnancy/ maternity/paternity.

An activity does not need to impact on all 9 protected characteristics – impacting on just one is sufficient justification to complete an EqHIA.

[Health Impact Assessments \(HIAs\)](#) consider the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health and wellbeing of the population. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity by assessing the distribution of potential effects within the population, particularly within vulnerable groups. 'Health' is not restricted to medical conditions, or the provision of health services, but rather encompasses the wide range of influences on people's health and wellbeing. This includes, but is not limited to, experience of discrimination, access to transport, housing, education, employment - known as the 'wider determinants of health'.

This [Equality and Health Impact Assessment \(EqHIA\)](#) brings together both impact assessments into a single tool which will result in a set of recommendations to eliminate discrimination and inequality; enhance potential positive impacts and mitigate where possible for negative impacts. In conducting this EqHIA you will need to assess the impact (positive, neutral or negative) of your activity on individuals and groups with **protected characteristics** (this includes staff delivering your activity), **socio-economic status** and **health & wellbeing**. Guidance on what to include in each section is given on the next pages.

Guidance: What to include in background/context

In this section you will need to add the background/context of your activity, i.e. what is the activity intending to do, and why?

Make sure you include the scope and intended outcomes of the activity being assessed; and highlight any proposed changes. Please include a brief rationale for your activity and any supporting evidence for the proposal. Some questions to consider:

- What is the aim, objectives and intended outcomes?
- How does this activity meet the needs of the local population?
- Has this activity been implemented in another area? What were the outcomes?
- Is this activity being implemented as per best practice guidelines?
- Who were the key stakeholders in this activity?

*Note that the boxes will expand as required

Guidance: Who will be affected by the activity?

The people who will be affected may be

Residents: pay particular attention to vulnerable groups in the population who may be affected by this activity

Businesses/ manufacturing / developers / small, medium or large enterprises

Employees: e.g. Council staff for an internal activity, other statutory or voluntary sector employees, local businesses and services

*Note that the boxes will expand as required

Guidance: What to include in assessing a Protected Characteristic e.g. AGE

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact: In this section you will need to consider and note what impact your activity will have on individuals and groups (including staff) with protected characteristics based on the data and information you have. You should note whether this is a positive, neutral or negative impact.

It is essential that you note all negative impacts. This will demonstrate that you have paid 'due regard' to the Public Sector Equality Duty if your activity is challenged under the Equality Act.

*Note that the boxes will expand as required

Evidence: In this section you will need to document the evidence that you have used to assess the impact of your activity.

When assessing the impact, please consider and note how your activity contributes to the three aims of the Public Sector Equality Duty (PSED) as stated in the section above.

It is essential that you note the full impact of your activity, so you can demonstrate that you have fully considered the equality implications and have paid 'due regard' to the PSED should the Council be challenged.

- If you have identified a **positive impact**, please note this.
- If you think there is a **neutral impact** or the impact is not known, please provide a full reason why this is the case.
- If you have identified a **negative impact**, please note what steps you will take to mitigate this impact. If you are unable to take any mitigating steps, please provide a full reason why. All negative impacts that have mitigating actions must be recorded in the **Action Plan**.
- **Please ensure that appropriate consultation with affected parties has been undertaken and evidenced**

Sources used: In this section you should list all sources of the evidence you used to assess the impact of your activity. This can include:

- Service specific data
- Population, demographic and socio-economic data. Suggested sources include:
 - o Service user monitoring data that your service collects
 - o [Havering Data Intelligence Hub](#)
 - o [Office for National Statistics \(ONS\)](#)

If you do not have any relevant data, please provide the reason why.

*Note that the boxes will expand as required

Guidance: What to include in assessing Health & Wellbeing Impact:

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

Positive

Neutral

Negative

Overall impact: In this section you will need to consider and note whether the proposal could have an overall impact on, or implications for, people's health and wellbeing or any factors which determine people's health.

How will the activity help address inequalities in health?

Include here a brief outline of what could be done to enhance the positive impacts and, where possible, mitigate for the negative impacts.

*Note that the boxes will expand as required

Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box

Yes No

Evidence: In this section you will need to outline in more detail how you came to your conclusions above:

- What is the nature of the impact?
- Is the impact **positive** or **negative**? It is possible for an activity to have **both positive and negative impacts**. Consider here whether people will be able to access the service being offered; improve or maintain healthy lifestyles; improve their opportunities for employment/income; whether and how it will affect the environment in which they live (housing, access to parks & green space); what the impact on the family, social support and community networks might be
- What can be done to mitigate the negative impacts and/or enhance the positive impacts?
- If you think there is a **neutral impact**, or the impact is not known, please provide a brief reason why this is the case.
- What is the likelihood of the impact? Will the impact(s) be in weeks, months or years? In some cases the short-term risks to health may be worth the longer term benefits.
- Will the proposal affect different groups of people in different ways? A proposal that is likely to benefit one section of the community may not benefit others and could lead to inequalities in health.

Please use the Health & Wellbeing Impact Tool in Appendix 2 as a guide/checklist to assess the potential wider determinants of health impacts.

This tool will help guide your thinking as to what factors affect people's health and wellbeing, such as social support, their housing conditions, access to transport, employment, education, crime and disorder and environmental factors. It is not an exhaustive list, merely a tool to guide your assessment; there may be other factors specific to your activity.

Some questions you may wish to ask include:

- Will the activity impact on people's ability to socialise, potentially leading to social isolation?
- Will the activity affect a person's income and/or have an effect on their housing status?
- Is the activity likely to cause the recipient of a service more or less stress?
- Will any change in the service take into account different needs, such as those with learning difficulties?
- Will the activity affect the health and wellbeing of persons not directly related to the service/activity, such as carers, family members, other residents living nearby?
- If there is a short-term negative effect, what will be done to minimise the impact as much as possible?

- Are the longer-term impacts positive or negative? What will be done to either promote the positive effects or minimise the negative effects?
- Do the longer term positive outcomes outweigh the short term impacts?

*Note that the boxes will expand as required

Sources used: In this section you should list all sources of the evidence you used to assess the impact of your activity. This could include, e.g.:

Information on the population affected

- Routinely collected local statistics (e.g. quality of life, health status, unemployment, crime, air quality, educational attainment, transport etc.)
- Local research/ Surveys of local conditions
- Community profiles

Wider Evidence

- Published Research, including evidence about similar proposals implemented elsewhere (e.g. Case Studies).
- Predictions from local or national models
- Locally commissioned research by statutory/voluntary/private organisations

Expert Opinion

- Views of residents and professionals with local knowledge and insight

*Note that the boxes will expand as required

Guidance: Outcome of the Assessment

On reflection, what is your overall assessment of the activity?

The purpose of conducting this assessment is to offer an opportunity to think, reflect and **improve** the proposed activity. It will make sure that the Council can evidence that it has considered its due regard to equality and health & wellbeing to its best ability.

It is not expected that all proposals will be immediately without negative impacts! However, where these arise, what actions can be taken to mitigate against potential negative effects, or further promote the positive impacts?

Please tick one of the 3 boxes in this section to indicate whether you think:

1. all equality and health impacts are adequately addressed in the activity – proceed with your activity pending all other relevant approval processes
2. the assessment identified some negative impacts which could be addressed – please complete the Action Plan in Section 4.
3. If the assessment reveals some significant concerns, this is the time to stop and re-think, making sure that we spend our Council resources wisely and fairly. There is no shame in stopping a proposal.

*Note that the boxes will expand as required

Guidance: Action Plan

For each protected characteristic/health & wellbeing impact where an impact on people or their lives has been identified, complete one row of the action plan. You can add as many further rows as required.

State whether the impact is Positive or Negative

Briefly outline the actions that can be taken to mitigate against the negative impact or further enhance a positive impact. These actions could be to make changes to the activity itself (service, proposal, strategy etc.) or to make contingencies/alterations in the setting/environment where the activity will take place.

For example, might staff need additional training in communicating effectively with people with learning difficulties, if a new service is opened specifically targeting those people? Is access to the service fair and equitable? What will the impact on other service users be? How can we ensure equity of access to the service by all users? Will any signage need changing? Does the building where the service being delivered comply with disability regulations?

Guidance: Review

Changes happen all the time! A service/strategy/policy/activity that is appropriate at one time, may no longer be appropriate as the environment around us changes. This may be changes in our population, growth and makeup, legislative changes, environmental changes or socio-political changes.

Although we can't predict what's going to happen in the future, a review is recommended to ensure that what we are delivering as a Council is still the best use of our limited resources. The timescale for review will be dependent on the scale of the activity.

A major financial investment may require a review every 2-3 years for a large scale regeneration project over 10-15 years.

A small policy change may require a review in 6 months to assess whether there are any unintended outcomes of such a change.

Please indicate here how frequently it is expected to review your activity and a brief justification as to why this timescale is recommended.

Appendix 2. Health & Wellbeing Impact Tool

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

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

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

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HEALTH & WELLBEING BOARD

Subject Heading:

Better care Fund End of Year Submission 22-23
Better Care Fund Planning template 2023-25

Board Lead:

Barbara Nicholls
Director Adult Social Care

Report Author and contact details:

Laura Neilson
Acting AD Joint Commissioning
Laura.Neilson@havering.gov.uk

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

<input type="checkbox"/>	<p>The wider determinants of health</p> <ul style="list-style-type: none"> • 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.
<input type="checkbox"/>	<p>Lifestyles and behaviours</p> <ul style="list-style-type: none"> • 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
<input checked="" type="checkbox"/>	<p>The communities and places we live in</p> <ul style="list-style-type: none"> • 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.
<input checked="" type="checkbox"/>	<p>Local health and social care services</p> <ul style="list-style-type: none"> • Development of integrated health, housing and social care services at locality level.
<input type="checkbox"/>	<p>BHR Integrated Care Partnership Board Transformation Board</p> <ul style="list-style-type: none"> • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care <p>Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board</p>

SUMMARY

The purpose of this report is to brief the HWBB on the 23-25 BCF plan and seek approval.

In addition, the End of Year Report for 22-23 is submitted for the HWBB to note following the submission in May 2023.

The BCF is a national programme to pool resources and budgets between LAs and the NHS and to support the integration of health and social care.

The two core BCF objectives are:

1. Enabling people to stay well, safe and independent at home for longer
2. Providing the right care in the right place at the right time.

To achieve these objectives each HWBB is required to develop a joint BCF plan setting out how the BCF funds will be spent and this is governed by a S.75 agreement.

The BCF consists of:

- A narrative plan written or influenced by local partners
- A template that includes
 - Budget and projected spend
 - A set of KPIs
 - A demand and capacity plan

RECOMMENDATIONS

1. HWBB to note the BCF End of Year template 2022-23 submitted to NHSE in May 2023
2. HWBB to approve the submission of the BCF Narrative and Expenditure Templates for 2023-25

REPORT DETAIL

1. Background

BCF 2022-23: There is a requirement to submit an End of Year template to demonstrate how the BCF has been effective in delivering its schemes. This covers performance metrics, income and spend, and successes and challenges. This template also includes the Adult Discharge Fund spend.

BCF 2023-25: The vision for the BCF over 2023-25 is to support people to live healthy, and independent lives through joining up health, social care and housing services seamlessly around the person. This is underpinned by the two core BCF objectives:

1. Enable people to stay well, safe and independent at home for longer
2. Provide the right care in the right place at the right time

Each HWBB is required to develop a joint BCF Plan setting out how BCF funds will be spent, and this is governed by an agreement under section 75 of the NHS Act (2006).

2. Finance:

Total allocation for 23/24 is £35.8m as outlined below.

	23/24 Allocation
Disabled Facilities Grant	£2,056,802
Improved Better Care Fund	£6,824,956
NHS Minimum Fund	£22,771,397
NHS Additional Funding	£572,000
LA Additional Funding	£873,730
Local Authority Discharge Fund	£956,848
ICB Discharge Funding	£1,762,000

Total	£35,817,734
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3. Metrics:

The following metrics and targets have been agreed as part of the planning process

Metric	Target 23/24
Admissions avoidance	Have a maximum of 689 admissions for known conditions
Emergency Hospital admissions due to falls	To reduce falls presentations by 2%.
Discharge to usual place of residence	Maintain 90.4% performance.
Residential Admissions	550 per 100,000 pop.
Reablement - those still at home 91 days post discharge	88%

The metric relating to emergency admissions due to falls is new for 23-25

4. Demand and Capacity:

The demand and capacity template requires submission of expected capacity and demand for services across discharge, intermediate care and the community.

The areas covered in the demand and capacity template include

1. Urgent Care response
2. Rehab in the community
3. Rehab in a bedded setting

4. Reablement at home
5. Reablement in a bedded setting
6. Social care VCS - Home and Settle

5. The narrative:

The narrative plan includes detail around the key schemes that will be implemented / further developed in 2023 – 25 which meet the requirements of the following National Conditions

National Condition 1	A jointly agreed plan between local health and social care commissioners, signed off by the HWB
National Condition 2	Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National Condition 3	Implementing BCF Policy Objective 2: Providing the right care, at the right place, at the right time
National Condition 4	Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services

Key local schemes for 23-25:

In addition to the BHR wide schemes described in the narrative plan particularly around discharge, there are also a number of Havering Place level schemes which will be implemented / further developed in 2023-25, these include:

- Community reablement
- Ward Led Enablement
- Local Area Coordination
- Residential Discharge to Assess

6. Management of the BCF:

The BCF is managed through the BHR wide BCF Executive group which reports into the Joint Commissioning Board

Section 75 Agreement:

The current S.75 agreement is at BHR level and will be disaggregated during 23-24 for a Havering Place agreement to be in place for April 2024

7. Timeline for sign off

Plans are to be submitted by **28 June 2023**, and will be assured and moderated regionally, as well as calibrated across regions. Following this, plans will be put forward for approval by NHSE, in consultation with DHSC and DLUHC, with approval letters issued (giving formal permission to spend the NHS minimum) by **8 September 2023**.



IMPLICATIONS AND RISKS
<p>Key risks relating to the BCF plan 23-25 are outline in the risk log in Appendix 1 of the narrative plan. These will be monitored and managed via the BCF Executive group.</p> <p>There are no specific legal or staffing implications arising from the End of Year submission or the BCF Plan 23-25.</p>
BACKGROUND PAPERS
<p>BCF End of Year submission 2023-24 BCF Planning template 23-25 BCF Planning narrative template</p>

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1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be later resubmitted with the remaining sections completed.

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.

Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:

1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Discharge to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Adult Social Care discharge fund.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2022-23 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2022-23.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please include actual expenditure from the ASC discharge fund.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care



Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Havering	
Completed by:	Laura Neilson	
E-mail:	laura.neilson@haverling.gov.uk	
Contact number:	01708 431729	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Thu 29/06/2023	<< Please enter using the format, DD/MM/YYYY

Checklist	
Complete:	
	Yes
	Yes
	Yes
	Yes
	Yes
	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board:

Havering

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? <small>(This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)</small>	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

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Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board:

Havering

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	689.0	On track to meet target	Reporting metric is currently at 648.2	Urgent Care Response (2 hours) commenced in 2021/22 and is performing well against at target of 70%, achieving 84% (as of February 2023). Additional End of Life services were also put in place including an
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.4%	Not on track to meet target	Reporting metric is currently at 91%. This has been reviewed locally, which we have equated to coding of patients who have been placed back to their usual place of	The Integrated Discharge Hub is now embedded in the local care system, supporting more seamless and efficient discharge including out of area hospital discharge. Home First is embedded in the
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	593	On track to meet target	N/A	Outturn improved on previous year
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.0%	Not on track to meet target	Metric currently at 87.3%. This is reflective of the fact for at least 6 months of 22/23 the reablement service was used as the default HomeFirst pathway and included people with more complex care needs. There has	The reablement service effectively managed a significant increase in demand across 22/23 which resulted in a more complex caseload. The provider managed to maintain excellent outcomes for service users

Checklist Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Havering

Income

		2022-23	
Disabled Facilities Grant	£2,056,802		
Improved Better Care Fund	£6,824,956		
NHS Minimum Fund	£21,551,578		
Minimum Sub Total		£30,433,336	
		Planned	
NHS Additional Funding	£574,348		
LA Additional Funding	£873,730		
Additional Sub Total		£1,448,078	
		Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£31,881,414	£31,881,414	£31,881,414

Actual		
Do you wish to change your additional actual NHS funding?	No	
Do you wish to change your additional actual LA funding?	No	
		£1,448,078

ASC Discharge Fund

		Planned	
LA Plan Spend	£838,069		
ICB Plan Spend	£1,535,255		
ASC Discharge Fund Total		£2,373,324	
		Planned 22-23	Actual 22-23
BCF + Discharge Fund	£34,254,739	£34,254,739	£34,254,739

Actual		
Do you wish to change your additional actual LA funding?	No	
Do you wish to change your additional actual ICB funding?	No	
		£2,373,324

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23	
--	--

Checklist

Complete:

Yes

Yes

Yes

Yes

Expenditure

	2022-23
Plan	£31,881,414

Do you wish to change your actual BCF expenditure? No

Actual	£31,881,414
--------	-------------

	ASC Discharge Fund
Plan	£2,373,324

Do you wish to change your actual BCF expenditure? No

Actual	£2,373,324
--------	------------

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The BCF has enabled further integration and partnership working both within Havering and across BHR. It has encouraged sharing of resource, information and experience to support the improvement of services and outcomes for our local populations.
2. Our BCF schemes were implemented as planned in 2022-23	Agree	With the delay on publication of guidance for the 2022/23 BCF, the short timescales for submission, the additional pressure of the Discharge Fund planning and templates and a lack of resource to support this process, it has been difficult to plan and undertake the volume of work required. However, the BCF schemes have been implemented as planned
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	The BCF has provided the foundation for the development of a range of projects which have positively impacted the integration between health and social care and have overcome organisational barriers to improve the quality and delivery of care at a local level.

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	8. Pooled or aligned resources	The BCF has continued to provide a vehicle to pool resources, particularly around intermediate care, including the joint commissioning of our Integrated Discharge Hub (IDH) for pathway 1-3, Home and Settle service for pathway 0/1, Reablement and Ageing Well at Place to fund health and social care initiatives. The sec.75 agreement is used flexibly to ensure the maximum utilisation of the pooled resource. Increasingly at a Place level there is increased collaborative working across organisations to make more effective use of the
Success 2	9. Joint commissioning of health and social care	The BCF has enabled the successful joint commissioning of a range of hospital discharge related services including the Integrated Discharge Hub (IDH), Home, Settle and Support service, Discharge to Assess and the HomeFirst model delivered via our Reablement service. These services have supported the increased demand and complexity we are experiencing across BHR. The BCF has been effectively managed through a joint operational group of LA commissioners and NHS Programme leads, an
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	There continues to be severe financial pressures within the system which results in ongoing challenges with the effective commissioning and delivery of services. Funding is often non-recurrent or year on year making planning for longer term service often difficult or meaning projects may cease after the initial funding period. There are workforce pressures within Social Care and the provider market, exacerbated by inflation, the NLW, problems in recruitment and retention, staff burnout and gaps in key roles e.g. therapists and social workers which is pushing up hourly
Challenge 2	6. Good quality and sustainable provider market that can meet demand	The healthcare system continues to experience workforce difficulties. This includes a lack of easily accessible permanent staff. High cost agency staff are often used and local services are increasingly relying on overseas staff that take an extended period of time for HR processes. This is even more difficult with more specialist staff e.g. neuro therapists and nurses. A workforce academy is in place that is development alternative workforce initiatives e.g. apprentices and lower banding progression to leadership roles in the future.

Yes
Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 2. Strong, system-wide governance and systems leadership
 3. Integrated electronic records and sharing across the system with service users
 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 5. Integrated workforce: joint approach to training and upskilling of workforce
 6. Good quality and sustainable provider market that can meet demand
 7. Joined-up regulatory approach
 8. Pooled or aligned resources
 9. Joint commissioning of health and social care
- Other

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Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board:

Havering

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.

The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.

1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieves 120 weeks of bed based care).

2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.

3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.

4) For 'improvement retention of existing workforce', please state the number of staff this relates to.

5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.

6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.

7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
winter nursing care scheme	residential placements	nursing home	£398,408	£131,165	12	Number of beds	Yes	Demand was lower than anticipated, with more people diverted home			
sustaining reablement scheme	reablement in a person's own home	reablement to support to discharge – step down	£380,443	£504,818	29,841	Hours of care	Yes	The planned expenditure was for additional hours within the block reablement contract, there was also additional reablement expenditure for clients being discharged from			
winter nursing care scheme	residential placements	nursing home	£308,823	£342,794	32	Number of beds	Yes	Mental Health nursing home scheme expenditure subsumed into this expenditure			
winter home care scheme	home care or domiciliary care	domiciliary care packages	£299,494	£626,939	25,853	Hours of care	Yes	Demand was higher than anticipated			
winter home care scheme	home care or domiciliary care	domiciliary care packages	£255,132	£278,103	11,468	Hours of care	Yes	Mental Health domiciliary care scheme expenditure subsumed into this expenditure			
enabling recruitment scheme	local recruitment initiatives		£151,488	£125,000	164	number of additional staff	Yes	The planned expenditure was an estimate and the actual cost was lower than anticipated. Funding passed to Care Provider Voice to fund some recruitment but focussing on retention			
winter care home funding scheme	residential placements	care home	£122,163	£137,018	25	Number of beds	Yes	Demand was higher than anticipated			
winter care home funding scheme	residential placements	care home	£78,861	£113,437	21	Number of beds	Yes	Mental Health care home expenditure subsumed into this expenditure			
hospital discharge team supplementary resource	additional or redeployed capacity from current care workers	costs of agency staff	£72,480	£61,923	977	hours worked	Yes	Less hours worked than anticipated			
community equipment scheme	assistive technologies and equipment	community based equipment	£68,000	£68,000	272	Number of beneficiaries	No				
assistive technology scheme	assistive technologies and equipment	telecare	£52,376	£52,376	296	Number of beneficiaries	No				
mental health d2a support	bed based intermediate care services	step down (discharge to assess pathway 2)	£45,000	£0	0	Number of beds	Yes	Subsumed into other schemes			
winter mental health care home funding scheme	residential placements	care home	£34,576	£0	0	Number of beds	Yes	Subsumed into Winter Nursing Care scheme, although overall demand was lower than expected, with more people diverted home			
winter mental health nursing care scheme	residential placements	nursing home	£33,971	£0	0	Number of beds	Yes	Subsumed into Winter Nursing Care scheme, although overall demand was lower than expected, with more people diverted home			
direct payment scheme	home care or domiciliary care	domiciliary care to support hospital discharge	£22,090	£16,924	943	Hours of care	Yes	Demand was lower than anticipated			

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HEALTH & WELLBEING BOARD

Subject Heading:	Update on development of Havering Healthy Weight Strategy: Everybody's Business
Board Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Jack Davies, Public Health Specialist

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

<input checked="" type="checkbox"/>	The wider determinants of health <ul style="list-style-type: none"> • 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.
<input checked="" type="checkbox"/>	Lifestyles and behaviours <ul style="list-style-type: none"> • 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
<input checked="" type="checkbox"/>	The communities and places we live in <ul style="list-style-type: none"> • 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.
<input checked="" type="checkbox"/>	Local health and social care services <ul style="list-style-type: none"> • Development of integrated health, housing and social care services at locality level.
<input type="checkbox"/>	BHR Integrated Care Partnership Board Transformation Board <ul style="list-style-type: none"> • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care <div style="display: flex; flex-direction: column; margin-left: 20px;"> <div>Cancer</div> <div>Primary Care</div> <div>Accident and Emergency Delivery Board</div> <div>Transforming Care Programme Board</div> </div>

SUMMARY

A presentation will be received by the Board that summarises what is known about obesity in Havering, the steps taken so far in developing a new healthy weight strategy, the proposed strategic approach, and a plan for consultation.

RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to consider the presentation content, and discuss the proposed strategic approach and consultation plan, and

1. suggest any amendments to the strategy approach
2. agree that Chair's action may be taken to commence formal consultation on the draft Healthy Weight Strategy
3. agree that a final draft Healthy Weight Strategy that takes into account consultation responses be received by the Health and Wellbeing Board for agreement in October

REPORT DETAIL

A refresh of the 2016-2019 Havering Obesity Strategy was delayed due to the demands of the Covid-19 pandemic response. A new strategy is now being drafted; taking a whole system approach, as recommended by national research.

A presentation will be received by the Health and Wellbeing Board that sets out

- what is known about obesity
- the work that has been done to develop a new strategy for Havering, including
 - delivery of two healthy weight summits to understand the factors that contribute to overweight and obesity in the borough, develop a vision, and consider actions for addressing the issue
- the proposed approach for a new strategy, including
 - the vision for achieving healthy weight in the local population
 - principles
 - aims
 - objectives
 - measurements of success
- timeline for consultation

IMPLICATIONS AND RISKS

No specific implications and risks are identified as a result of agreeing the local strategic approach. Any decisions relating to the implementation of the Havering Healthy Weight Strategy will be subject to the relevant governance arrangements of the individual agencies participating in the Health and Wellbeing Board.



BACKGROUND PAPERS
None

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HEALTH & WELLBEING BOARD

Subject Heading:

Consultation with residents to develop a Sexual and Reproductive Health Strategy for North East London
Mark Ansell

Board Lead:

Report Author and contact details:

Louise Dibsall
Louise.Dibsall@havering.gov.uk

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

<input type="checkbox"/>	<p>The wider determinants of health</p> <ul style="list-style-type: none"> • 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.
<input checked="" type="checkbox"/>	<p>Lifestyles and behaviours</p> <ul style="list-style-type: none"> • 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
<input type="checkbox"/>	<p>The communities and places we live in</p> <ul style="list-style-type: none"> • 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.
<input checked="" type="checkbox"/>	<p>Local health and social care services</p> <ul style="list-style-type: none"> • Development of integrated health, housing and social care services at locality level.
<input type="checkbox"/>	<p>BHR Integrated Care Partnership Board Transformation Board</p> <ul style="list-style-type: none"> • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care <p>Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board</p>

SUMMARY

This paper seeks support from the Havering HWBB in promoting a resident engagement survey to shape the development a joint sexual and reproductive health strategy for residents across the whole of North East London. To date, four priority areas have been identified through analysis of local and regional need, mandatory service provision and clinical advice. This survey asks residents whether the currently identified priorities are right for them, and to express their views on what, if anything, is also needed to support their sexual and reproductive health. The subsequent strategy (due for presentation to the board in September 2023) will ensure alignment of preventative, primary and mandated open access clinical services more cohesively across the Integrated Care System (ICS) to make a measurable difference to residents' sexual health and wellbeing needs.

RECOMMENDATIONS

For Havering HWBB partners:

1. to share the survey widely across their networks, both residents and professionals to shape the development of the strategy
2. to endorse the development of a co-ordinated strategy across the North East London Integrated Care System (NEL ICS) and commit to an action plan to improve sexual and reproductive health for Havering residents.

REPORT DETAIL

Responsibility for provision of sexual and reproductive health services is shared between NHS and local authority commissioners. Under the Health and Social Care Act 2012 ICB commissioners are responsible for abortion, sterilisation, vasectomies, non-sexual health elements of psychosexual health contraception and gynaecology. NHSE commissions contraception under the GP contract, HIV treatment sexual assault referral centres, sexual elements of psychosexual counselling and cervical screening. Local authorities have a duty to secure the provision of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs) for their residents. This is mandatory and entails the key principles of providing services that are free, confidential, open access and not restricted by age.

Whilst each borough has the same mandate, the very nature of open access means that residents can choose to visit whichever sexual health service is best, or most convenient, for them. As such, service providers across the system have to balance meeting the needs of a diverse range of people, not just the predominant needs of the local community

With the emergence of Integrated Care Systems, there is the appetite and framework for further alignment/ integration of wider services that deliver sexual health at both a place (LA), ICS and regional level. Although there are clear demographic differences between the NEL boroughs, there are many areas of overlap - young and increasingly ethnically diverse populations at higher risk for STIs - and scope for learning from each other's best practice. The current development of a high-level sexual health strategy for NEL will allow for a better



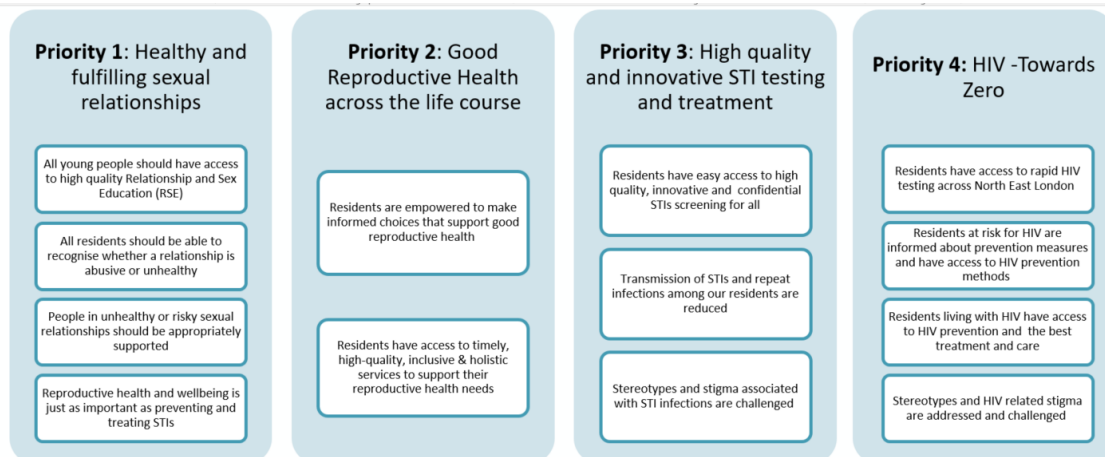
understanding of need, inequalities and gaps in provision and inform a more cohesive approach to sexual health planning across the NEL ICS system and provision of services at the local level.

Commissioners, clinicians and colleagues from public health across the region have formed a Strategy Steering Group to discuss the key features of a shared vision and strategy for sexual health across NEL. A first draft of key priorities has been developed and now set for resident engagement.

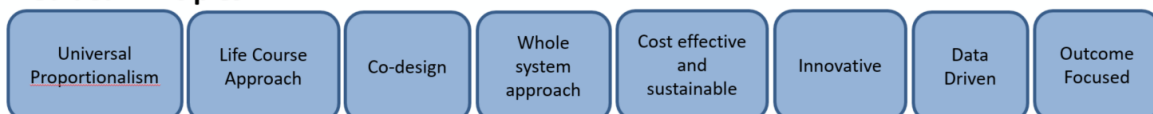
Underpinned by a mutually agreed set of guiding principles, the strategy aims to work collaboratively with residents and partners from across the spectrum of integrated sexual health. The overall purpose is to deliver high quality, easy-access and equitable provision across the whole of North East London, with the prevention of illness and the promotion of healthy relationships at the core of all activity.

- **Aim:** Ensure the all our residents have the ability and freedom to make safe, informed choices regarding their sexual and reproductive health regardless of who they are and where they live.
- **Output:** Deliver accessible, non-judgmental, high quality sexual health services across the whole of North East London.
- **Outcome:** Making a measurable difference to people’s sexual health and wellbeing according to the needs of our boroughs.

To date four priority areas have been identified through analysis of local and regional need, mandatory service provision and clinical advice:



Guided Principles:



The purpose of the survey is to engage with residents across NEL to ascertain if the above priorities are the right ones and what, if anything, is missing. The survey is due to open shortly and close 31st July.

Feedback from residents will shape the direction of the strategy and contribute to determining priorities for future service provision. The intention is to ensure



alignment of preventative, primary and secondary care services more cohesively across the sector to make a measurable difference to residents' sexual health and wellbeing needs.

Running alongside this engagement, a series of focus groups are also being held to engage with priority/vulnerable groups including young people, people from BAME ethnicities, people living in areas of deprivation in Havering and older people. These engagement sessions aim to ascertain what are the key needs of these vulnerable groups to ensure that our local delivery plan attached to the strategy addresses what residents say.

IMPLICATIONS AND RISKS

LEGAL AND FINANCIAL IMPLICATIONS AND RISKS

Development of a strategy will support future commissioning and delivery of integrated sexual health services across North East London. It may open up potential for negotiating alternative delivery models for sexual and reproductive health services, utilising commissioning levers and provider collaboratives to improve services for residents.

There are not expected to be any financial risks to developing this strategy as the Public Health Grant covers costs associated with the mandated provision of sexual health services.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

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

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

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

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

The action undertaken will include monitoring how the services commissioned as a result of the strategy meets the needs of all eligible users, including those from ethnic minority communities and the disabled. The Council will also ensure that

potential providers have undertaken equality training and adhere to the Council's Fair to All Policy or their own equivalent.

HEALTH AND WELLBEING IMPLICATIONS AND RISKS

Access to healthcare services are an essential public health feature. In the case of Sexual and Reproductive Health (SRH) services, there are very clear inequalities in outcomes for people at greater risk of poor sexual health. Where sexual health and wellbeing is not achieved, a variety of negative sexual health consequences can occur, these include: sexually transmitted infections (STIs), unintended pregnancy and abortion, sexual dysfunction and sexual violence.¹ Not only can poor sexual health have serious long-term implications for the individual, but the cost of treatment for the NHS is large.

Gay, bisexual and other men who have sex with men (MSM) experience health inequalities related to STIs. They account for 43% of London residents diagnosed with a new STI (excluding chlamydia diagnoses reported via CTAD) and they represent 88% of those diagnosed with syphilis and 66% of those diagnosed with gonorrhoea (where gender and sexual orientation are known. The number of new STI diagnoses in MSM in Havering increased from 140 in 2016 to 225 in 2019.

In 2020, 43.5% of diagnoses of new STIs made in SHSs and non-specialist SHSs in Havering residents were in young people aged 15 to 24 years old. This compares to 45.7% in England.

Women in Havering were more likely to have an STI between 15-19 years and 20-24 years, whilst men were more likely to have a new STI diagnosis at 25 years+.

People of Black Caribbean ethnicity experience disproportionately high rates of STI diagnoses, particularly for chlamydia and gonorrhoea. People born in Central and South America had the highest positivity rates for syphilis.

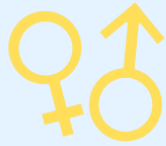
Higher rates of new STI diagnoses were made in the North and East of Havering, coinciding with the wards of Gooshays, Hilldene and South Hornchurch, which are among the 20% most deprived LSOAs in the country.

In 2019, the Joint United Nations Programme on HIV/AIDS estimated a mean HIV prevalence of 36% among sex workers. The average reported prevalence of active syphilis among sex workers is 10.8% (range 5.8% to 30.3%) (WHO, GHO, 2020).

Local Authorities (LA) are mandated to secure the provision of open access sexual health services, including for community contraception and the testing, diagnosis and treatment of sexually transmitted infections (STIs) and testing and diagnosis of Human Immunodeficiency Virus (HIV).

BACKGROUND PAPERS

1. Poster to advertise survey



Help us Shape the North East London Sexual and Reproductive Health Strategy

We are designing NEL Sexual and Reproductive Health Strategy and would appreciate input from the community to inform this process!

We would like to know if the sexual health priorities we have identified address the sexual health needs of our local residents!

You can help us to understand if we got it right by completing a short survey!

Scan this code to access the survey!



SCAN ME

We will read every comment and response you leave. Completing the survey gives you a chance to win



2. Questions being asked

Questions being asked in the residents survey:

Your Opinion Matters to Us - Take 5 Minutes and help us shape the NEL Sexual Health Strategy

Dear Resident,

We are in the process of developing a North East London (NEL) Strategy for Sexual and Reproductive Health. We want to improve sexual and reproductive health, and have it as one of our key priorities.

Our vision is to: ***work collaboratively with residents and partners from across the spectrum of integrated sexual health in order to deliver high quality, easy-access and equitable provision across the whole of North East London*, with the prevention of illness and the promotion of healthy relationships at the core of all activity.***



You can assist us by sharing your thoughts in this short survey, which will take less than 5 minutes to complete. We will read every response and comment, which will help us to see if our Sexual Health Priorities meet your needs.

The survey will close on the 31st July and we look forward to hearing from you with your thoughts.

**Local Authorities of North East London (NEL): Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest.*

Data Protection Information

What type of data are you collecting?

We are collecting **Anonymous** data. This is special category data that needs more protection because it is sensitive. No names will be collected as part of this survey.

Why are you collecting this data?

Our basis for collecting this special category data is **Public Health** task which means we are collecting to fulfil a legal responsibility. This satisfies article 9 of dealing with special category data

Who is the Data controller?

The Data Controller is the London Borough of Newham, and we are responsible for the collection and processing of your personal information

How will your data be processed?

Processing includes the organisation, retrieval, consultation, use and deletion or destruction of information and its disclosure to other agencies. The information you provide will be processed mainly in connection with the administration of North East London Sexual Health Strategy.

Will my data be used for anything else?

Your personal information may be processed by other Council services where appropriate to facilitate other services in respect of any of the Council's activities. Examples of which are benefits, to verify data accuracy, housing, environmental health, and care services.

Do we share this data with anyone?

There may be a need to share with external partners and organisations e.g., health and other local authorities or information may be used in the prevention and detection of fraud and crime.

I have a question

All information collected will be processed and held securely under the principles of the Data Protection Act 2018. For further information on data protection, the Council's use of information sharing, please contact the Information Governance Team on 020 8430 3737 or information.governance@newham.gov.uk.



1. I have read and I understand the above privacy statement. I understand that my participation is voluntary. I therefore agree to take part in this survey.

- Yes, I agree
- No, I don't agree
- >Next

About You

2. What term best describes your sexuality?

- Asexual** (somebody who is asexual does not experience sexual attraction to anyone)
- Bisexual** (somebody who is bisexual feel a sexual and/or romantic attraction to people of a different gender as well as their own.
- Gay** (somebody who is gay is characterised by sexual or romantic attraction to people of one's same sex)
- Lesbian** (lesbian is a woman who is physically and romantically attracted to other women.)
- Men who have Sex with Men (MSM)**
- Pansexual** (pansexuality is the romantic, emotional, and/or sexual attraction to people regardless of their gender)
- Straight/Heterosexual** (People who are heterosexual are romantically and physically attracted to members of the opposite sex)
- Women who have Sex with Women (WSW)**
- Prefer not to say



3. Which term best describes your gender?

- Female
- Male
- Non-binary
- Transgender Female
- Transgender Male
- Prefer not to say



4. What age range do you belong to?

- 16-17
- 18-24
- 25-34
- 35-44
- 45-54



- 55-64
- 65-74
- 75+

5.What is your ethnicity?

- Asian/British Asian - Bangladeshi
- Asian/British Asian - Chinese
- Asian/British - Indian
- Asian/British Asian - Pakistani
- Black/Black British - African
- Black/Black British - Somali
- Black British
- Black/Black British - Caribbean
- White and Black African
- White and Black Caribbean
- White and Asian
- White British - English/Northern Irish, Scottish, Welsh
- White other



6.Which area of North East London do you live in?

- Barking and Dagenham
- City of London
- Hackney
- Havering
- Newham
- Redbridge
- Tower Hamlets
- Waltham Forest

7.Do you have any long-standing mental health illness, disability or infirmity? (Long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time)?

- Yes, I have a learning disability
- Yes, I have a physical disability
- Yes, I have both a learning and physical disability
- Yes. I am diagnosed with a mental health condition
- no



8. Priority 1: Residents in North East London are able to make informed choices about their sexual and reproductive health. Using the scale below (*where 1 star is the lowest and 5 stars the highest*) please rate how important this priority is for you?



9. How much do you agree or disagree with the following aims we have identified for this priority?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
All young people should have access to high quality Relationship and Sex Education (RSE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
All residents should be able to recognise whether a relationship is abusive or unhealthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in unhealthy or risky sexual relationships should be appropriately supported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproductive health and wellbeing is just as important as preventing and treating STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Priority 2: Residents of North East London have good reproductive health across the life course. Using the scale below (*where 1 star is the lowest and 5 stars the highest*) please rate how important this priority is for you?



11. How much do you agree or disagree that the following aims we have identified for this priority?

	Strongly agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly disagree
Residents are empowered to make informed choices that support good reproductive health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents have access to timely, high-quality, inclusive & holistic services to support their reproductive health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Priority 3: Residents of North East London have access to high quality and innovative testing and treatment for Sexually Transmitted Infections (STIs). Using the scale below (*where 1 star is the lowest and 5 stars the highest*) please rate how important this priority is for you?



13. How much do you agree or disagree with the following aims we have identified for this priority?



Strongly agree Agree Neither Agree Nor Disagree Disagree Strongly disagree

Our Residents have easy access to high quality, innovative and confidential STIs testing service

Transmission of STIs and repeat infections among our residents are reduced

Stereotypes and stigma associated with STI infections are challenged

14. Priority 4: Towards Zero - there will be no new HIV infections in North East London by 2030. Using the scale below (*where 1 star is the lowest and 5 stars the highest*) please rate how important this priority is for you?



15. How much do you agree or disagree with the following aims we have identified for this priority?

Strongly agree Agree Neither Agree Nor Disagree Disagree Strongly disagree

Our residents living with HIV have access to the best treatment and care

Our residents at higher risk for HIV are informed about prevention measures and have access to HIV prevention methods

All our residents have access to rapid HIV testing across North East London

Stereotypes and HIV related stigma are addressed and challenged

16. Have we missed anything? Please outline in the text box below any additional sexual health priorities you think we should consider for the strategy.



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Your experience with Sexual Health Services

17. Have you ever accessed Sexual Health Services?

- Yes, I have accessed my Local Sexual Health Services
- Yes, I have accessed Sexual Health Services but outside of North East London area
- No

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18. What do you think works well in your current Local Sexual and Reproductive Health Service Provision?

19. Is there anything that could be improved in your current Local Sexual and Reproductive Health Service Provision?

20. What stopped you from accessing your Local Sexual Health Services?

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Thank you!

As a gesture to thank you for your time and feedback we would like to offer you to take part in our raffle competition and have a chance to win a prize worth £50. Please let us know if you would like to be considered.

21. I would like to take part in the raffle competition.

- Yes
- No