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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD
AGENDA

1.00 pm	Wednesday, 25 October 2023	Council Chamber, Town Hall

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, Mark Ansell, Tara Geere, Patrick Odling-Smee, Neil Stubbings
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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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?

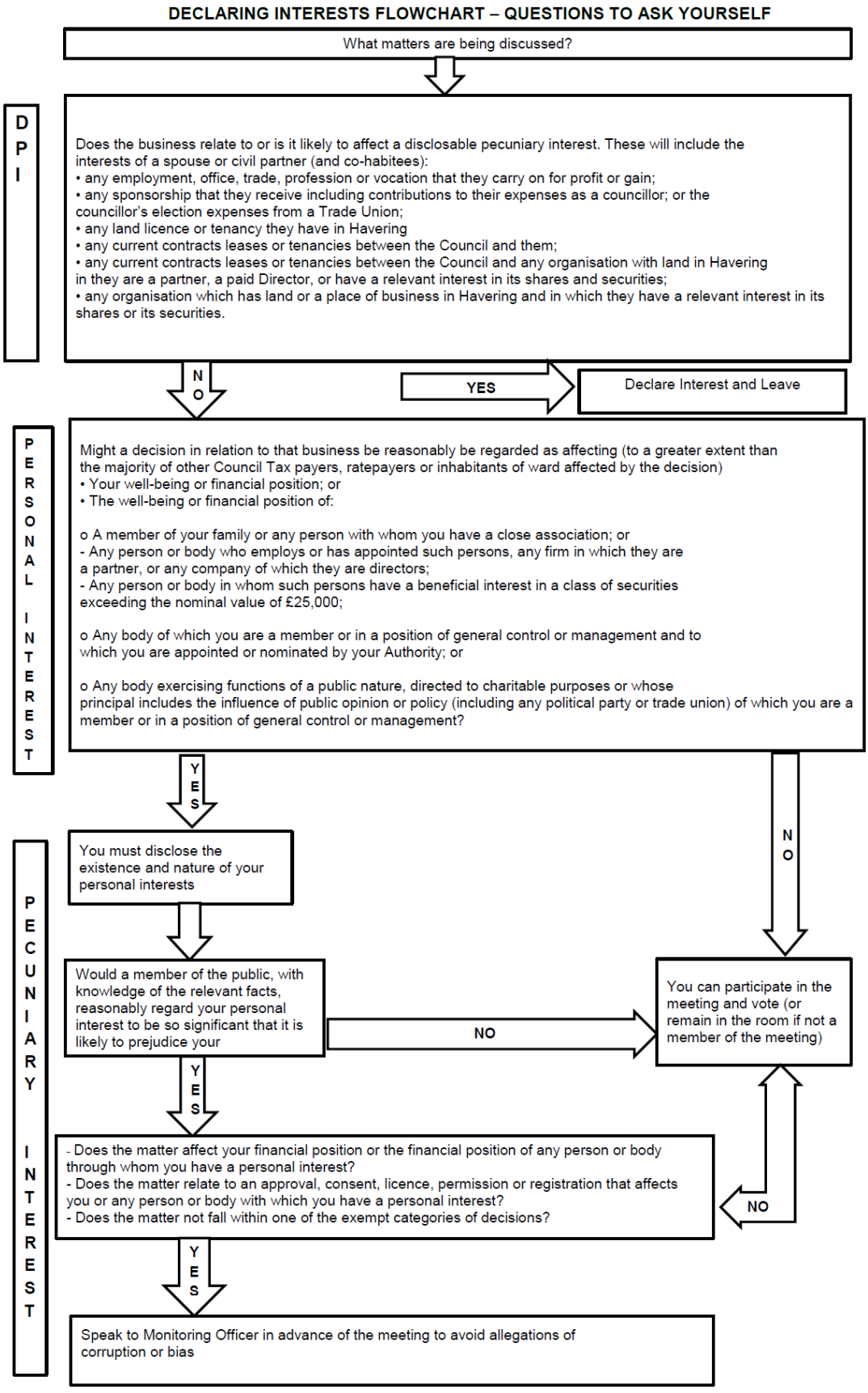
Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities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



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 7 - 12)

To approve as a correct record the minutes of the Committee held on 29th June 2023 and to authorise the Chairman to sign them.

5 MATTERS ARISING

To consider the Board's Action Log

6 SUBSTANCE MISUSE STRATEGY (Pages 13 - 18)

7 ARNOLD'S FIELD HEALTH RISK ASSESSMENT (Pages 19 - 40)

8 HEALTH PROTECTION FORUM ANNUAL REPORT (Pages 41 - 62)

9 PLACED BASED PARTNERSHIP INTERIM STRATEGY (Pages 63 - 90)

10 RELATIONSHIP BETWEEN HEALTH & WELLBEING BOARD AND PLACE BASED BOROUGH PARTNERSHIP (Pages 91 - 96)

11 DATE OF NEXT MEETING

The date of the next meeting is the 20th December 2023.

Zena Smith
Head of Committee and Election Services

MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Town Hall
29 June 2023 (1.00 - 2.28 pm)

Present:

Elected Members: Councillors Gillian Ford, Oscar Ford and Keith Darvill

Officers of the Council: Mark Ansell and Tara Geere

Havering Clinical Commissioning Group: Emily Plane, Narinderjit Kullar

Also Present:

Jack Davies, Louise Dibsdall, Public Health
Irvine Muronzi
Laura Neilson
Alan Wishart

Present via videoconference:

Andrew Blake-Herbert, Chief Executive, London Borough of Havering
Patrick Odling-Smee, Director of Housing Services

All decisions were taken with no votes against.

1 **CHAIRMAN'S ANNOUNCEMENTS**

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

2 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Paul McGeary and from Barbara Nicholls, Director of Adult Services.

3 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

4 **MINUTES**

The minutes of the meeting held on 29 March 2023 were agreed as a correct record and signed by the Chairman.

5 **MATTERS ARISING**

There were no matters arising.

6 STRATEGY FOR THOSE WHO PROVIDE INFORMAL AND UNPAID CARE IN HAVERING 23 - 26

The Head of Strategy and Service Development at the Integrated Care Partnership explained that the new strategy had sought to change the language used, away from the term 'carers'. Some 23,000 people were providing informal and unpaid care in Havering and this of course impacted on the physical and mental health of carers, as well as their career prospects etc.

Approximately 1,400 people were registered with the carers hub and 1-2-1 and focus groups were being established with local carers. It was felt that carers wanted recognition of their role and involvement in decision making. Part of the action plan strategy was to re-establish a carers board in Havering. This would feed back to the Process and Partnership Board and the Health and Wellbeing Board.

It was accepted that there may be some undercounting of the number of carers and officers wished to increase signposting for carers to the carers hub. There were also links to the wider health and social care system and it was pointed that care support was often needed if carers wished to attend a support event in person.

The Board:

1. **Reviewed and endorsed the Strategy for those who provide informal and unpaid care in Havering, 2023-2026.**
2. **Endorsed the 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.**
3. **Agreed that the Chair of the Carers Board, once appointed, should be made a member of the Health and Wellbeing Board.**

7 BCF END OF YEAR 22/23 & PLANNING 23-25 SUBMISSIONS

Whilst Better Care Funding had been spent as planned, it was accepted that the reablement target of 90% of patients still being at home 90 days after discharge was not on target. This was due to more complex cases being seen in the reablement pathway. Whilst there remained challenges in both workforce and funding issues, successes had been in the use of Ageing Well Funding and Joint Commissioning.

Officers agreed to take details from Councillor Darvill of a case where a constituent's discharge from hospital had been delayed due to a disagreement over the exact adaptations needed to their home. It was hoped that the response to cases such as this could be improved through the use of a partnership approach. The current shortages of adapted

housing could make finding suitable accommodation difficult. The new Director Living Well at the Council would be involved in these areas.

The Board **AGREED**:

1. **To note the BCF end of year template 2022-23 submitted to NHSE in May 2023**
2. **To approve the submission of the BCF Narrative and Expenditure Templates for 2023-25**

8 HEALTHY WEIGHT STRATEGY 23-28

Officers confirmed that Havering had higher than average levels of obesity and that the causes for this were complex. Childhood obesity was linked with poor levels of behaviour. Causes of obesity included higher levels of food being available and it now being easier to be less physically active.

Many different partners had been engaged to develop a whole systems approach to obesity in Havering. Two Healthy Weight Summits had been held with the participation of many local partners. Current workstreams in Havering included the need to focus on the more general environment to reduce obesity. This was looking at areas such as what foods are available and the physical activity offer in Havering. This type of whole systems approach had been used successfully in Amsterdam as well as in other parts of the UK.

The proposed obesity strategy for Havering would be consulted on at the end of August 2023. The vision for the strategy was to have eradicated childhood obesity within 20 years. It was aimed to use a whole systems approach to reduce childhood obesity in Havering. The initial focus would be to seek to reduce year 6 obesity in the Harold Hill area which had the highest levels in the borough for this type of obesity. The Harold Hill area also had high levels of deprivation and systems in the local area that could be focussed on the strategy.

It was accepted that the strategy had a very aspirational, challenging target, even over a 20 year period and it was important for the Council and health organisations to hold each other to account. Relatively few resources were available for the strategy which had led to the decision to focus solely on the Harold Hill area initially. The long term pressure on health and social care services would also have an impact on many different Council policies.

It was suggested that the communications strategy for the obesity strategy should link with the health sector and schools. It was also noted that central Government had pulled back on some obesity-related retail issues.

The Board **AGREED**:

1. **That it did not wish to suggest any amendments to the strategy approach.**
2. **That Chair's action may be taken to commence formal consultation on the draft Healthy Weight Strategy.**
3. **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**

9 **SEXUAL AND REPRODUCTIVE HEALTH STRATEGY - RESIDENT CONSULTATION**

Officers explained that they wished to undertake a resident engagement strategy and that a supportive, open environment was needed for good sexual wellbeing. The Council was responsible for mandated, open access sexual health services and it was wished for local people to use local services of this type. The Integrated Care Board was responsible for services such as vasectomy and abortion whilst NHS England provided other services such as cervical screening.

Havering had a better rate of testing for Sexually Transmitted Infections (STIs) than the England average and the rate of testing for STIs had increased significantly. STI diagnoses in Havering had reduced overall but had gone up recently. HIV rates had improved in Havering compared with the London and England averages though it was noted that whilst patient numbers may be low, they often had high needs.

Teenage pregnancy in Havering had decreased 55% since 2011 and had now lowered to the 8th highest rate in London. Abortion rates remained high. It was accepted that Havering usage rates for long acting contraception could be higher and this also depended on the age of the user. It was wished to increase the uptake of long-term contraception use, especially by younger age groups.

Officers wished to work with partners to deliver high quality sexual health services across North East London. Priorities had been discussed with commissioners and it was wished to engage on whether these priorities were correct. A residents survey would be undertaken across North East London with both on-line and paper versions. There would also be a focus on hard to reach groups. The survey would go live very shortly. Google translate could be used to put the on-line survey into other languages. Organisations such as the LGBTQ+ forum would also be involved in the survey.

A workshop with partners on the issues covered by the survey was planned. A member of the Board added that long acting reversible contraceptions were now offered by fewer practitioners as the validation process had been made more complex. Officers agreed that they wished for more GPs to offer this sort of contraception.

Safeguarding conversations were still required for new users of e.g. condoms from primary care. It was also wished to have more sexual health testing at home. Successes such as lowering the rate of HIV infection had been due to prep being available on the NHS. Investment such as this would save money in the long run.

It was accepted that there was still a stigma around sexual health services for some people which sometimes led them to use services in another borough. It was wished to work across the sector to identify contraception advisers.

The Board **AGREED**:

1. **For Havering Health and Wellbeing Board Partners to share the survey widely across their networks, both residents and professionals, to shape the development of the strategy.**
2. **For Havering Health and Wellbeing Board Partners 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.**
3. **That the action plan should be brought back to the Board once it has gone to the Partnership for consideration**

10 **DATE OF NEXT MEETING**

The date of the next meeting was noted.

Chairman

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HEALTH & WELLBEING BOARD

Subject Heading:	Update on the progress of Havering Substance Misuse Strategy
Board Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Tha Han, Assistant Director of Public Health

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

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

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SUMMARY

A presentation will be received by the Board that summarises the progress on the development of Havering Substance Misuse Strategy 2013-2018, the steps taken so far in developing a new healthy weight strategy, the proposed strategic approach, the progress on the consultation process and next steps.

RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to

- consider the presentation content,
- respond to the consultation plan, suggesting any amendments to the strategy approach, and
- agree that a final draft Healthy Weight Strategy that takes into account consultation responses be received by the Health and Wellbeing Board or the Chair for a final sign off in December

REPORT DETAIL

On behalf of Havering Combating Drugs Partnership (Havering CDP), Havering Council Public Health team have launched a consultation on Havering Substance Misuse Strategy 2023-2028.

Havering had a similar strategy called “Drug and Alcohol Harm Reduction Strategy 2016- 19,” the revision of which was delayed due to the COVID-19 pandemic. In addition, a new 10- year national drugs strategy called ‘From harm to hope: A 10-year drugs plan to cut crime and save lives’ was published by the government in December 2021. The national strategy was accompanied by a supplementary grant to increase capacity in local treatment system. The grant requires local partnerships to produce a new strategy. Thus Havering CDP drafted this strategy in response to the national drugs strategy thereby renewing the previous Havering strategy.

Our strategy covers all substances which have the potential for abuse and addiction, except tobacco. It treats addiction as a chronic (long-term) health condition and requires all relevant local agencies to work together to provide effective long-term support. It aims to tackle the stigma around addiction to encourage individuals and families who are affected to get support, and to minimise community violence towards those with substance-misuse problems.

The draft strategy describes some key findings from the needs assessment; for example, it is estimated that 1 in 5 adults (around 41,000 people) in Havering drink excessive amount of alcohol and 14,000 16 to 74-year-olds use illicit drugs. Two workshops with local and regional partners and people with lived experience followed by direct communication with delivery partners informed the set of actions in the strategy.

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Substance misuse and addiction affect more than just the person with dependency problems – they can affect the family and wider community in many ways. Substance misuse can lead to criminal behaviour including domestic violence, assaults, antisocial behaviour, theft and burglaries, sexual exploitation, slavery and gang violence. This is why the partners in Havering will work together to:

- break drug supply chains;
- deliver a world-class treatment and recovery system;
- achieve a generational shift in the demand for drugs; and
- reduce risk and harm to individuals, families and communities.

A plan to address these four key areas was developed through working with all key stakeholders such as the National Health Service (NHS), drug and alcohol treatment services, voluntary care sector, schools, Police, trading standards, licensing, Department for Work and Pensions (DWP), children services, adult services etc. To achieve our intended outcomes of reducing drug use and drug-related crime, harm and deaths, Havering CDP will monitor using national and local outcomes frameworks.

This strategy will be implemented over a five-year period commencing from the date of publication and will be reviewed at least annually by the Havering Combating Drugs Partnership and amendments made where necessary.

Feedback from the consultation and engagement with service users will be incorporated into the final draft. Then the final draft will undergo an Equality Impact Assessment which will be added onto the final draft. Havering Combating Drugs Partnership will sign off the final draft before submission to Health and Wellbeing Board, Place-based Partnership and Cabinet for noting and approval.

Consultation questions can be found below, along with additional information to support you in your response. This consultation will run for 6 weeks, starting 18 September to 29 October 2023. Additional engagement was sought from people with lived experience, voluntary care sector, LGBTQ groups, veterans and young people.

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 Strategy will be subject to the relevant governance arrangements of the individual agencies participating in the Health and Wellbeing Board. Havering CDP will have to continue to meet regularly and monitor the delivery of the strategy.

The risk of not publishing a new local strategy will be reputation as this is required through the national strategy and grant.

BACKGROUND PAPERS

Link to the consultation: https://consultation.havering.gov.uk/public-health/havering-combating-substance-misuse-strategy/

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Executive summary of Havering Combating Substance Misuse Strategy 2023-2028: https://consultation.havering.gov.uk/public-health/havering-combating-substance-misuse-strategy/supporting_documents/Havering%20CSM%20Strategy%20ExcSum%20Consult%20Draft%201.pdf

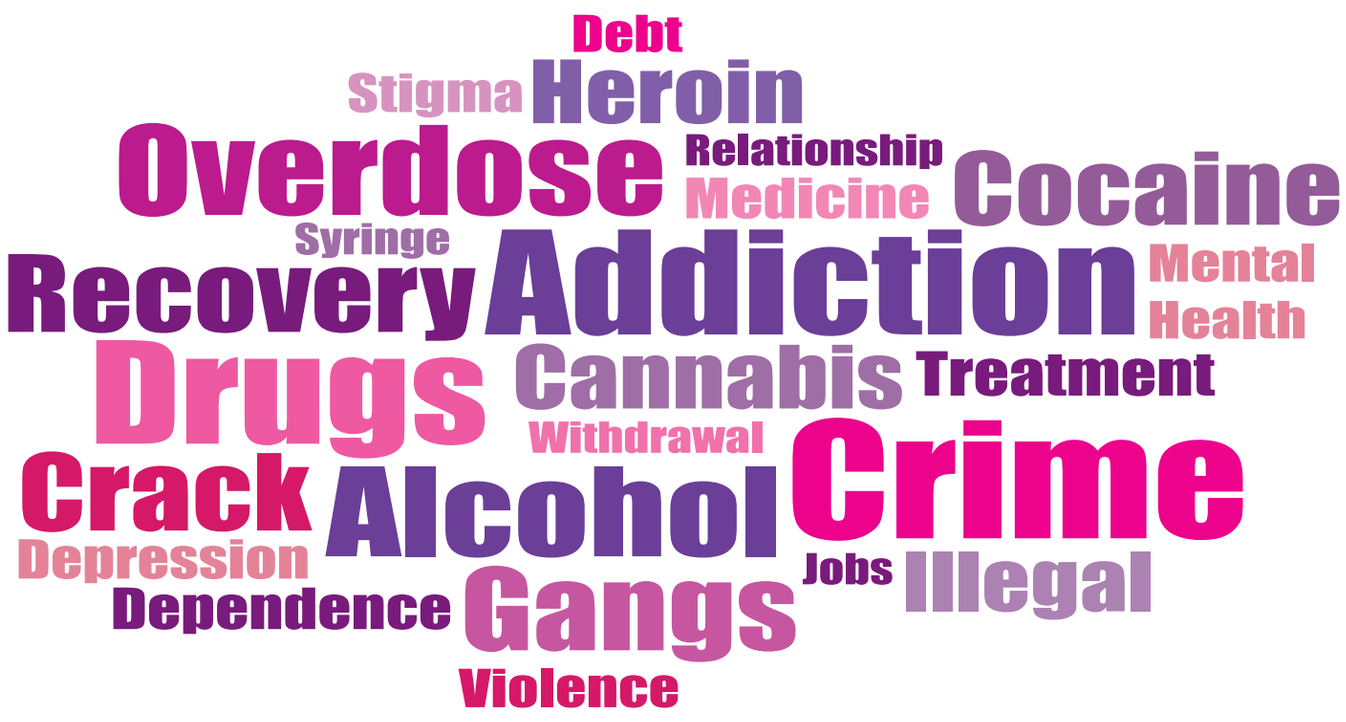
From harm to hope: A 10-year drugs plan to cut crime and save lives (29/4/2022) https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

Havering drug and alcohol harm reduction strategy 2016-19 https://democracy.havering.gov.uk/documents/s18103/Item%2012%20-%209b%202016%20D%20A%20Harm%20Reduction%20Strategy%20DRAFT%20v0%202.pdf

Consultation Draft of Havering Combating Substance Misuse Strategy 2023-2028 https://consultation.havering.gov.uk/public-health/havering-combating-substance-misuse-strategy/user_uploads/haveringcsm-strategy-_-sep2023_v0.6.pdf

Frequently asked questions regarding the strategy and consultation: https://consultation.havering.gov.uk/public-health/havering-combating-substance-misuse-strategy/supporting_documents/Havering%20CSM%20Strategy%20FAQs.pdf

LOCAL DRUGS & ALCOHOL STRATEGY PUBLIC CONSULTATION



Are We Getting It Right? Have your say

Havering Council is asking for your views on its draft Combating Substance Misuse Strategy 2023-2028 The strategy outlines our priorities in tackling drugs and alcohol in Havering. It was developed by the Havering Combating Drugs Partnership, in joint working with the Council, NHS and Police.

Consultation questions can be found using the QR code below. This also has additional information about the strategy to support you in your response.

The consultation closes on 29 October 2023.

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HEALTH & WELLBEING BOARD

Subject Heading:	Arnold's Field Health Risk Assessment
Board Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Luke Squires (Public Health Practitioner) Luke.TSquires@havering.gov.uk

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

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☒	The communities and places we live in • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
☐	Local health and social care services • Development of integrated health, housing and social care services at locality level.
☐	BHR Integrated Care Partnership Board Transformation Board • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board

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SUMMARY
The presentation summarises the health risk assessment being undertaken by the Council in response to recurrent fires at Arnolds Field off Launders Lane in Rainham.
RECOMMENDATIONS
To receive the findings of the health risk assessment at a future date.
REPORT DETAIL
See presentation attached
IMPLICATIONS AND RISKS
There are no risks arising from the health risk assessment itself. The findings of the assessment will inform the Council and partner's approach to lowering the risk of fires in the future.
BACKGROUND PAPERS
Further information about the assessment, including the available information regarding air quality in Rainham is published here https://www.havering.gov.uk/info/20073/public_health/895/response_to_fires_at_arnolds_field_launders_lane

Launders Lane Arnolds Field Health Risk Assessment

Mark Ansell
(Director of Public Health)
Luke Squires
(Public Health Practitioner)

Launders Lane is close to Rainham


Search Google Maps
Launder's Ln, Rainham
Rainham
12°
Light traffic in this area
Typical conditions
Restaurants
Hotels
Things to do
Museums
Transport
Chemists
ATMs
Sign in
Rainham Cemetery
Saxon Horn
Carlton Tyres (Rainham)
Rainham Jewish Cemetery
Best Local Carpet Cleaners
Brett Aggregates & Capital Concrete
Idal Store
Spring Farm Park Play Area
Salmar Cemetery - Rainham
CAR SHOP AUTOCENTRE
T Js Southside Tattoo
Costcutter
Chansons Pharmacy
Alphega Pharmacy
Wests Self Drive Hire - Cars, Vans
Apple Squad
XR Fasteners
Direct Cladding
Spring Farm Park
Spring Farm Park Cricket Nets
Lee Charles Building & Landscaping LTD
jenni gordon nutrition
D&D Transport Logistics
Lily Close
Exquisite Chauffers
Mobile Curtains UK
Rainham Bowls Club
Common Watercourse
Jibe Glen Play Area
Taha Academy
Taha Academy Car Park
Harris Academy Rainham
Rainham Fish Bar
Brady Primary School
Diamond view glazing
Beach Chiropody & Podiatry
Dine In Style Caterers
Mahal Tuition
D.C. Landscapes
Peri Peri on wheels
Ingrebourne Valley Golf & Country Club
Layers
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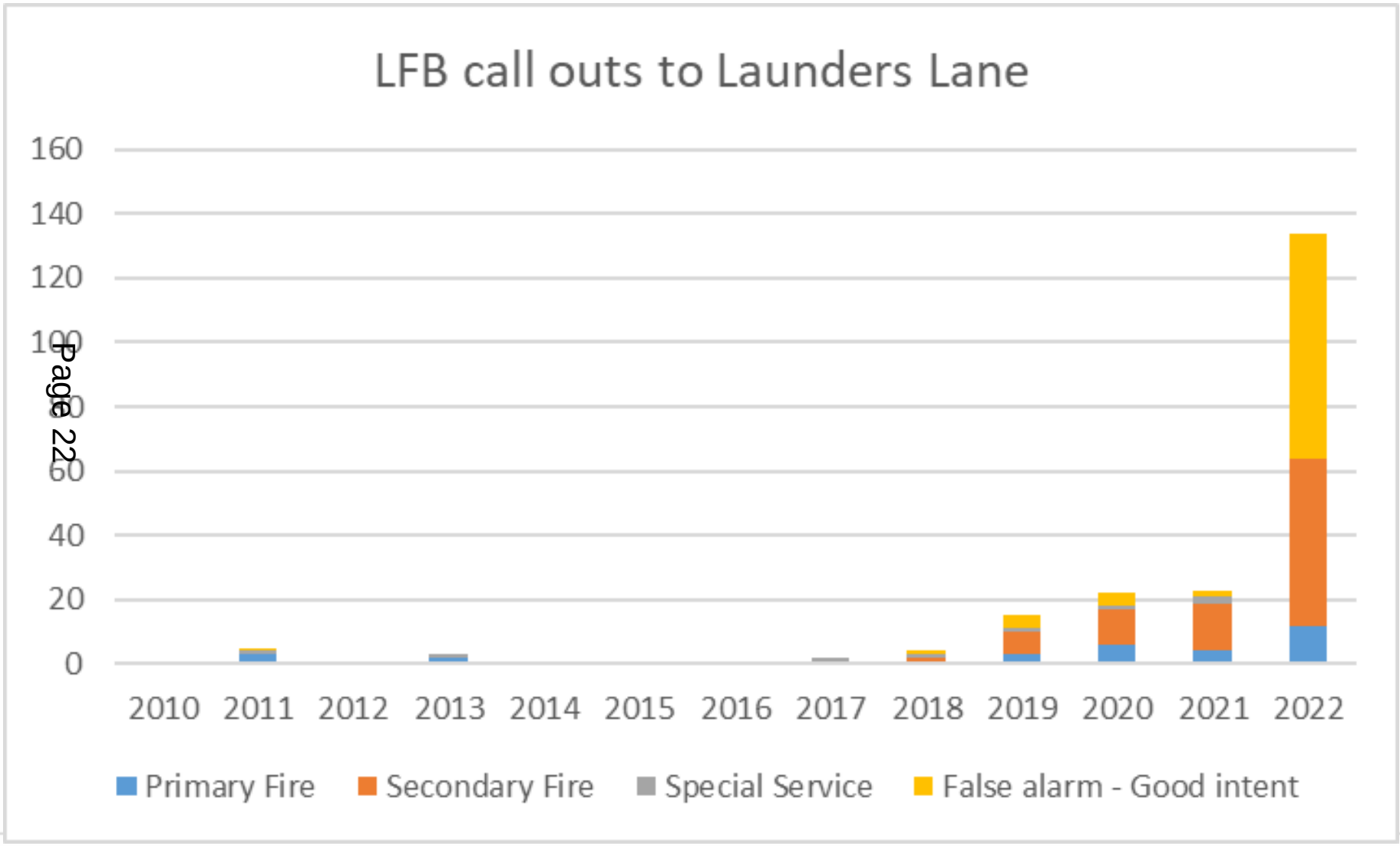
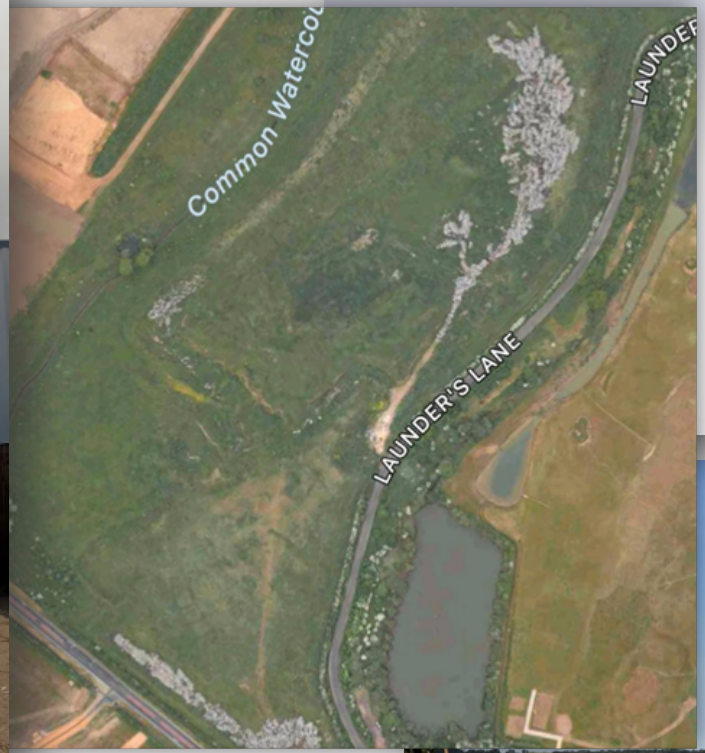
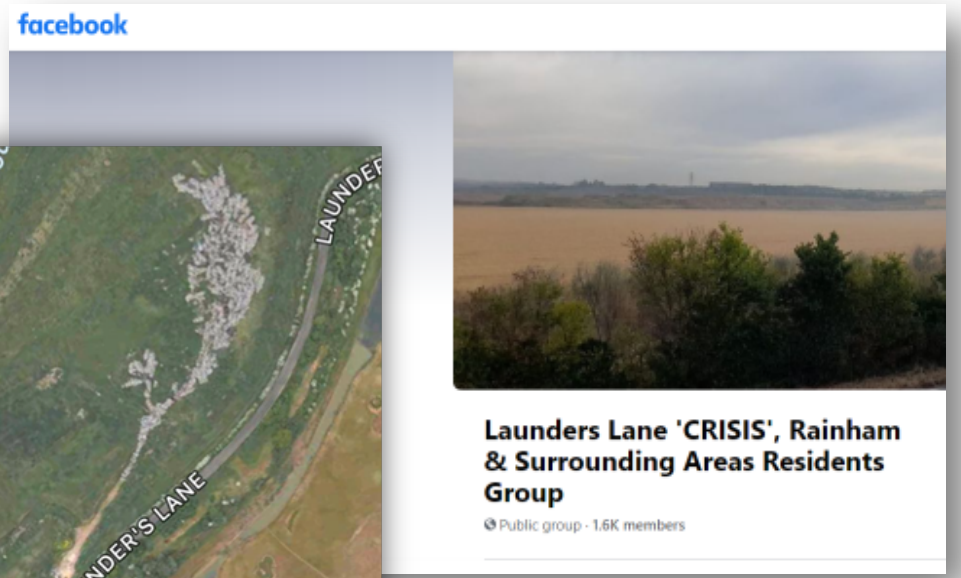

LFB call outs to Launders Lane
160
140
120
100
80
60
40
20
0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
Primary Fire
Secondary Fire
Special Service
False alarm - Good intent


Common Watercou
LAUNDER
LAUNDER'S LANE


facebook
Launders Lane 'CRISIS', Rainham & Surrounding Areas Residents Group
Public group · 1.6K members

Council response

- BAU
  - Public Protection
  - Planning
- Steering group

Key principle for risk assessment

- To understand potential public health risks need to undertake risk assessment

- **Source** - chemical
- **Pathway** - route by which the chemical can affect the receptor
- **Receptor** - the public
- All three have to be present for there to be a risk to the health of the public
- Applies to both acute and chronic chemical/environmental events

Technical group

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Function

Advises the DPH about how best to assess the risks to health associated with repeated fires at Launders Lane including :

- suggested approach to health risk assessment
- How to select a suitable contractor

Review the insight generated to identify:

- Any exceedances from short/long term recommended levels
- evidence of direct impacts on health of residents

Outputs to be shared with

- the Leadership Group to inform the approach of partners to the remediation of the site and
- local residents

Working with academic partners and government bodies demonstrates the robustness of the health risk assessment

Membership

- Imperial
- UCL
- UKHSA
- EA
- LFB
- TRL
- Public protection
- Comms
- PH

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Health risk assessment two work streams:

AQ monitoring

- TRL measuring landfill specific pollutants
- Imperial college ERG measuring $PM_{2.5}$, NO_2, wind speed, wind direction

Epidemiology

- Association between presentations to the NHS with respiratory problems and timing and distance from fires.

AQ monitoring – by TRL

- Procurement for a contractor to monitor for specific pollutants expected to be produced by landfill fire.
- Proposals received from 3 of 5 contractors requested to bid.
- Evaluation completed by officers from Public Protection and Public Health, with advice from colleagues in UKHSA and EA.
- Contract awarded to TRL.

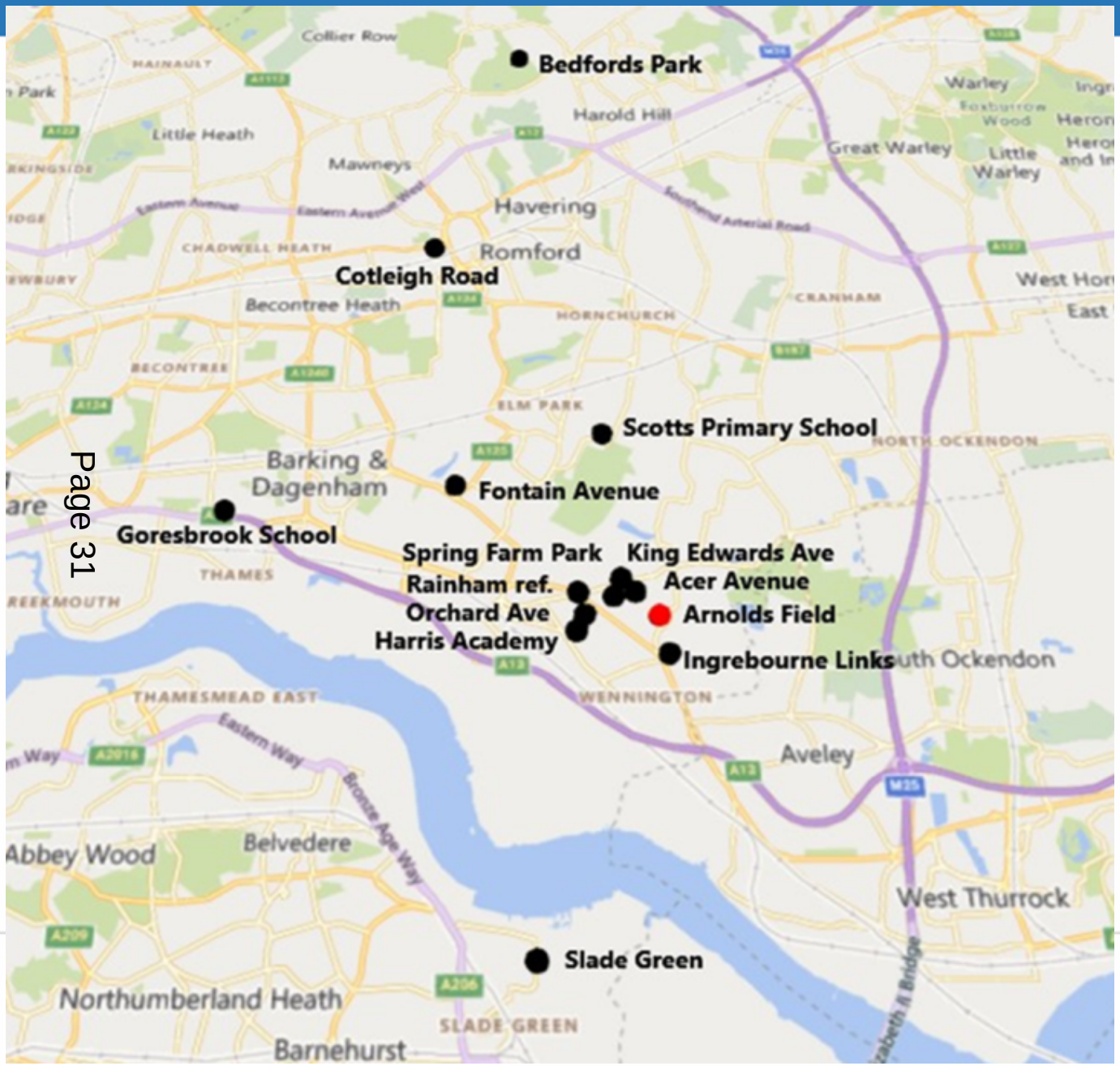
TRL approach

- Monitoring equipment measuring PCBs, PAHs, Dioxins, Furans and Metals (pollutants expected to see emitted from a landfill fire) at the Spring Farm park and Golf course
- 10 B-tex tubes measuring Volatile Organic Compounds (VOCs) locations dotted around the Launders Lane site
- Monitor for up to 12 months to quantify annual exposure
- Interim AQ reports (exact format TBD)
- Compare against relevant UK national limits / WHO.
- Combine with NO_2 and $PM_{2.5}$ data collected by Imperial College London (ERG)

AQ monitoring – by ERG Imperial College

- All London boroughs have existing relationship with Environmental Research Group (ERG) from Imperial College London who maintain network of reference monitoring sites plus AQ nodes measuring particulates and NO_2.
- Data are presented in more or less real time on Breathe London website.
- Council agreed to put further nodes around Arnolds Field

Progress with AQ monitoring - ERG



Additional ERG AQ nodes measuring NO_2 and particulates installed in residential areas closest to Arnolds Field

Describing air quality - DAQI

Daily air quality index - designed to assist UK residents to understand how AQ might impact on short term health so we can make decisions about day to day life.

Band	Index	PM2.5 (24 hour mean mg/m3)	Nitrogen dioxide (1 hour mean mg/m3)
Low	1	0-11	0-66
	2	12-23	67-133
	3	24-35	134-200
Moderate	4	36-41	201-267
	5	42-46	268-334
	6	47-53	335-400
High	7	54-58	401-467
	8	59-64	468-534
	9	65-70	535-600
Very High	10	>71	>601

Air quality – June 2023

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June 2023 - PM2.5 Particles Level (Index) by Node Site (Daily)

Approx. distance from Arnolds Field	Site Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
0.5 km N	Acer Avenue	1	1	1	1	1	1	1	1	1	2	2	2	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1
1 km N	King Edwards Ave	1	1	1	1	1	1	1	1	2	2	2	3	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1
1.2 km NW	Rainham ref.	1	1	1	1	1	1	1	1	1	2	2	3	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1
3 km E	Scotts Primary	1	1	1	1	1	1	1	1	2	2	2	3	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	2	1	1
3 km SW	Slade Green	1	1	1	1	1	1	1	1	2	2	3	3	2	2	2	2	3	2	1	2	1	2	2	1	1	1	1	1	2	1
3.6 km W	Fontain Avenue	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1
6.5 km W	Goresbrook School	1	1	1	1	1	1	1	1	2	2	2	3	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1
7 km N	Cotleigh Road	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1
10 km N	Bedfords Park	1	1	1	1	1	1	1	1	2	2	2	2	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1

Based on the daily mean concentration for historical data, latest 24 hour running mean of current day

Air quality – August 2023

Havering LONDON BOROUGH

August 2023 - PM2.5 Particles Level (Index) by Node Site (Daily)

Approx. distance from Arnolds Field	Site Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
0.5 km N	Acer Avenue	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	2	1	2
1 km N	King Edwards Ave	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	2	1	1
1.1km W	Orchard Avenue									1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	2	1	1
1.2 km NW	Rainham (reference site)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	2	1	1
1.2 km	Spring Farm Park	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	3	1	2
1.3km W	Harris Academy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	2	1	1
1.8 km	Ingrebourne Golf	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	2	1	1	1	1	3	2	10	1
3 km N	Scotts Primary	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
3.6 km	Fontain Avenue	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7 km N	Cotleigh Road	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
10 km N	Bedfords Park	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1

Based on the daily mean concentration for historical data, latest 24 hour running mean of current day

Air quality – August 2023

Havering LONDON BOROUGH

August 2023 PM2.5 Particles Level (Index) by Node Site (Hourly)

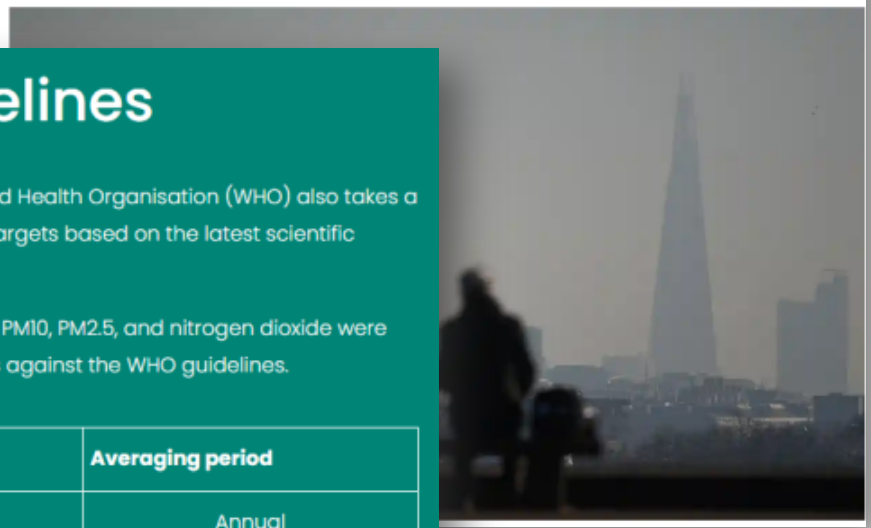
Legend	PM2.5 - 1 hour mean (mg/m3)																												
0	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300

Approx. distance from Arnolds Field	Site Name	01-Sep	02-Sep	03-Sep	04-Sep	05-Sep	06-Sep	07-Sep	08-Sep	09-Sep	10-Sep	11-Sep	12-Sep	13-Sep	14-Sep	15-Sep	16-Sep	17-Sep	18-Sep	19-Sep	20-Sep	21-Sep	22-Sep	23-Sep	24-Sep	25-Sep	26-Sep	27-Sep	28-Sep	29-Sep	30-Sep
0.5 km N	Acer Avenue																														
1 km N	King Edwards Ave																														
1.1km W	Orchard Avenue																														
1.2 km NW	Rainham (reference site)																														
1.2 km	Spring Farm Park																														
1.3km W	Harris Academy																														
1.8 km	Ingrebourne Golf																														
3 km N	Scotts Primary																														
3 km	Slade Green																														
3.6 km	Fontain Avenue																														
6.5km W	Goresbrook Schoc																														
7 km N	Cotleigh Road																														
10 km N	Bedfords Park																														

Dirty air affects 97% of UK homes, data shows

Slough, London and Leeds among worst locations on map showing air pollution above WHO limits

- **Check the pollution levels at your address on addresspollution.org**



World Health Organisation guidelines

Around the world, nations set their own air quality targets and objectives. However, the World Health Organisation (WHO) also takes a role in setting global air quality guidelines to provide policymakers and governments with targets based on the latest scientific understanding and health research.

In September 2021 WHO updated their guidelines for the first time since 2005. Guidelines for PM10, PM2.5, and nitrogen dioxide were substantially reduced from their previous levels. The table below shows the current UK limits against the WHO guidelines.

Pollutant	UK limit value (µg/m³)	WHO guideline (µg/m³)	Averaging period
PM_{10} particulates	40	15	Annual
$PM_{2.5}$ particulates	25	5	Annual
Nitrogen Dioxide	40	10	Annual
Ozone	100	100	8 hour mean

On annual graphs and statistics, reference to these WHO guidelines is also provided for reference.

Health risk assessment – epidemiological analysis

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With NHS partners, Public Health aim to analyse presentations to the NHS (GP, A&E, admissions, NHS111) and whether presentations increased with respiratory problems during/immediately after visible fires and with increasing proximity to Arnold's Field.

- **Individual level data difficult to get access to due to NHS having GDPR concerns**.
- The closest residential areas are to the west and north west (c. 400m) of the site and to the south east
- Communities to the south east are in Thurrock. We've made no attempt to access health data re Thurrock residents.
- There are 8 LSOAs in Havering close to Arnolds Field so approx. 12,000 residents.

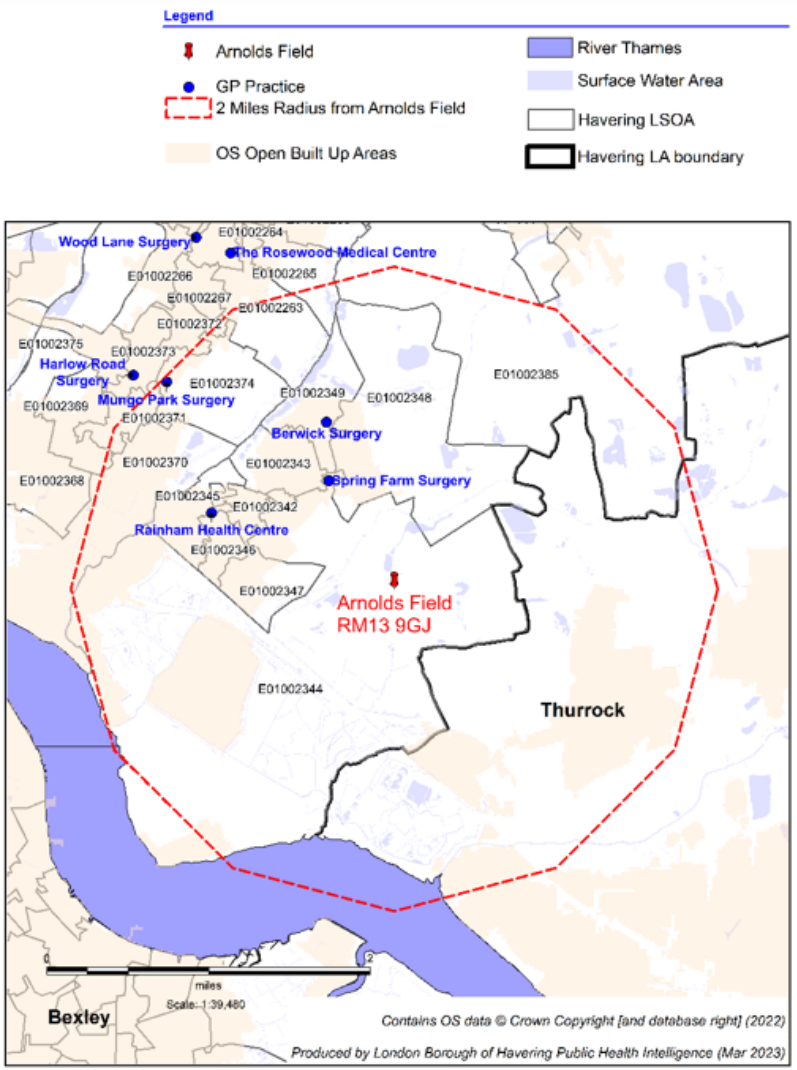

Figure. 4 map of LSOAs, built up areas, GP practices and neighbouring local authorities 2 miles around Launders Lane site

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Havering
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HEALTH & WELLBEING BOARD

Subject Heading:	Health Protection Forum Annual Report 2022-2023
Board Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Elaine Greenway, Associate Director Public Health Esosa Edosomwan, Public Health Practitioner

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

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

Havering
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SUMMARY

The Havering Health Protection Forum (HPF) supports Havering Director of Public Health (DPH) in discharging the DPH duty to protect health; by supporting and challenging local health protection arrangements.

The 2022-23 HPF Annual Report is the first since the Covid-19 pandemic was declared in 2020, when HPF meetings were paused to focus on the local response to the pandemic. The HPF Annual Report summarises the work of the HPF during 2022-23; and outlines priorities for 2023-24.

In general, health protection arrangements in Havering are functioning effectively and there has been good recovery of services following lifting of Covid-19 regulations and accompanying restrictions. There are some areas where improvements could be made which are summarised on pages 4 and 5.

Each section of the report outlines how the health protection system works for the topic of focus, presents key data trends or a diagram demonstrating how the system works, a summary of current concerns or highlights, and significant actions being taken.

It is planned to take the report to the Borough Partnership for discussion on how to further strengthen health protection arrangements in the borough.

RECOMMENDATIONS

For the Health and Wellbeing Board to note the contents of the report, including proposed key topics of focus for 2023/24, and Health Protection Forum plans to present the report to the Borough Partnership to consider where local health protection arrangements may be further strengthened

REPORT DETAIL

As attached.

IMPLICATIONS AND RISKS

There are no additional risks beyond those already addressed by the relevant organisations responsible for health protection functions.

BACKGROUND PAPERS

None

Havering
LONDON BOROUGH

Havering Health Protection Forum

2022/23 Report

Contents

Foreword by Mark Ansell, Director of Public Health

Local Authority Directors of Public Health are mandated to provide local leadership for health protection and to be assured that arrangements to protect the health of the local community are robust and implemented appropriately, escalating concerns as necessary.[1]

As the Director of Public Health for Havering, the Havering Health Protection Forum provides me with a valuable opportunity to meet with the organisations and services responsible for local health protection functions, and to understand the work that they are doing and their future plans.

This is the first report since the Covid-19 pandemic was declared in 2020 when Health Protection Forum meetings were paused to focus on the local response to the pandemic. We were seeing unparalleled demands on the health and social care system, with a local workforce that was working long and hard to maintain robust health protection arrangements. I am incredibly proud of the local response which has been documented and published in reports to the Havering Health and Wellbeing Board.

In March 2022 pandemic restrictions were lifted and we started to learn to "live with Covid". We reviewed the Havering Health Protection Forum terms of reference to reflect (a) the Forum's role in ongoing surveillance of Covid-19 outbreaks and (b) the need to take into account changes in the system; the formation of Integrated Care Systems, and establishment of the UK Health Security Agency (UKHSA). In discussion with the Director of Public Health for the London Borough of Barking and Dagenham, it was decided to end the two-borough Health Protection Forum collaboration, and return to a single borough focus.

I am pleased that, as this report shows, overall, health protection arrangements in Havering are working satisfactorily, and that there has been good recovery of services following the lifting of Covid-19 regulations and accompanying restrictions.

I take this opportunity to thank the representatives of organisations and services who have attended Health Protection Forum meetings over the past year, and for providing the content for this report and support in identifying health protection priorities for 2023/24.

Mark Ansell

Director of Public Health

[1] Local Government Association, Department of Health, Public Health England (2013) *Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013*

1. Introduction

The Havering Health Protection Forum (HPF) supports the Council Director of Public Health (DPH) in discharging the DPH duty to protect health. The HPF meets routinely each quarter to consider health protection arrangements for the local area. This HPF annual report for 2022/23 gives a summary about how individual health protection programmes are working, and provides:

- Key data trends or a diagram demonstrating how the system works
- The programme status
- Actions being taken

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

2. Health Protection Forum Members

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

3. Review of 2018/19 Actions

The last publication of the Health Protection Forum annual report took place in 2018-19. There have been no further publications due to the Forum being temporarily paused in order to focus on the response to the Covid-19 pandemic. Due to the length of time having passed, the priorities identified in the report of 2018-19 have not been reviewed. Priorities identified in this report will be reviewed in the subsequent 2023-24 report.

4. Key topics of focus for 2023/24

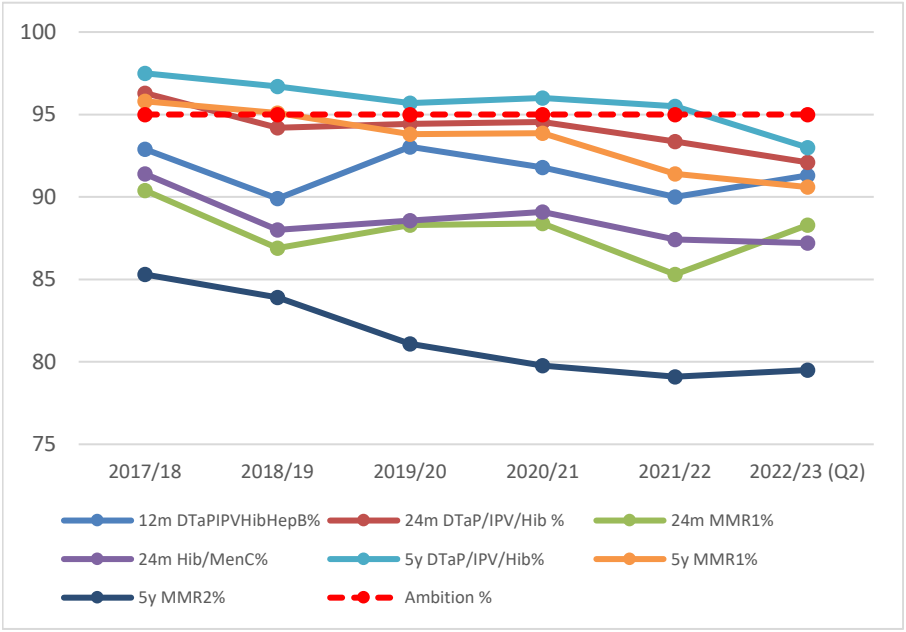
The following describes the topics that the HPF plans to focus on during 2023/24. The topics have been chosen either because the HPF has identified a priority issue that requires improvement/closer scrutiny, or that the HPF considers that there is value in partner organisations coming together to look at existing arrangements and consider whether there is anything further that could be done to make improvements locally. Ongoing monitoring will continue across all areas of health protection, and where issues arise, these will be added as a further topic for consideration.

	Topic	Why Chosen	What will be done
1	Vaccinations: • Routine childhood and maternal immunisations • Flu • PPV (at-risk)	• The percentage of children receiving the required 2 doses of MMR vaccine by 5 years of age continues to decline. • Cases of measles, mumps and rubella, continue to circulate across lower vaccinated/vulnerable populations in London; in light of these continued endemic cases, the UK has now lost its status of eradicated measles by the WHO. • Whilst uptake of routine childhood immunisations remains higher than London, there has been a steady, but slow decline since 2017/18.	• Public Health will maintain surveillance of vaccine-preventable conditions and continue to work with Early Help services, Children's centres, schools and colleges and maternal immunisation providers to promote vaccine uptake. • Discussions through the HPF to establish and strengthen the arrangements in place to

	Topic	Why Chosen	What will be done
		• Coverage of the whooping cough (pertussis) vaccine is low. Levels of disease are likely to increase among young infants due to low uptake of the maternal immunisation programme. • Coverage for the PPV vaccine is substantially lower in high-risk individuals compared to those aged 65 years and above. • The focus on Covid-19 vaccines and subsequent boosters has diverted public attention to influenza vaccine, and has generated questions regarding safety and efficacy leading to reduced uptake in at-risk groups and those aged 65 and above during the winter of 2022/23	support uptake in those eligible for the PPV vaccine. • Continued promotion of the flu vaccine through established comms and engagement channels.
2	Antenatal and newborn (ANNB) screening	In 2020/21, a new KPI was added measuring the proportion of inadequate samples for screening for Down's syndrome, Edwards' syndrome and Patau's syndrome. Quarterly performance in BRHUT has declined since beginning of 2021/22 from 0.1% to 18.3% in Q4.	The issue of high proportion of inadequate samples for foetal anomaly screening has been raised NHSE.
3	Antimicrobial resistance	The growth and spread of antimicrobial resistance, and the emergence of a pan-resistance, highly virulent bacterial strain remains a serious threat to health protection.	Whilst work is being done to ensure appropriate prescribing at regional level, work will continue to be done to raise awareness of actions the public can take to reduce the spread of resistance.
4	Health Emergency Planning • Adverse weather • Launders Lane	• Climate change increases the risk of adverse weather. Rising global temperatures and heatwaves increase the likelihood of wildfires. The Wennington fire occurred during the heatwave of July 2022 resulting in the destruction of 8 homes. • The Arnolds Field landfill in Launders Lane, Rainham, has been the location of a large number of fires since around 2013. There is ongoing resident concern regarding associated health outcomes.	• Multi-agency collaboration to protect individuals and communities from the health effects of adverse weather and to build community resilience through year-round planning in advance of extreme weather periods • Third parties have been appointed to undertake air quality monitoring and investigate associated health outcomes at Launders Lane. Air quality and health outcomes monitoring will continue.

5. Immunisations: Routine Childhood Immunisations

Uptake of Routine Childhood Immunisations in Havering 2017/18 to Q2 2022/23



How the System Works

- NHSE overall responsible for childhood imms programme with some delegation to Havering ICB
- UKHSA provides advice, surveillance and guidance
- DPH supports and advocates for improved access and uptake
- GPs deliver post-birth imms, pre-school boosters and targeted imms for at-risk children and young people (Covid-19 and Flu)
- NHSE commissions Vaccination UK (VUK) to deliver school-aged imms in Havering, incl. flu nasal spray, HPV (girls 12-13) and MenACWY (age 14)
- Childhood imms recorded on GP systems and on Child Health Information System (CHIS)

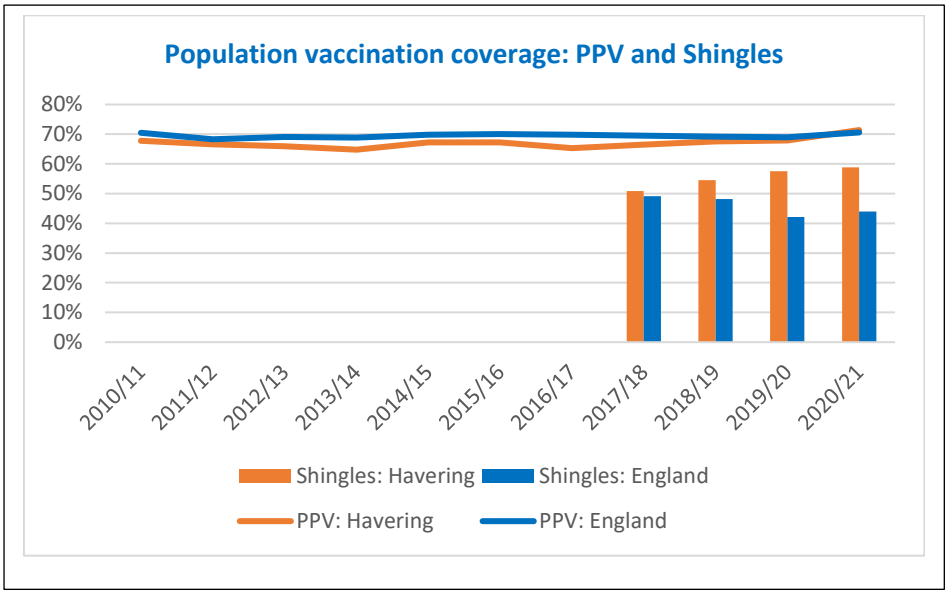
Programme status

- The attitudes of people who live in Havering towards vaccinations is relatively positive, as evidenced by uptake of the primary course of vaccinations by children in infancy, at 12 and 24 months and by 5 years old.
- Uptake of routine childhood immunisations in Havering remains consistently higher than uptake for London, and similar to England rates. However, since 2017/18, there has been a steady, but slow decline in uptake rates both in Havering and across England (Figure 1 above).
- The Covid-19 pandemic did not appear to significantly impact access to routine childhood vaccinations at GP surgeries during 2019 to 2021, and GPs should be acknowledged for their extraordinary efforts in maintaining uptake during the pandemic.
- The percentage of children receiving the required 2 doses of MMR vaccine by 5 years of age continues to decline; uptake in Havering was 82.5% in 2021/22.
- Cases of Measles, Mumps and Rubella, which are preventable through the MMR vaccine, continue to circulate across lower vaccinated/vulnerable populations in London; in light of these continued endemic cases, the UK has now lost its status of eradicated measles by the WHO.
- For the 2022-23 Flu season, the in-school vaccination offer was extended to pupils in Year 9 in secondary school (aged 13 to 14 years). Across the whole school cohort (Reception to Year 9), Havering achieved an uptake of 43.8%. Uptake in Primary schools was significantly higher (60%+) than in secondary schools (20%).

Actions taken during 2022-23

- Detection of vaccine-like type 2 poliovirus (PV2) in routine sewage samples in Beckton posed a risk to unvaccinated individuals. This prompted a polio booster programme in which all children aged 1 year to <10 years were offered an appointment by their GP practice in Autumn 2022 to either catch up children who were not up to date, or additional dose; Havering's uptake for this additional/booster was 46.1%.
- NHSE continues to offer first and second doses of Covid-19 vaccine to everyone aged 12 and over. 75% of the population aged 12+ in Havering have had their second dose of the vaccine which is higher than the London (64%) average but slightly lower than the national average (76%). By Autumn 2022, 57% of the population aged 12+ in Havering had a third or booster dose, which is higher than the London (47%) average but lower than the national average (60%).
- Public Health maintains surveillance of vaccine-preventable conditions and continue to work with Early Help services, Children's centres, schools and colleges to promote vaccines, particularly MMR and MenACWY.

6. Immunisations: Adult



How the System Works

- NHSE commissions GPs to deliver routine adult imms
- People aged 65 years are eligible for a free pneumococcal vaccination (PPV), given once only
- Adults aged 70 or 78 years are entitled to a shingles vaccination
- Pregnant women are offered a free pertussis vaccination from 16 weeks' gestation to prevent whooping cough in newborns

Programme status

- Four vaccinations are given routinely in adulthood; pertussis (whooping cough) to pregnant women, flu vaccinations, PPV[2] (for pneumonia) and shingles.
- **Pneumococcal**:
  - The programme has observed a sustained increase in coverage since 2016 (Fig.1). Coverage in Havering for the period 2020/21 was 71.4%; an increase by 3.5 percentage points compared to 2019/20 (67.9%). As with the national trend, whilst continued uptake in those eligible in subsequent years suggests sustained opportunistic vaccine offer in primary care, coverage between practices varies, and coverage is substantially lower in high-risk individuals compared to those aged 65 years and above.
- **Shingles**:
  - The routine programme offers the vaccine to those turning 70 and patients remain eligible for the vaccine until their 80th birthday. Data shows a sustained upward trend in coverage. Coverage for 2020/21 (58.8%) is higher than the national average (44%). Covid-19 restrictions did not lead to a decline (as anticipated and as opposed to the national trend) in uptake and 2020/21 data shows performance now exceeding pre-pandemic levels (Fig.1).
- **Pertussis**:
  - Vaccination in pregnancy is highly effective in protecting the baby from developing whooping cough until they are old enough to be routinely vaccinated at 8 weeks' old.
  - Data for 2022 shows an average uptake across England of 61.5%, a decrease of 7.6 percentage points from 2020. Coverage in London is particularly low at 41.4%.[3] Levels of disease are likely to increase among vulnerable groups following the easing of Covid-19 control measures accompanied by substantially lower uptake of the maternal immunisation programme in London.

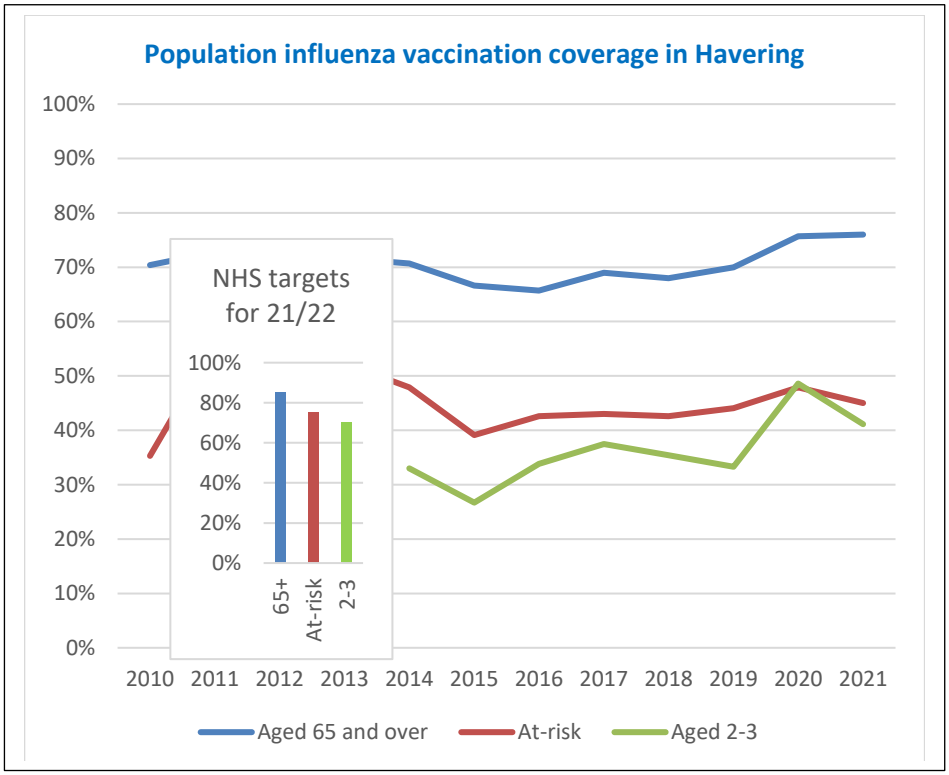
Actions being taken and recommendations

- Modest decreases have been observed in coverage for some immunisations programmes (across London) including shingles, leading to the establishment of a task and finish group to carry out a deep dive in shingles vaccine uptake across London.
- Whilst there are no concerns for coverage in over 65s, discussions are required to strengthen arrangements to ensure that patients at risk and eligible for the PPV vaccine are identified and invited to take up the vaccine.

[2] Pneumococcal polysaccharide vaccine

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

7. Immunisations: Seasonal Flu and Covid-19



How the System Works

- NHSE commissions GPs, pharmacists (and locally Vaccination UK) to deliver flu vaccinations
- Children, pregnant women, people 65 and over, under 65s clinically at risk, and carers, are eligible for free vaccinations
- Frontline health and social care staff eligible for free flu vaccination at GP or pharmacy by showing their ID badge
- Other people can buy a flu vaccination from most pharmacies

Covid-19 activity and programme status

- The Office for National Statistics publishes information regarding the number of deaths with Covid-19. Up to March 2023, the number of deaths in Havering with Covid-19 was 1,150.
- For the period Dec 2020 – March 2023, 78% of the population aged 12+ in Havering had a first dose of Covid-19 vaccine, which is slightly lower than the national average (79%) but higher than the London average (68%).
- The Covid-19 vaccination programme was scaled down in Spring 2023. It is anticipated that future Covid-19 booster doses will be offered to people who are at increased risk from Covid-19 following advice from the Joint Committee on Vaccination and Immunisation.

Influenza and influenza-like illness (ILI) activity

- Public health measures, including lockdown restrictions and reduced social mixing lead to substantial reductions in the transmission of other respiratory diseases including influenza[4].
- During the pandemic, eligibility for the flu vaccine was expanded to include healthy 50 to 64 year olds in order to further relieve winter pressures on health and social care services.
- Reduced exposure to prior circulating strains of flu led to lower natural immunity resulting in the highest levels of activity (incidence and hospital activity) following the withdrawal of restrictions in the winter of 2022/23.

Influenza vaccination programme status

- Whilst uptake increased during the early phase of the pandemic, and exceeded the WHO target ambition of 75% for over 65s, coverage in Havering (76%) for the period 2021/22 remains lower than the national average (82.3%) and NHS target ambition (85%).
- Uptake in other cohorts including patients at risk of severe disease and pregnant women falls below the national average and NHS target ambition (Fig. 1).

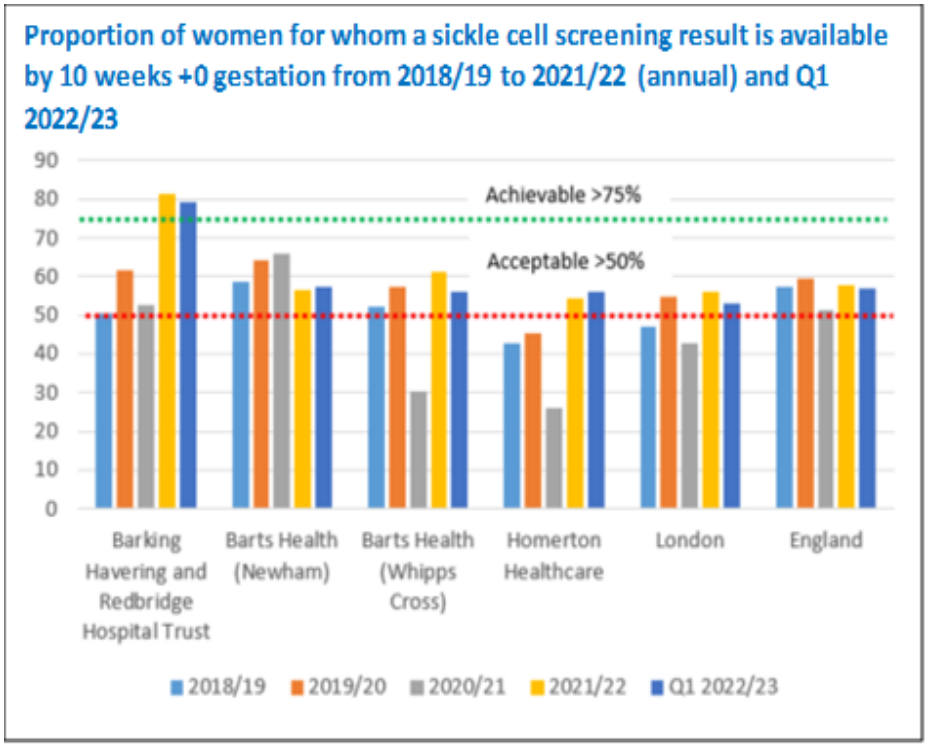
[4] Vaccine update: issue 334, January 2023

- Despite aspirations for a continued upward trend in uptake, the focus on Covid-19 vaccines and subsequent boosters has diverted public attention to influenza vaccine, and has generated questions regarding safety and efficacy leading to reduced uptake in at-risk groups and those 65+ during the winter of 2022/23.
- There also appears to have been wider vaccine apathy across the board, particularly reflected in school-based activity. A transition to e-consent forms contributed to a decrease in flu vaccine uptake in BHR; the return to paper consent forms produced more returns from parents.

Actions being taken and recommendations

- A call and recall processes was implemented nationwide to support uptake in flu vaccine in at risk groups.
- Ongoing monitoring of flu and ILI activity (e.g. incidence, hospital and syndromic data, immunisation uptake)
- Communications activity including promotion of flu vaccines as part of adverse weather planning, winter planning, workforce offer and antimicrobial resistance awareness raising.
- Continued engagement with providers including local immunisation co-ordinators and Vaccination UK with the aim of increasing vaccination uptake in all groups.
- The demographics of the Havering population means that there are large numbers of older people in the borough, and growing at-risk population who are not vaccinated, and so will seek further improvement in uptake locally in order to maintain coverage against the WHO/NHSE target ambitions and drive uptake in line with the national average.

8. Screening: Antenatal and Newborn (ANNB)



How the System Works

- The UK National Screening Committee (UKNSC) oversees screening policy and sets standards for the programme
- NHSE commissions antenatal and newborn screening programmes
- The majority of screening tests are delivered by maternity services, although GPs provide a 6-8 week check for child health
- GP Health Information System Hubs provide a failsafe check to identify untested babies and inform health visitors (primarily mothers/babies who have newly moved into the area)

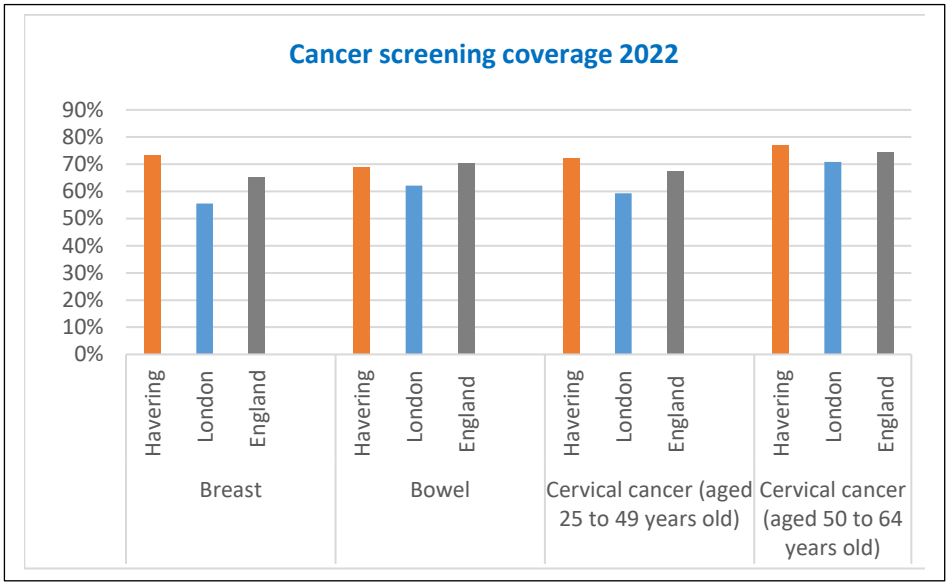
Programme status

- The Antenatal & Newborn Screening Programme (ANNB) aims to find health problems that may affect mother or baby, such as infectious diseases, physical abnormalities, chances of inherited disorders or chromosomal abnormalities
- Screening tests consist of ultrasound and blood tests, newborn physical examination and hearing screening
- The earlier a mother can confirm pregnancy, the earlier they can be booked into the maternity system and start the screening process
- National data suggests that good performance was maintained in most services across England over the COVID-19 pandemic. However, some screening programmes were negatively impacted including the sickle cell and thalassaemia (SCT) and newborn hearing (NHSP) screening programme.
- The fall in performance was as expected for the SCT screening programme due to changes in technical guidance, where screening could be offered at a later time-point. However, recovery was rapid; the proportion of women who booked their pregnancy with BHRUT for whom a screening result was available ≤10 weeks +0 days gestation increased from 52.7% in 2020/21 to ≥79.8% in 2021/22.
- The coverage of NHSP was affected by changes in working practices to reduce the transmission of COVID-19, such as the reduction and suspension of home visits by Health Visitors. In addition, in line with national guidance, many audiology departments closed. This resulted in a delay in the assessment of babies referred from the screen in most services across England. With an acceptability threshold of 98%, NHSP coverage increased from 92.8% in 2020/21 to a crude average of 97.4% in 2021/22.
- In 2020/21, a new KPI was added (during COVID-19) measuring the proportion of inadequate samples for screening for Down's syndrome, Edwards' syndrome and Patau's syndrome (lower is better). Since the publication of FA4 data in the beginning of 2021/22, quarterly performance declined in BHRUT, from 0.1% to 18.3% in Q4. Nine other hospital Trusts have experienced similarly high proportions of inadequate samples.

Actions being taken

- Early Help services and Children's centres, in partnership with the Healthy Child Programme (0-19) are continuing to promote women who are pregnant to self-refer and book for maternity care as soon as possible, preferably before 10 weeks' gestation.
- NHSE are responsible for monitoring and improving performance of ANNB screening programmes; the issue of high proportion of inadequate samples for foetal anomaly screening has been raised with them.

9. Screening: Cancer Screening Programmes



How the System Works

- The UK National Screening Committee (UKNSC) oversees screening policy and sets standards for the programme
- NHSE commissions cancer screening programmes
- Contracts are held with NHS Trusts, private diagnostic providers, GPs or laboratories
- Breast screening: every 3 years for women 50-70 years. Target coverage 70%. NHS is currently undertaking a trial on women of 47-73 years.
- Bowel screening: age 60-74 a home testing kits every 2 years, over 75 can request a home testing kit every 2 years; target coverage 60%
- Cervical screening: for women aged 25-49 every 3 years and those aged 50-64 every 5 years; target coverage 80%

Programme status

- Population screening programmes identify apparently healthy people who may be at increased risk or a disease or condition, enabling earlier treatment and better informed decisions.
- There are three national screening programmes for cancer (breast, bowel and cervical).
- Bowel screening: 2021/22 data showed that all four Havering PCNs performed above London and ICB averages. All Havering PCNs achieved the coverage target of 60%. Nonetheless, latest available data on cancer mortality (2017) found that the standardised rate of death from colorectal cancers in Havering was higher than the national average, highlighting the remaining importance of early diagnosis outside the screening programme.
- Breast screening: 2021/22 data showed that despite slight drop in coverage due to post-covid backlog, all 4 PCNs in Havering have coverage levels significantly above both England and ICB averages, and two PCNs (South, Marshall) were meeting 70% target.
- Cervical screening: For age 25-49, Havering South PCN has coverage % persistently above England, London and NEL ICB average. Cervical screening coverage levels for 50-64 age group in Havering South PCN have been above England average, and was close to the national target of 80%.

Actions being taken

Bowel:

- Faecal immunochemical testing (FIT) is fully implemented.
- Bowel scope screening is no longer offered as part of the NHS Bowel Cancer Screening Programme. Clear-on-cancer campaign will continue to support early recognition.

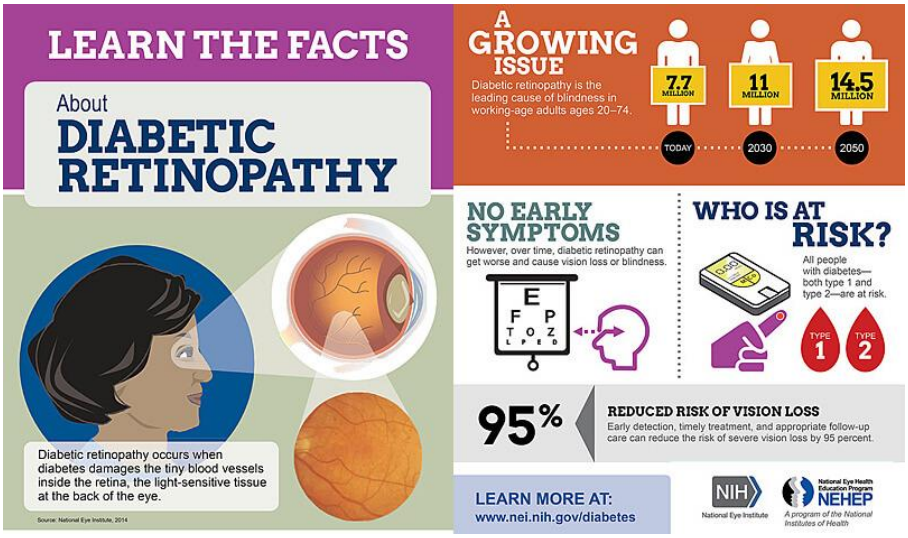
Breast:

- Open appointments used during the pandemic were replaced by usual systematic invitations, and uptake was improved.

Cervical:

- The role of PCN hubs in improving access is being considered.

10. Screening: Adult Non-Cancer Screening Programmes: AAA and DES



Background

- People living with diabetes are at risk of sight loss and blindness due to a condition called diabetes retinopathy. The video clip discusses importance of Diabetes Eye Screening (DES) to detect this disease early on to prevent sight loss.
- Every local NHS diabetic eye screening (DES) service is responsible for maintaining up to date register of people with diabetes who are eligible for screening. The general practice has to share the data of eligible people with diabetes to the diabetic retinopathy screening (GP2DRS) system so local DES services can invite individuals correctly.
- Abdominal aortic aneurysm (AAA) is a bulge or swelling in the main blood vessel called the aorta that runs from the heart to the abdomen. An AAA will often cause few or no obvious symptoms, but if it's left to get bigger, it could burst and cause life-threatening internal bleeding. About 8 in 10 people with a burst AAA die before they get to hospital or do not survive emergency surgery to repair it. Screening can pick up an AAA before it bursts. If an AAA is found, regular scans can monitor it or surgery can be scheduled to stop it bursting.

How the System Works

- There are two non-cancer screening programmes: diabetic eye screening programme (DESP) and abdominal aortic aneurysm (AAA) Screening Programme.
- DESP: Diabetic eye screening is a test to check for eye problems caused by diabetes. Pictures are taken of the back of the eyes to check for any changes. Anyone with diabetes aged 12 or over, is invited to have their eyes checked at least once a year.
- AAA Screening Programme: The screening programme aims to reduce AAA related mortality across the male population, who will be invited for routine testing during their 65th year. Men aged over 65 who have not previously been screened can request an appointment by contacting their local screening service. The screening test for AAA is a simple, pain-free ultrasound scan of the abdomen that usually takes less than 10 minutes. InHealth is the provider for AAA screening programme in North London.
- Each local service (AAA or DES) coordinates screening for the population in its area and organises invitation letters,

Programme status: the situation of DES and AAA Screening in Havering

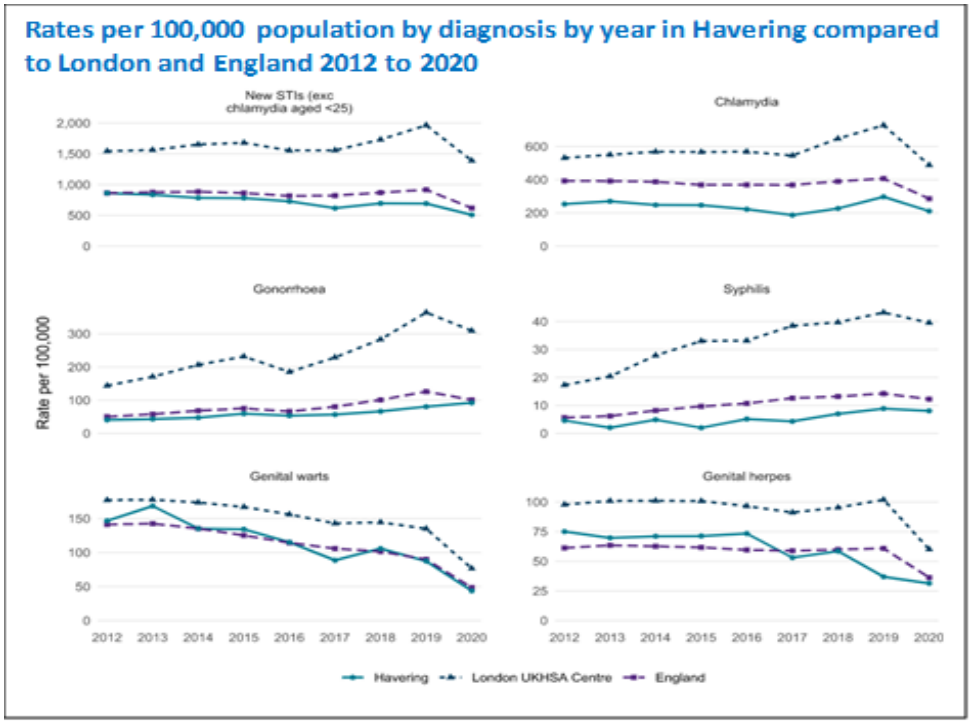
DES:

- The latest data (2020/21) on DESP showed that the screening centre that covers Havering is among the top 10% on offering eye screening (73%) to those eligible.
- 88.2% of people newly diagnosed with diabetes were offered a first routine screening appointment within 89 calendar days of the notification of their diagnosis.
- Only 59.8% of pregnant women with diabetes were seen within 6 weeks of notification of their pregnancy to the screening provider. However, there is no record of new sight loss due to diabetes among Havering residents.

AAA:

- The latest data (2021/22) showed that Havering's AAA screening coverage (83.4%) is the highest among London boroughs and also higher than England average (70.3%).

11. Infectious Diseases: Blood Borne Viruses & Sexually Transmitted Infections



How the System Works

- LBH is responsible for commissioning an Integrated Sexual Health Service (ISHS) jointly with B&D and Redbridge
- Clinic services include STI testing and treatment, and HIV testing only; NHSE is responsible for HIV treatment
- Sexual Health London (SHL) commissions an e-service for testing for STIS including chlamydia; kits are ordered online and sent directly home
- NHSE commissions HIV testing as part of antenatal screening
- LBH commissions local drug and alcohol service, which arranges testing for BBVs, and advises clients on prevention

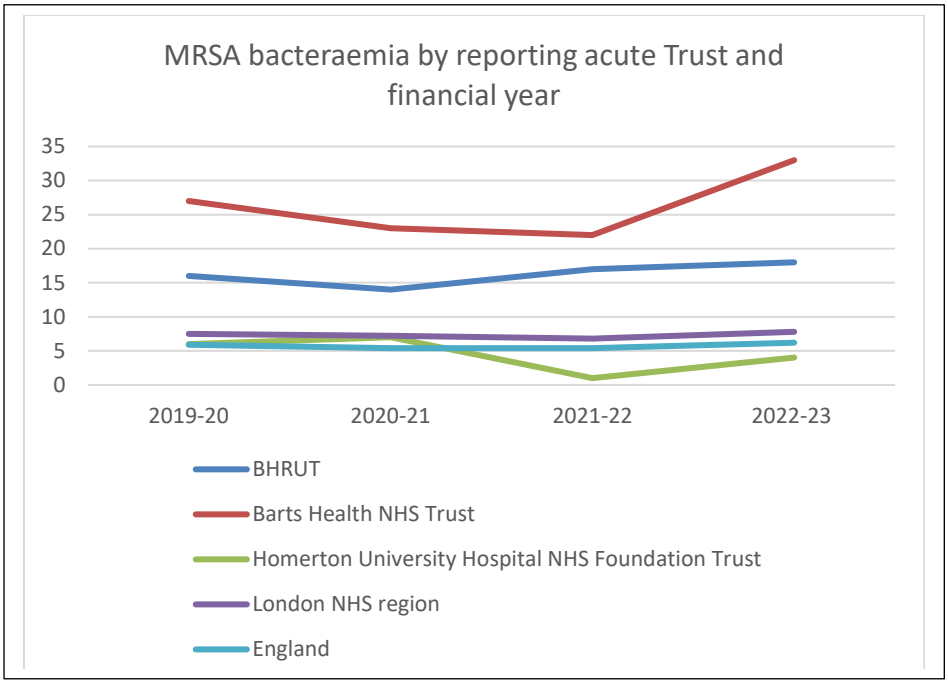
Programme status

- There are no current major concerns regarding rates of STI or BBVs.
- The rates of gonorrhoea and syphilis have been increasing slightly in the borough since 2012, at a similar rate to England overall, with rates in 2021 at 76 per 100,000 for gonorrhoea and 13.8 per 100,000 for syphilis; despite this overall increase, Havering had one of the lowest diagnosis rates for syphilis and gonorrhoea in London.
- Since its initiation in early 2018, the numbers of test kits ordered by Havering residents on the SHL e-service has tripled. The largest jump in test kits being ordered via the internet was between 2019-20 and 2020-21, coinciding with the national Covid-19 lockdowns. Around 2/3 of tests are now ordered via the online service, leaving clinic services able to focus on treatment and complex sexual health issues.
- In Havering in 2021, 51.9% of people who were eligible for an HIV test when they attended a specialist sexual health service accepted a test. This total testing coverage for HIV is significantly better than that for England (45.8%) but significantly worse than the testing coverage in London (54.3%). However, testing amongst high risk groups including GBMSM in Havering (86.1%) is better than both London (82.3%) and England (77.8%).
- HIV late diagnosis in people first diagnosed with HIV in the UK between 2019 and 2021 is lower in Havering (41.9%) than England and slightly higher than London (38.6%).
- Rates of other key blood borne viruses, Hepatitis B (acute) and Hepatitis C (detection rate) in Havering remain similar to England, at 0.78 per 100,000 and 17.5 per 100,000 respectively.

Actions being taken

- Since 2020/21, LBH commissions HIV pre-exposure prophylaxis (PrEP) via the ISHS. Diagnosed prevalence rates have decreased by 5%, such that by 2021 Havering had the lowest diagnosed prevalence rate out of all London Boroughs (1.45 per 1,000), significantly better than London (4.09 per 1,000) and England (1.60 per 1,000).
- Hepatitis vaccination is offered via ISHS, at drug & alcohol treatment services and maternity services.
  In May 2022, cases of MPX, a zoonotic infection, caused by the monkeypox virus that occurs mostly in West and Central Africa, were confirmed in an outbreak predominantly amongst gay, bisexual and men who have sex with men without documented history of travel to endemic countries. Of the 3,635 cases nationally, Havering experienced a total of 8 confirmed cases, and BHRUT delivered a total of 101 vaccinations to all eligible persons who were at risk from the outbreak.

12. Infectious Diseases: Health Care Associated Infections



How the System Works

- The Department of Health sets tolerance target for Acute Trusts for MRSA (set at 0) and *C.difficile*[18]
- UKHSA monitors numbers of infections that occur in healthcare settings through routine surveillance, and advises on prevention and control in places such as hospitals, care homes and schools.
- BHRUT and NELFT have IPC policies and procedures in place, and report HCAIs to their respective Boards

Background

- Healthcare-associated infections (HCAIs) pose a serious risk to patients, staff and visitors, and incur significant costs for the NHS. So infection prevention and control is a key priority for the NHS.
- HCAIs develop either as a result of interventions such as medical or surgical treatment, or from being in contact with the infection in either an acute or a community healthcare setting.
- Most well-known include Methicillin-resistant *Staphylococcus aureus* (MRSA) which lives harmlessly on the skin of around 1 in 30 people but can cause serious infection if it gets deeper into the body as it is resistant to widely used antibiotics. *Clostridium difficile* (*C. difficile*) is a bacteria that can infect the bowel and cause diarrhoea.
- UKHSA has carried out mandatory enhanced surveillance of MRSA bacteraemia since October 2005; patient-level data of any MRSA bacteraemias are reported monthly to UKHSA. Independent sector (IS) healthcare organisations providing regulated activities also undertake surveillance of MRSA.
- Whilst surveillance focuses on infections such as MRSA and *C.diff* , infections such as influenza, norovirus and measles can also be passed on in a healthcare setting and so are also monitored.

Programme status

- Data shows a relatively stable annual average count of MRSA in England however rates appear to have increased across the London acute Trusts from 2021 (Fig. 1).

Actions being taken

- Infection, Prevention and Control (IPC) teams at both the acute Trust (BHRUT) and community trust (NELFT) have action plans, policies and procedures in place to reduce and/or prevent the number of infections from MRSA and C.Diff.
- The growth and spread of antimicrobial resistance, and the emergence of a pan-resistance, highly virulent bacterial strain remains a serious threat to health protection. Work, led by the UKHSA as the lead agency, is progressing towards the 20-year vision on AMR. [5] The North East London Antimicrobial Resistance Strategy Group (AMRSG) convenes quarterly to ensure appropriate prescribing to reduce the risk of antibiotic resistant organisms.

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

13. Public Protection: Health Emergency Planning

How the System Works

- Local authorities are a Category 1 responder under the Civil Contingencies Act which establishes a clear set of roles and responsibilities for those involved in emergency preparation and response.
- Whilst the UKHSA is responsible for planning, preventing and responding to external health threats, a multi-agency response is often required when responding to particular threats and challenges.
- The multi-agency Havering Borough Resilience Forum (HBRF) facilitates planning the local response in the event of a major incident, including a response to public health emergencies. Membership of the HBRF is set out in legislation.
- The HBRF Risk Advisory Working Group assesses risks and produces a local risk register, and contributes to the community risk register for the London Local Resilience Forum.

Background

- A wide range of events can cause health emergencies, including natural hazards, accidents, outbreaks of disease and terrorist attacks. Emergencies can be minor events that threaten the health and lives of local communities or major events that affect the whole population.
- Year-round planning is essential to ensure both the population and the emergency planning system is prepared for adverse or extreme weather events or emergencies.

Programme status

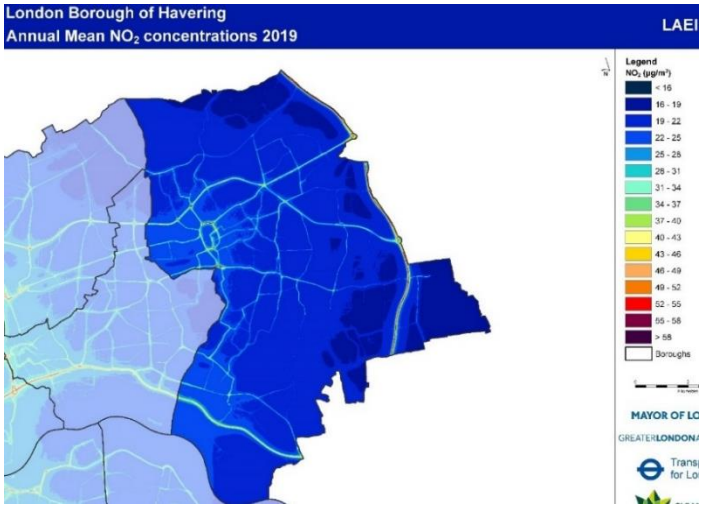
- In May 2022, detection of cases and subsequent outbreak of mpox (monkeypox) infection, in the South East region of England, was found to be transmitted primarily in interconnected sexual networks of gay, bisexual and other men who have sex with men (GBMSM) without documented history of travel to endemic countries.
- Relatively higher rates of iGAS and scarlet fever in the years preceding the Covid-19 pandemic were observed in the summer of 2022 leading to an unprecedented demand and temporary interruption for antibiotics.
- The last case of wild polio contracted in the UK was confirmed in 1984. The UK was declared polio-free in 2003. However the detection of a 'vaccine-derived' poliovirus type 2 in sewage systems in 2022 suggested spread between closely-linked individuals in North and East London. Under-vaccinated groups are at greatest risk.
- A sharp increase in diphtheria cases linked to the accommodation arrangements of newly arrived asylum seekers in the South East of England. An exercise was undertaken to review current arrangements and ensure the needs of these groups arriving into the borough.
- Rising global temperatures and more frequent heatwaves increase the likelihood of wildfires. The Wennington fire occurred during the heatwave of July 2022 resulting in the destruction of 8 homes. A multi-agency group was convened to manage the incident and recovery of all those affected.
- Major events were cancelled during the pandemic. The relaxation of restrictions led to the resumption of major events including We Are FSTVL. Other major events included Operation London Bridge (funeral plan for Queen Elizabeth II) and most recently the coronation of Charles III.

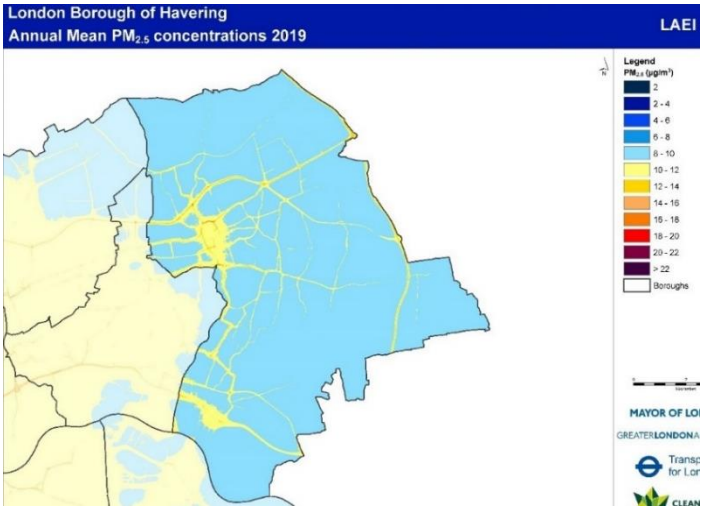
- The Arnolds Field landfill in Launders Lane, Rainham, has been the location of a large number of fires since around 2013. There is ongoing resident concern regarding associated health outcomes.
- The cost of living continues to rise. Whilst Havering is seen as a relatively affluent borough, there as significant pockets of disadvantage in the borough. There is continued risk regarding a fall in living standards that will affect people's physical and mental health, and exacerbate existing conditions.
- The Havering Borough Risk Register and London Risk Register considers the wider risk of emergencies which could cause significant harm to people or the environment. Top risks to health as identified in both registers include influenza-type pandemic, the growth and spread of anti-microbial resistance, emerging infectious diseases (such as MERS, Ebola and spread amongst returning travellers), and outbreaks of animal diseases (predominantly sheep area and infected animals sold at market).

Actions being taken

- Mpox transmission has fallen significantly both nationally and locally due to high vaccination rates. The UKHSA continues to work to maintain awareness and reduce sustained transmission.
- Work is ongoing to support uptake of routine immunisations locally (see Chapter 5).
- Third parties have been appointed to undertake air quality monitoring and investigate associated health outcomes at Launders Lane.
- The Council has published its Cost of Living Strategy; a multi-agency force set up to coordinate borough wide effort to provide support for Havering families impacted by rising costs.
- Stakeholder engagement with participating services involved in the planning or response to cold weather was undertaken in the development of the Havering Cold Weather Plan 2022-23. A similar approach is being undertaken in the approach to preparing for and responding to heat-health alerts in 2023-24.
- Multi-agency collaboration is required to protect individuals and communities from the health effects of adverse weather and to build community resilience through year-round planning in advance of extreme weather periods.

14. Public Protection & Public Health: Air Quality





How the System Works

- The UK has signed up to a set of National Air Quality Objectives and European Directive legal limits for air pollutants; Havering has a statutory duty to provide appropriate monitoring of air quality.
- Currently Havering has an extensive monitoring network consisting of 66 diffusion tubes at 46 locations, two continuous monitoring stations in Romford and in Rainham, one AQ Mesh Pod and 4 Breathe London sensors. This network provides monthly, daily and real time readings of NO_2, PM_{10} and $PM_{2.5}$.
- Havering was declared an Air Quality Management Area (AQMA) in September 2006 for both Nitrogen Dioxide (NO_2) and Particulate Matter (PM_{10}).

Programme status

Havering Council is currently developing the Air Quality Action Plan (AQAP) for 2023-28. Air quality in Havering is generally good but there are locations where pollution levels higher (e.g. the main road network).

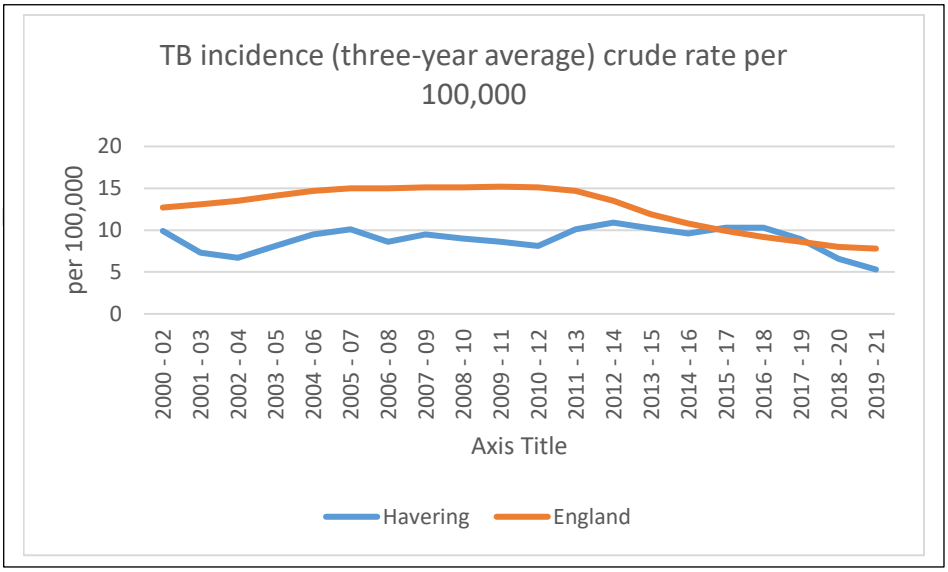
- NO_2 concentrations have been decreasing at the majority of Havering monitoring locations over the past four years, but there are still a few locations where the annual mean objective is exceeded.
- Data from PM_{10} and $PM_{2.5}$ monitoring locations provide good evidence that the national objectives for these pollutants are being met but there might be locations where the levels may be higher.
- In 2016, the GLA identified Air Quality Focus Areas (AQFAs) areas where national air quality objectives are exceeded and human exposure is high. In 2019, the GLA removed Rainham Broadway from the list of AQFAs, with Romford Town Centre now the only AQFA in Havering, reflecting the borough's improvement in air quality.

Actions taken under the AQAP 2018-23

The majority of the actions of the 2018-23 Plan were delivered successfully, despite the restrictions and financial impact of the Covid-19 pandemic:

- We expanded our diffusion tube network by six additional diffusion tube monitoring sites.
- We carried out active travel and air quality themed Theatre in Education at primary schools, engaged with schools to develop active Travel Plans (47 schools have been accredited by the STARS scheme), offered free cycle training to children and small grants for cycle storage and parking facilities, launched walking zone maps for 3 schools, and implemented School Streets at 3 locations with plans for more.
- We raised awareness around the negative impacts from engine idling and launched 11 anti-idling events outside schools between 2019 and 2022.
- We planted trees at a number of pollution hot spots, such as Rush Green Road, Roneo Corner, Romford Ring Road and Rainham Village, as well as a boundary fence planting at the Mawney Foundation School.
- We reviewed the Council's Planning conditions, to ensure that new developments in the borough meet the regional and local air quality policy requirements.
- We completed a feasibility study on the delivery of Electric Vehicle (EV) charging point infrastructure, and installed 68 EV charging points at Council-owned car parks, as well as 80 on-street charging points.

15. Tuberculosis



How the System Works

- NHSE commissions the BCG vaccination programme; all contracted maternity units are expected to offer BCG universally to all babies born in London hospitals up to the age of 28 days; or up to 12 months if priority group A or B.
- Suspected and confirmed diseases must be notified within 3 working days
- There are 7 Tuberculosis Control Boards (TBCB) across the UK which have been functioning since September 2015; Havering is part of London TBCB.
- CCGs are responsible for commissioning TB services. In Havering this is provided by BHRUT.
- A Find-and-Treat service is commissioned pan-London; Local Service staff who work with homeless, prisoners or substance misusers should follow the NICE guidance for managing active or latent TB in these hard to reach.

Background

- TB is a bacterial airborne infection that is associated with disadvantage
- TB often affects the lungs (pulmonary TB) but can also affect other parts of the body (extrapulmonary TB). Infection can be active or latent (latent TB can be reactivated in later years).
- The BCG vaccine is a targeted programme, given shortly after birth to babies who are high risk. It is 70-80% effective against the most severe form of disease (TB meningitis).

Programme status

- In 2021, a total of 4,425 people were diagnosed with TB in England, an annual notification rate of 7.8 per 100,000 of the population. This represented an increase of 7.3% in the number of notifications and 6.8% in the rate compared with 2020. England however remains a low incidence TB country (less than or equal to 10 per 100,000).
- TB incidence is not evenly distributed across the country, and is particularly concentrated in large urban areas. London remains the area of highest TB incidence in England, averaging an incidence rate of 17.4 per 100,000 which is over double the national rate.
- WHO considers territories with an estimated incidence rate of 40 per 100,000 or greater to have high incidence. Rates in Havering have continued to decrease reaching an all-time low of 5.3 per 100,000 in 2021; this is lower compared to rates in the London boroughs of Newham (41.4 per 100,000) and Brent (35.7 per 100,000) which serve more deprived and ethnically diverse populations.
- Nationally, and as with historical trends, rates of TB continue to be highest in people born outside the UK (accounting for 72.7% of 2020 infections) and among those with social risk factors[6]. In 2020, 22% of UK-born cases had at-least 1 SRF recorded, compared with 9.1% of non-UK born cases.
- Resistance to antimicrobial therapy remains a major concern for treatment of TB, requiring extended therapy of between 12 to 24 months. Whilst treatment delay leads to more serious illness and increased infectivity and/or transmission[7], the proportion of pulmonary TB cases starting treatment within four months of symptom onset in

[6] Social risk factors include history/current homelessness, imprisonment, drug/alcohol misuse, immunocompromised, some ethnic minority groups.
[7] Ayalew YE, Yehualashet FA, Bogale WA, Gobeza MB. Delay for Tuberculosis Treatment and Its Predictors among Adult Tuberculosis Patients at Debremarkos Town Public Health Facilities, North West Ethiopia. Tuberc Res Treat. 2020 Sep 19; 2020:1901890. doi: 10.1155/2020/1901890. PMID: 33014464; PMCID: PMC7520669.

2020 in Havering was 50% which is lower than the London (71.8%) and England average (67.6%). Despite this however, the proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months in 2019 in Havering was 83% which is similar to the national average (82%).

- Eligible residents in Havering are offered the targeted BCG vaccination. A total of 1095 residents were offered the vaccination in 2021/22.

Impact of Covid-19

- Whilst the pandemic gave rise to initial concerns of an increasing number of undiagnosed cases in the community, tuberculosis services in London diagnosed similar numbers each day suggesting that restrictions had a less severe impact than was anticipated.
- The long incubation period of tuberculosis means that changes in incidence happen much more slowly than for other diseases with rapid onset (e.g flu). This might possibly explain the continued incidence of tuberculosis in wider London, despite the reduced social contact during Covid-19[8].

TB action plan for England[9]

- Whilst rates continue to decrease nationally, TB notification rates since 2016 have exceeded those required annually to achieve the goal of 90% reduction by 2035. The UKHSA is committed to meeting the WHO TB elimination targets by 2035 as outlined in the TB Action Plan for England 2021-2026. Nationally, the five priority areas include work to understand the impact and learning from the pandemic, prevent TB, detect TB, control TB and ensure workforce capacity to manage TB.

Actions being taken and recommendations

- TB incidents are led by the NENCL Health Protection Team, but the risk assessment is carried out jointly by the TB team and HPT to decide if anyone requires screening at the setting.
- Whilst incidence of TB in Havering is low, there is potential for infections to increase if numbers of under-served populations increase. National data indicates an increase in notifications across all ethnic groups, including more notifications in those of South Asian ethnicity between 2020-2021. Nonetheless, whilst further increases in diversity in Havering are likely, the borough remains more similar to England as whole than London in terms of ethnic diversity. Work is required to understand the risk of TB among the underserved and social-risk population in Havering.

[8] Lewer D, Mulchandani R, Roche A, Cosgrove C, Anderson C. Why has the incidence of tuberculosis not reduced in London during the COVID-19 pandemic? Lancet Respir Med. 2022 Mar;10(3):231-233. doi: 10.1016/S2213-2600(22)00012-1. Epub 2022 Jan 12. PMID: 35032431; PMCID: PMC8754446.

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

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Havering Place based Partnership Interim Health and Care Strategy
Board Lead:	Luke Burton, Havering Place based Partnership Director, NHS North East London
Report Author and contact details:	Emily Plane, Head of Strategic Planning, Havering Place based Partnership, NHS North East London e.plane@nhs.net

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

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

Havering
LONDON BOROUGH

SUMMARY

The Havering Place based Partnership brings together the NHS, local government and providers of health and social care services, including the voluntary, community and social enterprise (VCSE) sector, Care sector, residents and communities. The primary purpose of the Partnership is to review and respond to the needs of local people, and improve the delivery of care and support to them to meet these needs in a way that is meaningful to them. Collaboration, a focus on prevention, and ongoing engagement with local people are the key elements of the partnership.

The interim strategy attached to this report articulates the key priorities for the Havering Place based Partnership in 2023/24.

RECOMMENDATIONS

Health and Wellbeing Board members are asked to **note, review** and **endorse** the Havering Place based Partnership Interim Health and Care Strategy, particularly the initial priorities for the Integrated Team at Place.

Members are asked to receive further updates on progress once the Integrated Team is in place, including monitoring of impact, and development of the five year strategy, aligned to the refreshed Joint Strategic Needs Assessment.

REPORT DETAIL

The Havering Place based Partnership, formally established in July 2022 following the creation of the NHS North East London Integrated Care Board, brings together the NHS, local government and providers of health and social care services, including the voluntary, community and social enterprise (VCSE) sector, Care sector, residents and communities. The primary purpose of the Partnership is to review and respond to the needs of local people, and improve the delivery of care and support to them to meet these needs in a way that is meaningful to them. Collaboration, a focus on prevention, and ongoing engagement with local people are the key elements of the partnership.

The Partnership has a formal Sub Committee with delegated authority from the NHS North East London Integrated Care Board for certain key decisions on local budgets and local to Havering decisions on health and care. This formal sub committee and wider partnership will primarily focus on the key factors that influence health and care of local people, including key wider determinants of health such as lifestyle factors and housing. The Partnership and Sub Committee will work alongside the Havering Health and Wellbeing Board, both being driven by the key needs of local people as set out in the JSNA which is currently undertaking a refresh.

The Health and Wellbeing Board will have a slightly wider scope than the partnership Board, focusing, alongside the JSNA and Health and Wellbeing Strategy, on the wider elements of Place Council. A proposal is in development which

sets out this relationship in more detail and will be presented to the Board by Mark Ansell, Director of Public Health for Havering.

Havering partners are working to develop a strong and ongoing relationship with local people and staff, so that they can shape our priorities and plans, ensuring that we are able to improve services in a way that will truly improve lives across the borough. We are strongly focussed on integrating services across health, care and the Community and Voluntary Sector, and supporting local people with the wider things that impact health and wellbeing, such as housing, social isolation and employment.

The partnership is in the early stages of development, but already has strong buy in from partners, and is committed to better meet the needs of local people, and in particular to reduce health inequalities.

We are developing local 'neighbourhood' teams of health and care staff, who will much more closely with the community and voluntary sector and primary care networks – GP practices working together in their areas – to improve the way that care is delivered to local people. Through this approach local people will receive more seamless care, tailored to their needs.

The interim strategy attached to this report articulates the key priorities for the Havering Place based Partnership in 2023/24. NHS North East London is in the process of a restructure, which includes the establishment of a new team at place for Havering, structured around the life course approach set out within this strategy. Once the new team is in place, partners intend to integrate commissioning of health and care in Havering as much as possible to ensure that services are seamless, are commissioned around the needs of local people including the wider determinants of health, and deliver value for money. This will be overseen in terms of impact by the Havering Health and Wellbeing Board who will ensure that the Local Health and Wellbeing strategy and the needs set out within the Havering Joint Strategic Needs Assessment are embedded in the Partnership work as part of a Population Health Management approach. The Havering Place based Partnership will drive forward the changes needed and oversee their roll out.

Partners across Havering have held a series of workshops focused around babies children and young people, and frail older people and urgent care, which have fed into the development of this strategy. A number of other key strategies are in development including a healthy weight strategy for the borough, and strategy for those who provide informal and unpaid care amongst others, which have also fed into the development of this interim strategy for the partnership.

Culture will be a key enabler for the delivery of both the interim, and five year strategy. This is both culture within our communities, and building community resilience, and building a positive working environment within Havering where all staff feel engaged, and empowered to effect positive change and improvement.

This strategy also aligns with and compliments the NHS North East London priorities as set out in their Interim Strategy, as well as the cross cutting themes including: Tackling Health Inequalities; a greater focus on Prevention; Holistic and Personalised Care; Co-production with local people; Creating a High Trust Environment that supports integration and collaboration; and Operating as a Learning System driven by research and innovation. The four main priorities for

improving outcomes and tackling health inequalities, which align to the priorities set out within this interim Havering strategy include: Babies, Children & Young People; Long Term Conditions; Mental Health; Local employment and workforce.

Included in the attached interim strategy is:

- The Havering Place based Partnership vision, and life course approach
- The initial priorities of the Place based Partnership and joint Integrated Team for 2023/24, and their initial aspirations once the team is in post
- A draft terms of reference for the proposed group to be established to oversee delivery of this strategy, which will report progress to the Place based Partnership and Havering Health and Wellbeing Board
- A draft project plan for the proposed development of the full Havering Place based Partnership strategy from April 2024 – March 2031. This will be developed once the full integrated team is in place, and Board members will be kept updated on progress.

Timeline for review and endorsement/ sign off:

- Executive Leadership workshop to feed into the development of the strategy **Monday 18th September 2023**
- Havering Place based Partnership Leadership meeting

  Monday 16th October 2023
- Draft strategy to the Health and Wellbeing Board for endorsement **Wednesday 25th October 2023**
- Havering Senior Leadership Team meeting

  Wednesday 1st November
- Havering Place based Partnership Board

  Wednesday 8th November 2023
- Havering Cabinet meeting

  TBC – November 2023

Next steps:

- Review any feedback or amendments that need to be made to the final interim strategy.
- Progress endorsement of the Interim strategy as per the timeline set out above
- Once the Leads are in post within the Integrated Team at Place in Havering, they will;
  - work to implement the priorities set out within this interim strategy
  - work with the Havering Heads of Strategy and PMO to develop the priorities for the five year Havering strategy, as set out within the timeline within the strategy at **Attachment 1**
- Data leads to work to develop an integrated dashboard to monitor the aspirations set out within this strategy

Havering
LONDON BOROUGH

IMPLICATIONS AND RISKS
The current financial constrains on both NHS North East London and the London Borough of Havering mean that partners find themselves in a situation where we are being asked to do more than ever, for less. Substantial running cost reductions are required both within the London Borough of Havering and NHS North East London – and without doing things differently and in a more joined up way, there is a risk that the Havering Partnership will not be able to deliver improved outcomes for local people, or improved value for money. It is absolutely imperative that partners collectively work together to prioritise our resources to our areas of greatest need, that we work together to deliver value for money in our contracts and processes, and that we collectively work together to improve outcomes for local people with the limited resources that we have.
BACKGROUND PAPERS
Appendix 1: Havering Place based Partnership interim Strategy, April 2023 – March 2024 *This paper compliments the paper being developed by Mark Ansell, Director of Public Health, London Borough of Havering, on the relationship between the Health and Wellbeing Board, and Havering Place based Partnership Board and Sub Committee*

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Havering Place based Partnership interim Strategy

April 2023 – March 2024

Version 2 – October 2023 – FINAL DRAFT

Foreword

Marie Gabriel, Chair, NHS North East London, and Non-Executive Director for the Havering Place based Partnership

NHS North East London and our wider Integrated Care Partnership aim to place people at the heart of everything that we do. The services and support that we commission and deliver should meet the needs of local people first and foremost, and be easy for those working in our boroughs to navigate. As Non-Executive Director for the Havering Place based Partnership I am pleased to see the way that the experiences of local people are directly being used to drive improvements to services, both on the ground, at service level, and in the strategies that are setting the direction of travel over the coming years.

The experiences of local people are powerful drives for change, and, combined with local data and insights, including the Joint Strategic Needs Assessment, have fed into the development of this interim strategy to create a clear set of initial priorities that will be built on in the coming years as the partnership evolves.

Dr Narinderjit Kullar, Clinical Director - Havering Place based Partnership, and a local GP

As a local General Practitioner who has worked in Havering for a number of years, I am passionate about using my role as Clinical Director for the Havering Place based Partnership to improve outcomes for the local people I serve, and to make Havering an exciting and empowering place to work for staff across all of our sectors. Culture will be a key enabler for the delivery of both this interim, and our five year strategy. This is both culture within our communities, and building community resilience, and building a positive working environment within Havering where all staff feel engaged, and empowered to effect positive change and improvement. As a partnership we are keen to work differently, supporting local people around the wider determinants of health to improve their wellbeing, and ensure that services are more tailored to meet their needs, earlier in their journey, before they become unwell.

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

The current financial constraints on both NHS North East London and the London Borough of Havering mean that partners find themselves in a situation where we are being asked to do more than ever, for less. Substantial running cost reductions are required both within the London Borough of Havering and NHS North East London – and without doing things differently and in a more joined up way, there is a risk that the Havering Partnership will not be able to deliver improved outcomes for local people, or improved value for money. It is absolutely imperative that partners collectively work together to prioritise our resources to our areas of greatest need, that we work together to deliver value for money in our contracts and processes, and that we collectively work together to improve outcomes for local people with the limited resources that we have. This strategy sets out our immediate areas of focus, and our roadmap for developing our longer term strategy that will enable partners to meet the needs of local people, and deliver better value for money, making the best use of the resources that we have.

Havering Place based Partnership Interim Health and Care Strategy – Introduction

The Havering Place based Partnership, formally established in July 2022 following the creation of the NHS North East London Integrated Care Board, brings together the NHS, local government and providers of health and social care services, including the voluntary, community and social enterprise (VCSE) sector, Care sector, residents and communities. It's primary purpose is to review the needs of local people, and improve the delivery of care and support to them to meet these needs in a way that is meaningful to them. Collaboration, a focus on prevention, and ongoing engagement with local people are the key elements of the partnership.

Havering partners are working to develop a strong and ongoing relationship with local people and staff, so that they can shape our priorities and plans, ensuring that we are able to improve services in a way that will truly improve lives across the borough. We are strongly focussed on integrating services across health, care and the Community and Voluntary Sector, and supporting local people with the wider things that impact health and wellbeing, such as housing, social isolation and employment.

The partnership is in the early stages of development, but already has strong buy in from partners, and is committed to better meet the needs of local people, and in particular to reduce health inequalities.

We are developing local 'neighbourhood' teams of health and care staff, who will much more closely with the community and voluntary sector and primary care networks – GP practices working together in their areas – to improve the way that care is delivered to local people. Through this approach local people will receive more seamless care, tailored to their needs.

This interim strategy articulates the key priorities for the Havering Place based Partnership in 2023/24. NHS North East London is in the process of a restructure, which includes the establishment of a new team at place for Havering, structured around the life course approach set out within this strategy. Once the new team is in place, partners intend to integrate commissioning of health and care in Havering as much as possible to ensure that services are seamless, are commissioned around the needs of local people including the wider determinants of health, and deliver value for money. This will be overseen by the Havering Health and Wellbeing Board who will ensure that the Local Health and Wellbeing strategy and the needs set out within the Havering Joint Strategic Needs Assessment are embedded in the Partnership work as part of a Population Health Management approach.

Partners across Havering have held a series of workshops focused around babies children and young people, and frail older people and urgent care, which have fed into the development of this strategy. A number of strategies are in development including a healthy weight strategy for the borough, and strategy for those who provide informal and unpaid care, which have also fed into the development of this interim strategy for the partnership.

Culture will be a key enabler for the delivery of both the interim, and five year strategy. This is both culture within our communities, and building community resilience, and building a positive working environment within Havering where all staff feel engaged, and empowered to effect positive change and improvement.

As well as aligning to Havering Council's vision for the 'Havering that you want to be a part of', with a strong focus on people, place and resources, This strategy also aligns with and compliments the NHS North East London priorities as set out in their Interim Strategy, as well as the cross cutting themes including: Tackling Health Inequalities; a greater focus on Prevention; Holistic and Personalised Care; Co-production with local people; Creating a High Trust Environment that supports integration and collaboration; and Operating as a Learning System driven by research and innovation. The four main priorities for improving outcomes and tackling health inequalities, which align to the priorities set out within this interim Havering strategy include: Babies, Children & Young People; Long Term Conditions; Mental Health; Local employment and workforce.

Included in this strategy is:

- The Havering Place based Partnership vision, life course approach and initial key priorities
- Our initial priorities for 2023/24 and what we will deliver
- A draft terms of reference for the proposed group to be established to oversee delivery of this strategy
- A draft project plan for the proposed development of the full Havering Place based Partnership strategy from April 2024 – March 2031.

Havering Place based Partnership Interim Health and Care Strategy

April 2023 – March 2024

Our vision

A healthier Havering where *everyone* is supported to thrive

The vision of the Havering Partnership is to pool our collective resources to create person centred, seamless care and support designed around the needs of local people throughout their life course, with a strong focus on prevention, addressing inequalities and the wider determinants of health. This compliments Havering Council's vision for the 'Havering that you want to be a part of', with a strong focus on people, place and resources.

We will do this by:

- Tackling inequalities and deprivation to reduce the impact that this has to access to services, and outcomes
- Improving **mental and emotional** support
- Tackling Havering's **biggest killers**
- Improving **earlier help, care and support**
- Working with people to build **resilient communities, supporting them to live independently**
- Improving **joined-up, whole-person care**

Our priorities

We want to improve outcomes for the whole population, right across the main life stages, from birth to death. Our strategy will therefore take a life course approach:

Start Well

Children and young people get the best start in life, are able to achieve the best opportunities and keep as healthy and well as possible throughout their lives

Live Well

People enjoy and are able to maintain a sense of wellbeing and good health, supported by resilient communities. They can access care and information when needed.

Age Well

People are able to live independently in their own homes with appropriate care and support to maintain and develop their social and community networks

Die Well

People are supported to ensure the last stages of their life happen in the best possible circumstances, receiving the right help at the right time from the right people

Key enabling priorities span the whole strategy, across all life stages:

Building community resilience	Workforce	Estates and digital infrastructure	Primary Care	Culture	Urgent & Emergency Care

What do we mean by Start Well, Live Well, Age Well and Die Well?

Start Well

- I feel safe and cared for
- I have green and open spaces I can visit or play in and am able to walk or cycle to and from places
- I feel like I can influence my own future and decisions that affect me
- I have a network of support, and can make friends through local groups
- I have a healthy and active lifestyle, helping me to maintain a healthy weight
- I live in a comfortable, safe home, free from mould and damp
- I can access timely support and diagnosis, in the community, when I need it
- I am learning what I can do to improve my own health and wellbeing

Live Well

- I can take care of my own health and wellbeing and am able to manage the challenges life may give me
- I lead a happy, fulfilling and purposeful life
- I feel supported by my family, friends and local community
- I have access to information and services when I need it, and know the right place to seek support, first time
- I have a healthy and active lifestyle, helping me to maintain a healthy weight

Age Well

- I can take care of my own health and wellbeing and am able to manage the challenges life may throw at me
- If I need support, it is provided in a way that helps me to maintain my independence for as long as possible
- I can access services and support when needed and my preferences are taken into account
- I have the information I need and I'm supported to understand and make choices
- I lead a happy, fulfilling and purposeful life
- I can continue to do what matters to me and be the person I want to be
- I am in control of my physical and mental health
- My family's/carer's needs are recognised and supported
- I feel a valued and respected member of my community
- Services are seamless and support me as a whole person

Die Well

- I will be asked for my end of life wishes and will be able to die, where practically possible, in my preferred place of care
- I know that when I die, this will happen in the best possible circumstances
- My family, friends and all those important to me will be supported throughout my end of life journey and if needed after my death.

Codesign with local people

The Havering Place based Partnership is committed to ongoing engagement and discussion with local people to ensure that health and care services in the borough are designed around their needs.

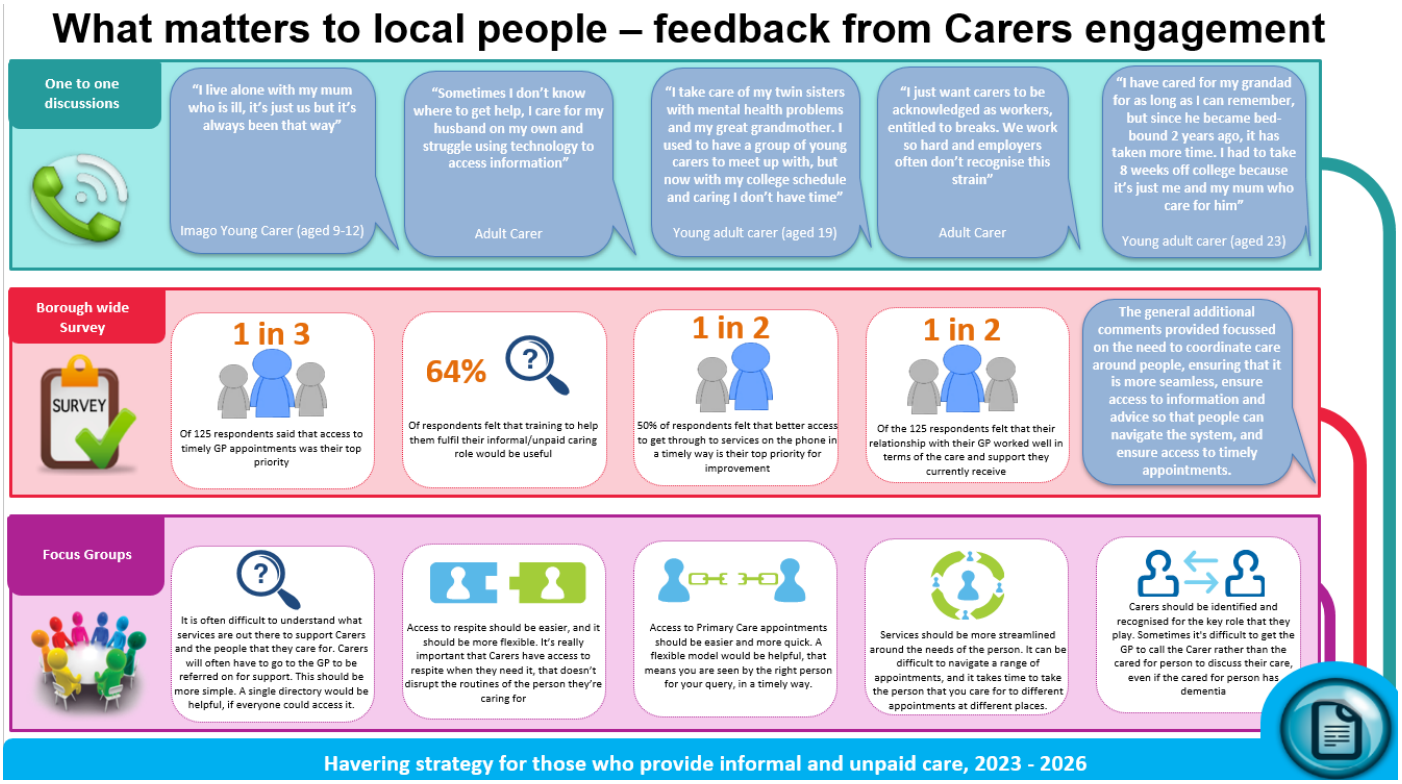
Since the inception of the Partnership (which built on a strong foundation of partnership between health, care and wider community and voluntary sector partners), the Havering team have been engaging with staff, partners and local people to understand what matters most to them.

We have engaged in a number of ways, through showcase events with staff across the borough to keep them updated and engaged on the work underway, survey's, engagement with local people through survey's focus groups and one to one discussion on key projects such as the development of the Strategy for those who provide informal and unpaid care. We have held local events and shared surveys to seek the views of local people on our priorities and programmes of work (as well as connecting them to a range of wider services and support), and are in the process of developing a number of case studies around the experiences of local people which we are embedding in our work to ensure that tangible improvements are made to service delivery.

Well known challenges are often voiced, such as timely access to appointments, and being able to get support from the right person or service, first time. However, one of the strongest points of feedback is that services and support feel fragmented – services often don't link up around the needs of the person, leaving staff working in the system to spend valuable time struggling to integrate care, within a framework of commissioned services that isn't set up yet to support a truly integrated way of working.

All of this feedback has been taken into account when developing this strategy and setting the priorities within it, and the Havering Place based Partnership will continue to engage and involve local people in our work going forward.

The infographic below summarises the feedback from the engagement work with local carers.



Case studies; improving services based on the real experiences of local people

The Havering Place based partnership is working with a number of local people to develop case studies illustrating their experiences and the breakdowns in care, which highlight in a very real and powerful way the improvements that we need to collectively make. These are a very powerful tool to highlight the changes that we need to make, and to drive positive change. We have developed a best practice approach, including the subjects of the case studies in the improvement work itself.

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.

Havering 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

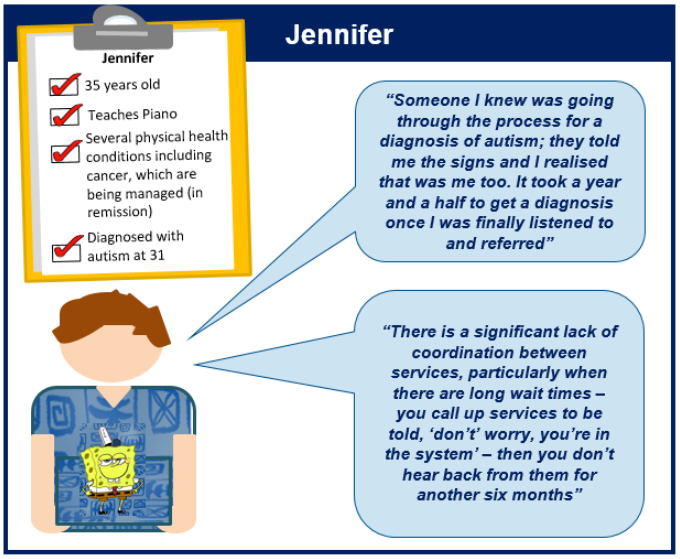
Jennifer's story – experiences of a person with Autism in Havering. All graphics are original artwork by Jennifer, and remain Jennifer's intellectual property.

Jennifer's story

Jennifer is really creative. She teaches Piano for her job, and loves to draw and create new designs. She has written a book, 'A Tarnished Stone' which is available on Amazon.

Jennifer has several health conditions which she is stoic and matter of fact about. She works hard to navigate the complex health and care system to manage these.

Jennifer also has Autism, and was diagnosed as an adult – Jennifer had to fight hard for her diagnosis, and is keen to ensure that her experiences help to improve things for other local people who are going through similar. Jennifer realised following her diagnosis that she had been masking her autism ever since she was a child.



List of conditions

Jennifer has a number of conditions that she is managing including:

- ADHD
- Autism
- Psoriasis
- Alopecia
- Asthma
- Epilepsy
- Mental health challenges including Trauma and PTSD
- In remission (check up in December) for Papillary Clear Cell renal Carcinoma
- Polycystic Ovaries
- Sacroiliac joint dysfunction

Jennifer's story

North East London Health & Care Partnership

My Autism and ADHD Diagnosis

- My friend was going through their assessments for diagnosis for Autism; they read the signs to me, and I just thought 'that's' me'
- I went to my GP to start the process for assessment; but the doctor was quite dismissive. They couldn't understand why I wanted a referral for assessment at my age. This made me not want to go back to this GP.
- It took a year and a half to finally get the diagnosis following the initially assessment
- Had to have a diagnosis via a computer due to Covid
- There was also a mix up to get the diagnosis, in that I hadn't been sent a link, so I had to call around trying to let the person know that I was trying to join the meeting, I just hadn't been sent the link. My diagnosis session was 1.5 hours long, however, half an hour of this was lost due to the link not being sent to me
- I was also diagnosed with ADHD 2022; it was thanks to the psychologist that I got the ADHD diagnosis – originally didn't seek to get diagnosis but then couldn't stop thinking about it once it had been pointed out to me
- The ADHD diagnosis took about six months

Following My Diagnosis

- It was a lightbulb moment the first time I realised that I had autism – it helped me to understand more about why I act in certain ways
- Having the diagnosis helped, but I didn't get much help or support after this
- Following the diagnosis I received an email that pretty much said 'congratulations you're autistic, here's some books you can read and some email addresses. Goodbye'
- I also received a Letter for potential employers setting out the reasonable adjustments to make as this person is autistic
- But there was no real support
- It is comforting to know that if I need social care in the future, I'll be eligible for it
- There is definitely more that could be done to support people post their diagnosis, especially if they're an adult and have been through a lifetime of masking their autism and thinking that they're different

Jennifer's story

North East London Health & Care Partnership

Some of my positive experiences of the NHS
▪ I've had some really good experiences of care and I think it's important to share this so that the people who delivered them know the difference that they made to me ▪ I went to the vascular department at Queens for a check-up – I went in early and the nurse in there recognised that I have Autism and ADHD. She was really sympathetic, let me into the appointment early. The Doctor for this appointment was also really good – they explained everything to me so well that I actually enjoyed the appointment. I've never had such a fun test before. ▪ I've had a really nice Epilepsy nurse for the past 15 years who is there if I need her. I can have a discussion with her about management of my condition

Improvements that could be made
▪ I went to a recent meeting in Dagenham for those with Autism, about improving services for them. There were a lot of autistic people there, yet the whole event had been arranged without a single thought about what an appropriate environment for those with autism should be – if events are being held for those with Autism, about services for those with autism, the events should be designed with Autistic people in mind ▪ It would be helpful if it could be flagged on notes and medical records that a person has autism, and that it's not really appropriate for them to wait in a busy and loud waiting area. ▪ I have had cancer and have yearly check-ups for this – I was initially required to travel into London for this – three trains and a bus to have a full body scan, all with a full bladder. Have finally been able to transfer to a hospital closer to home for this. ▪ It's very stressful when you know you need to have an scan undertaken, and you have to call up services to try to find out why an appointment hasn't come through. ▪ Waiting rooms are often very bright and noisy – not comfortable places at all for those with autism. It often feels like an ordeal going to appointments ▪ When having multiple appointments on the same day, long gaps between appointments are also a real struggle for those with autism

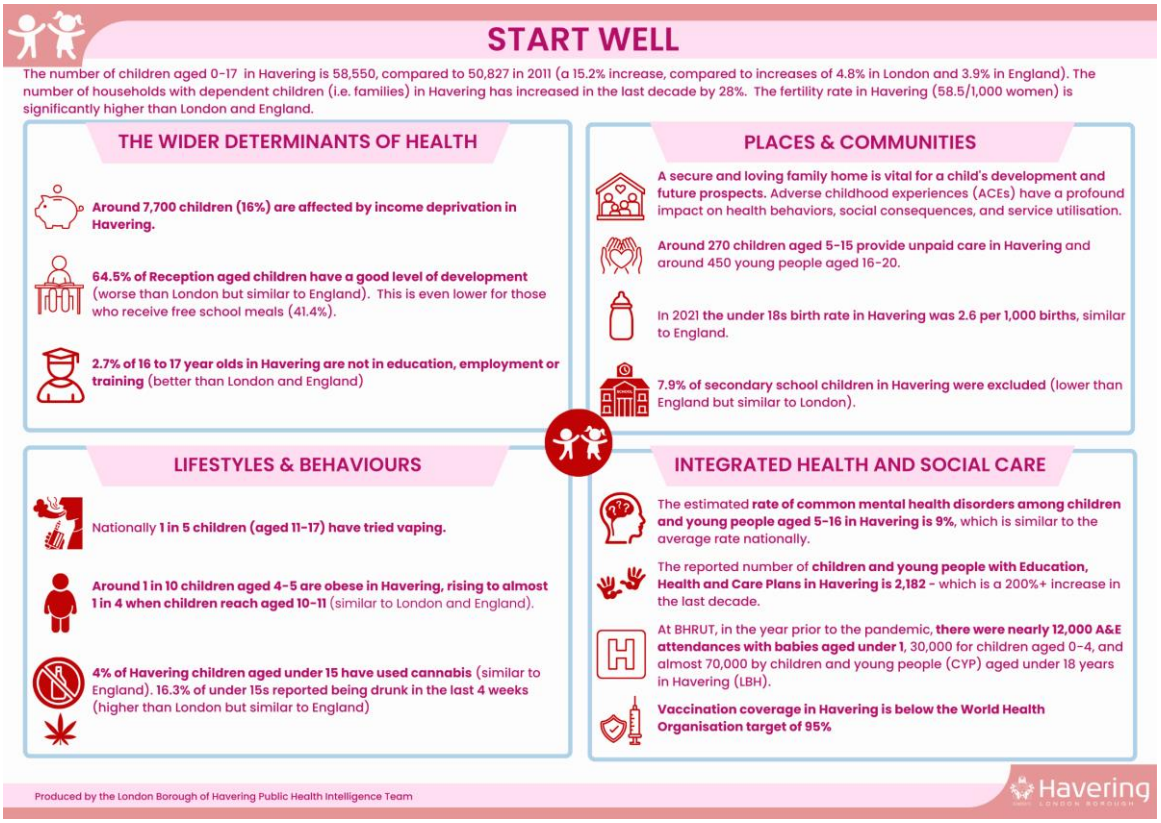
Things we can do to make a positive change in Havering

North East London Health & Care Partnership

Area	Proposed actions to improve services for those with Autism
Recognition of autism amongst front line staff	▪ Front line staff should be aware of autism and the needs of people with autism ▪ They should be able to adapt appointments and support to meet these needs, and certainly should be able to recognise the signs of autism and be supported to have conversations with people about getting a diagnosis ▪ If a person approaches a GP to request an assessment, they should be understanding and not dismissive of the person's request; a diagnosis in adulthood can really help a person with autism to understand more about themselves and understanding of themselves about why they may do certain things differently from other people ▪ Regarding the Sunflower Lanyards that Autistic people use for appointments – we need to ensure that more frontline staff recognise these. It should be noted that not all of those who are autistic like to use the sunflower lanyard – it would be better if there is a flag on system at the hospital /practice to bring to the attention of staff
Coordination of services	▪ Services should be more coordinated and where wait times are long, people shouldn't have to keep calling to try to find out what's happening with their appointment ▪ Information sent for appointments should be clear, and right the first time, to prevent delays in care and wasted appointments ▪ Outpatient appointments and particularly appointments for cancer services should be changed as little as possible
Support for those who are Autistic	▪ It would be helpful if it could be flagged on notes and medical records that a person has autism, and that it's not really appropriate for them to wait in a busy and loud waiting area. ▪ Recognition that perhaps the person may need a slightly longer appointment to be given the time to ask the questions that they want to about their condition should also be considered ▪ If NHS events are held for those who are autistic, their needs should be taken into account when picking the venue and location of the meeting. For example, no bright lights, a sensory room etc. ▪ Language in letters that go out to patients should be as clear and to the point as possible
Tailoring of services to meet the needs of those who are autistic	▪ Some services, such as mental health support should be tailored to meet the needs of those with Autism ▪ I needed Therapy for some significant things I've been through in my life – I was referred for CBT therapy but the service that works for other people didn't really meet my needs and I don't think it would meet the needs of others who are neurodiverse ▪ Appointments overrunning can be a real struggle for those with autism – appreciate this is often the case in the NHS but it leads to significant stress
Support following diagnosis of Autism	▪ For adults particularly this could be strengthened – there should be more support post diagnosis, and more links into support groups and others who are in a similar position

Key priorities identified in the JSNA

The following key recommendations are taken from the Havering Joint Strategic Needs Assessment (JSNA) and themed according to our life course approach. The JSNA is currently being refreshed, and the full Havering Place based Partnership strategy will build on the refreshed JSNA.



JSNA priorities — START WELL

Wider determinants of health

- Recommendation 49: As part of their anchor institution role, health and care providers should contribute to wider efforts to **build aspiration and educational achievement** particularly in disadvantaged and / or otherwise vulnerable groups e.g. through outreach to **schools** and career fairs; offering **workplace experience**; apprenticeships; career paths from less skilled, lower paid roles into better paid, professional health and social care roles etc.
- Recommendation 55: Health, social care and education to periodically review their joint approach to **prevent unplanned pregnancy and support teenage parents.**
- Recommendation 56: Health and care partners must actively contribute to **collective efforts to reduce serious youth violence** and gateways to youth crime; as part of comprehensive efforts to **minimise exposure to adverse childhood experiences.**
- Recommendation 65: Health and care partners to consider how they can support **care experienced young people into employment** as part of their wider 'anchor institution' role

Lifestyles and behaviours

- Recommendation 18: Actively promote existing **food and financial support mechanisms to low income households** and **households with children** e.g. Havering Community Hub food pantry, free school meals, school holiday meal scheme, Healthy Start scheme etc.
- Recommendation 20: Partners should work to reduce and prevent harm to children and families arising from **parental drink and drug problems.**

Places and communities

- Recommendation 21: Partners should collaborate to **reduce greenhouse emissions and mitigate the harms caused,** ensuring that climate change is considered in every policy and decision

Integrated health and social care

- Recommendation 37: Enhance continuity of carer (CoC) ensuring as many women as possible receive **midwife-led CoC**, initially prioritising those identified as most vulnerable and high risk.
- Recommendation 39: Continuously improve maternal safety including: by full implementation of the second version of the **Saving Babies' Lives Care Bundle**; and by working with Public Health to help expectant mothers to **stop smoking** to meet the national ambition to halve the rate of stillbirths, neonatal deaths, maternal deaths, and intrapartum brain injury by 2025.
- Recommendation 42: **Commissioners / providers** should regularly review universal services e.g. **health visiting, CAMHS,** community paediatrics, therapies etc. to ensure **capacity is adequate given the pace and scale of change in the CYP population** in recent years.
- Recommendation 45: Ensure opportunities to maximise awareness and **uptake of free preschool education and childcare** are taken e.g. via regular contacts with health professionals including midwifery, health visiting and with general practice and Local Authority Early Help teams/Children's Centres. Recommendation 46: Maximise uptake and face-to-face delivery of the 5 mandated health and development checks for children aged 0- 5. Increase joint assessments by early years settings and health visitors at age 2 – 2 ½ yrs.
- Recommendation 53: Health and care partners should work with schools to provide **support to pupils at risk of exclusion.**
- Recommendation 57: Review the delivery and increase the uptake of **childhood immunisation** to levels necessary to achieve herd immunity.
- 62: ICS partners to:- i) consider how best to report attendances for **self-harm** in CYP; ii) ensure that NICE guidance for psychosocial assessment after hospital attendance for self-harm is implemented.

LIVE WELL

Havering's **population has increased by 10.5%** over the past decade, reaching 262,052 in 2021 and is **becoming younger with the median age decreasing** from 40 to 39, the opposite to the trend across London and England. **Life expectancy in Havering is similar to the national average** (79 for males, 83 for females), but recent improvements have stalled, and there was a decline during the pandemic.

THE WIDER DETERMINANTS OF HEALTH

27,000 adults resident in Havering are income deprived and there is significant variation across the borough, ranging from 1.6% in the least deprived neighborhood to 33.9% in the most deprived.

Havering has higher employment rates (79.8%) compared to London and England, but many residents commute out of the borough for better-paying jobs. 21.6% of residents in Havering are in jobs that are low paid (higher than London average 20.2%)

The average age of death for homeless individuals is just 47 years for men and even lower for women (43 years). **The number of new rough sleepers has been increasing in Havering, from 21 in 2018/19 to 59 in 2020/21.**

PLACES & COMMUNITIES

6% of deaths in Havering are attributed to air pollution, exceeding the national average (5.1%) but lower than the London average (6.4%).

Havering had both healthy and unhealthy high streets, with Rainham ranking 10th and Hornchurch ranking 145th out of 146 in a London league table (1 being the least healthy).

Only 14% of adults in Havering walked for travel three or more times per week. The borough has limited public transport infrastructure, **high car ownership (110 cars per 100 households), and low cycling rates (0.1% of adults cycling three times per week).**

LIFESTYLES & BEHAVIOURS

Over 20,500 adults (10.2%) in Havering are smokers, lower than London (11.5%) and England (13%).

Obesity in Havering is high, with more than 6 in 10 adults overweight or obese, surpassing the London average (56%), but similar to England (64%).

Around 1.1% of adults (approx. 2,200) were dependent on alcohol in 2019/20. Additionally, about 0.12% (233) were using opiates and/or crack cocaine. Around **one in five adults in Havering were drinking more than the recommended 14 units of alcohol per week.**

INTEGRATED HEALTH AND SOCIAL CARE

One in four adults experience mental illness and the total harm to health is comparable to that caused by cancers or cardiovascular disease.

Nationally cancers account for a quarter of all years of life lost. **1 in 2 people will be diagnosed with cancer in their lifetime.**

Life expectancy has increased, but most of the additional years come with health challenges, particularly due to long-term conditions, which significantly contribute to health inequalities based on ethnicity and deprivation.

Healthcare services have experienced a significant increase in waiting times both before and during the pandemic. This strain on capacity has become a persistent issue throughout the year, rather than being limited to the winter season.

Produced by the London Borough of Havering Public Health Intelligence Team

Havering

JSNA priorities — LIVE WELL

Wider determinants of health

- Recommendation 5: Ensure Councils / NHS providers work with the DWP to offer residents excluded from employment due to **disability and / or ill health including mental illness** the opportunity to gain confidence, skills, work experience and ultimately secure **employment**.
- Recommendation 20: Partners should work to improve the offer to **people with drink and drug dependency and additional mental health problems**
- Recommendation 71: Develop partnerships between primary care, specialist mental health services, other statutory services and the VCS at locality level to provide **holistic support addressing the wider determinants** as well as health and social care needs of people with mental health problems. An **effective social prescribing** function will assist patients to engage with relevant support.
- Recommendation 76: Statutory services across BHR should be encouraged to offer people with health problems including mental health problems the opportunity to gain employment.

Lifestyles and behaviours

- Recommendation 18: Actively promote existing **food and financial support mechanisms** to low income households and households with children e.g. Havering Community Hub food pantry, free school meals, school holiday meal scheme, Healthy Start scheme etc.
- Recommendation 19: Ensure that there is a comprehensive **whole system approach to tackling obesity** with additional efforts aimed at supporting groups known to have higher prevalence of obesity.
- Recommendation 41: Improve access to **domestic violence support** to all women accessing maternity services through the introduction of an early support and referral scheme for identified victims
- Recommendation 67: **Raise public awareness of mental ill health, tackle associated stigma and strengthen personal resilience**, including by making use of 'Every Mind Matters' resources and self-help aids; giving particular consideration to groups who appear less likely to seek help such as **LGBTIQ+ and ethnic minority residents, and older people**.
- Recommendation 85: Continue efforts to raise **awareness of the causes and signs and symptoms of cancer** with the public and healthcare professionals.

Places and communities

- Recommendation 26: Councils to make use of the powers available to create a **healthier offer on our high streets**, prioritising disadvantaged areas with the unhealthiest offer, and taking into consideration the views of the local community.
- Recommendation 31: Building on **regeneration** plans in the borough; develop an effective approach to promote the benefits of living in Havering as part of collective effort to fill hard to recruit **health and social care vacancies**.
- Recommendation 35: Partners to consider and respond to the **needs of employees** who, post-pandemic, **routinely work from home to ensure their physical and mental health.**
- Recommendation 73: Mental health and substance misuse services to work with relevant Council services to effectively **outreach to and support the street homeless**

Integrated health and social care

- Recommendation 3: All partners within the developing integrated care system must give **prevention** and treatment equal priority if they are to succeed in improving health**, narrow inequalities** and provide high quality, affordable health and social care services.
- Recommendation 70: Continue to develop the **capacity and capability of primary care to manage patients with common mental disorders** and integrate consideration of mental health into the management of other care groups known to be at high risk of mental health problems.
- Recommendation 75: **MH services** should **audit re-admissions to identify the underlying causes of re-admission** and whether improvements could be made as part of planned discharge, and ongoing treatment and support (including support from local authority housing teams).
- Recommendation 78: Improve the management of **physical health of patients with SMI**; ensure all get an annual health check and, through joining up initiatives across the system, improve effectiveness of support available to assist with lifestyle change, starting with smoking
- Recommendation 79: Ensure there are comprehensive **strategies/plans to prevent suicide.** These should include (a) support to people bereaved by suicide and (b) systems to record episodes of self-harm and for subsequent follow up in the community.
- Recommendation 87: Implement the national **optimal cancer pathways**
- Recommendation 93: BHR should review the local approach to **maximising participation in the National Diabetes Prevention Programme** and develop an action plan for improved uptake and outcomes.
- Recommendation 94: BHR should review and amend where necessary the current approach to the delivery and monitoring of **diabetes care to ensure that all effective care** is consistently provided.

AGE WELL

Havering has a significant proportion of older residents aged 65+ (17.6%), second only to Bromley in London. **The 65+ population in Havering grew by 9.1% in the last decade.** By 2030, the number of people aged 85 and above is expected to increase by 2.4K (32%) to reach 9.9K.

THE WIDER DETERMINANTS OF HEALTH

- Around 3,500 older people aged 65+ (6%) in Havering live in the most deprived neighbourhoods in England.
- Fuel poverty affects 9% of the population and contributes to approximately 1 in 10 excess winter deaths.
- As older people often experience reduced income after retirement, it becomes crucial to prioritise high-quality and affordable housing to promote the health and wellbeing of the population.

PLACES & COMMUNITIES

- In Havering, there are approximately 17,634 individuals aged 65+ living alone.
- Most neighborhoods in the borough have a low Passenger Transport Accessibility Level (PTAL) score of 2 or below.
- 79% of internet non-users are over the age of 65.
- Overall the rates of crime in Havering remain relatively low.

LIFESTYLES & BEHAVIOURS

- Older people generally have lower smoking rates (9.7% of 65-74 year olds smoke), but is still significant. Those who smoke in old age often started at a younger age and could find it harder to quit.
- Over half of older people aged 65-84 do not eat at least 5 portions of fruit or vegetables a day.
- Over half of those aged over 85 and over a third of aged 75-84 are physically inactive.

INTEGRATED HEALTH AND SOCIAL CARE

- Men in Havering have a lower healthy life expectancy compared to the national average.
- Diagnosis rate in Havering (53%) for dementia is significantly below the national target of 66%
- Havering has fewer care home beds (8.0 per 100 people aged 75+) compared to the national average in England (9.4).
- In Havering, flu vaccine coverage for individuals aged 65 and above improved, meeting the national target of 75% for the first time in over a decade, although it remained below the national average.

Produced by the London Borough of Havering Public Health Intelligence Team

Havering LONDON BOROUGH

JSNA priorities AGE WELL

Wider determinants of health

- Recommendation 13: **Strengthen** community resilience through continued partnership with the VCS. This includes building upon and mapping existing **VCS capabilities**, identifying gaps in community support and providing opportunities for skills development.

Lifestyles and behaviours

- Recommendation 83: Undertake a deep dive/equity audit to **understand which populations are not taking up screening and support a programme of community engagement** working with those identified as less likely to participate in screening programmes to increase uptake.

Places and communities

- Recommendation 29: Ensure that the **housing needs of residents with specific needs** e.g. relating to frailty, mental illness, physical and learning disabilities etc. are an integral part of plans for housing growth and regeneration.

Integrated health and social care

- Recommendation 2: Plans regarding integrated health and social care services (pillar 4) should give the same priority to **conditions resulting in ill health and disability** as for conditions causing premature death
- Recommendation 102: Maintain efforts to further increase the completeness of **dementia diagnosis,** and improve access to the information and support for patients and their families
- Recommendation 107: Ensure that patients at risk of **frailty** are systematically identified, using **population health management approach**; effectively supported by the local partners to stay well; or receive urgent additional help in times of crisis.
- Recommendation 110: Further **improve the reablement offer** to maximise the proportion of patients who return home and stay home after admission to hospital.
- Recommendation 111: Develop plans to implement the **Enhanced Health in Care Homes (EHCH) model** to all care homes.

DIE WELL

There were 2,430 deaths in Havering in 2022 and an estimated 12,150 bereavements. Due to the ageing population, the number of deaths are projected to rise to 3,000 by 2043.

THE WIDER DETERMINANTS OF HEALTH

- **19% of people of working age and 11% of pensioners die in poverty in Havering**, compared to a UK average of 28% and 13% respectively
- Census data shows **46,111 of the Havering population is aged 65+** (17.6%), of which 6,974 are aged 85+ (2.7%). In London and England the proportion of the population aged 85+ is lower (1.6% and 2.4%).
- **Life expectancy in Havering is similar to the national average** (79 for males, 83 for females)
- **The mortality rate in Havering (1,094/100,000) is higher** than London (975/100,000) and England (1,042/100,000)

PLACES & COMMUNITIES

- Across the UK, **over 40% of adults who want formal bereavement support don't receive any**
- Nationally, **half of bereaved children said they didn't get the support they needed** from their schools and colleges
- **20,636 people in Havering care for a family member, friend of neighbour** because they have long-term physical or mental health conditions or illnesses, or problems related to old age

LIFESTYLES & BEHAVIOURS

- **12.7% of the Havering population are aged 65 or over and live at home alone** (compared to 9.1% in London and 12.8% in England)
- **1,061 potential years of life lost in Havering due to alcohol-related conditions for males and 339 for females**
- **There were 8.4 suicides per 100,000 people** from 2019 to 2021 in Havering (compared to 7.2 in London and 10.4 in England)

INTEGRATED HEALTH AND SOCIAL CARE

- **Few people would choose to die in hospital and yet almost half of all people in Havering do so**, significantly higher than national levels.
- Each year, an estimated **550 people in Havering do not receive the palliative and end of life care they need**
- **7.70% of deaths were preceded by 3+ emergency admissions in the last 3 months of life** in 2019 (England average = 7.1%)
- Across England, just **25% of carers report having had a carer's assessment or re-assessment in the last 12 months**

Produced by the London Borough of Havering Public Health Intelligence Team

Havering

JSNA priorities

DIE WELL

Integrated health and social care

- Recommendation 112: Strengthen end-of-life care to increase the proportion of people who are **supported to die with dignity** in their usual place of residence.

Our immediate priorities

Partners have held a series of workshops, scrutinising data, the JSNA, and what local people have fed back to us around what means most to them and the areas that they feel need greatest improvement, to identify our top priorities for each life course area for 2023/24:

Start Well Immediate Priorities
Work with parents and families to build their resilience; meeting the needs of families at home without the need for more intensive interventions later along their journey
Increase identification of and support for children and young people who provide informal and unpaid care for family members
Build on and improve the mental health offer for schools, working with young people
Increase the number of children receiving timely Autism Spectrum Disorder (ASD) diagnosis and integrated family support
Reduce the wait time of children for Special Educational Needs therapy provision

Live Well Immediate Priorities
Increase uptake of screening and prevention programmes, particularly targeted to groups who experience greater health inequalities, and place a greater focus on those on the edges of care, embedding a preventative, improved wellbeing approach. Implement active waiting lists etc.
Work with partners through the Better Homes, Better Health to improve living conditions for local people that impact on health, including mouldy and damp homes
Implement the recommendations in the Havering Healthy weight strategy
Implement the action plan in the Havering strategy for those who provide informal and unpaid care, to increase the number of Carers who are identified as such, and receive the support, benefits and information to which they're entitled

Age Well Immediate Priorities
Develop a multidisciplinary team approach at place around Primary Care Networks, with established teams who are able to coordinate care around the needs of individuals to meet their needs in the community
Reduce the rate of emergency hospital admissions, including readmissions and reduce the rate of acute length of stay for frail older people, returning them home sooner
Reduce the rate of older people having discharge delays from hospital (delayed transfers of care)

Die Well Immediate Priorities
Increase the percentage of people who have, or are offered, a personal health budget towards end of life (fast-track)
Reduce the average number of patients per month who die in hospital whilst being delayed to be discharged
Reduce the percentage of older people who die within 7 days of an emergency hospital admission

Digital Immediate Priorities
Increase the number of organisations and clinicians that have access to full patient records
Increase the percentage of people accessing services digitally
Increase the use of single care plans
Roll out the Joy app and increase the number of people and staff accessing the marketplace element as a single database of services

Workforce Immediate Priorities
Work to reduce staff turnover rates in the first 12 months of employment
Work to create a culture that makes Havering an inviting place to work, reducing vacancy rates and reliance on agency staff
Support more local people into careers in health and care and VCSE in Havering

Estates Immediate Priorities
Work to increase efficiency of our bed base across the borough including Rehabilitation, intensive care and operating theatres
Reduce void costs on empty buildings, ensuring that we make the best use of the estate that we have
Increase the use of multi-organisational space to support multidisciplinary team working in Havering, and care delivered closer to home in our neighbourhoods

Primary Care Immediate Priorities
Improve timeliness of and access to primary care appointments (reducing wait time for an appointment)
Reduce variation between GP practices across Havering (more practices rated as good and outstanding)
Delivery of the aspirations set out within the Fuller review including multidisciplinary working at a neighbourhood level

Urgent and Emergency Care Immediate Priorities
Increase the percentage of patients whose needs are addressed through a single call to NHS 111 and reduce the percentage of patients advised to attend ED following a call to NHS 111
Meet new urgent and emergency care standards
Increase the percentage of emergency hospital admissions receiving same day emergency care

Culture Immediate Priorities
Induction and Organisational development programme to support the integration of the joint team, and embed joint ways of working
Wider piece of work with staff across the system, building on the Showcase event approach, engaging them in the work underway, and empowering them by creating an environment where they feel able to suggest and make positive changes and improvements
Work with Communications and Engagement team colleagues across our organisations to embed a more comprehensive way of engaging with local people and staff across the borough

Integrated Commissioning / Joint Team Immediate Priorities
Map and review existing contracts across Havering, reviewing opportunities for joint commissioning, and identifying any gaps, feeding this into the development of an Integrated Commissioning plan
Market Management – a demand and capacity review to be undertaken, considering alternative approaches and implement a pilot approach to new projects, embedding a culture of continuous learning and innovation, feeding into a comprehensive Markey Position statement
Immediate requirement to deliver improved value for money through commissioning of contracts

Our key ambitions and outcomes

The priorities above will enable Partners to deliver the below aspirations for each life course.

Data leads for both the NHS and Local Authority are working together to develop a dashboard which will help to monitor progress against the following aspirations. This required some datasets to be more joined up, and the Partnership is looking at innovative information sharing approaches to enable this.

Start Well Ambitions		
Immediate ambitions (1-3 years)	**Medium term (3-5 years)**	**Long term (5 - 10 years)**
Reduce the number of children and their families attending Emergency Departments for non-emergency care	Increase the number of Children and Young People receiving support for their emotional wellbeing through Primary Care	Increase the number of children and their families receiving best practice End of Life Care provision
Reduce the number of Children and Young People attending Emergency Departments in emotional or mental health crisis	Increase the number of children receiving timely Autism Spectrum Disorder (ASD) diagnosis and integrated family support	
Improve access to services and reduce wait times, particularly for Primary Care, non-elective care, and other services	Reduce the wait time of children for Special Educational Needs therapy provision	
Reduce spend on care for those with more complex needs by looking at innovative and local solutions for placements	Increase the use of Child Health Hubs to deliver integrated community care for children and their families	
Deliver greater value for money through joint commissioning of contracts where possible, which will also deliver more seamless, integrated services for local people	Reduce the percentage of children who are physically inactive and/or obese	
	Reduce the number of children and young people living in cold, damp or mouldy homes	

Live Well Ambitions		
Immediate ambitions (1-3 years)	**Medium term (3-5 years)**	**Long term (5 - 10 years)**
Improve access to services and reduce wait times, particularly for Primary Care, non-elective care, and other services	Increase diagnosis rates for type 2 diabetes and hypertension	Increase healthy life expectancy
Reduce the percentage of adults who are physically inactive and/or obese	Increase the percentage of adults with a learning disability living in settled accommodation	Reduce the gap in life expectancy between the most and least deprived areas of the borough
Reduce smoking prevalence in adults	Increase the percentage of cancers being diagnosed at an earlier stage	Reduce alcohol-related mortality
Increase the number of social prescribing referrals to support people to access wider wellbeing support	Reduce the number of people living in cold, damp or mouldy homes	Reduce the rate of suicides
Increase the number of people who provide informal and unpaid care who are registered with the Carers Hub and in receipt of information and support		Reduce early deaths from cardiovascular disease and respiratory disease
Increase use of digital enabled systems to support early detection for Atrial Fibrillation and Chronic Kidney Disease		Eliminate all inappropriate out of area mental health placements
Increase uptake of home testing including ACR and blood pressure		
Increase the number of people being		

referred to the national diabetes prevention programme		
Reduce wait times and increase support for those with lower level mental health issues to enable a preventative approach to mental health and wellbeing		

Age Well Ambitions		
Immediate ambitions (1-3 years)	**Medium term (3-5 years)**	**Long term (5 - 10 years)**
Increase the number of older people with a personalised care and support plan	Reduce the number of older people being referred for adult social care	Reduce permanent inappropriate admissions into residential care
Reduce the rate of emergency hospital admissions, including readmissions	Increase access for older people with a common mental illness to psychological therapies	Reduce the percentage of older people reporting that they feel lonely
Reduce the rate of acute length of stay for frail older people, returning them home sooner	Increase the number of volunteers supported to find a volunteering opportunity	
Reduce the rate of older people having discharge delays from hospital (delayed transfers of care)	Reduce the number of frail older people living in cold, damp or mouldy homes	
Increase the number of informal and unpaid Carers having a carer assessment and receiving appropriate support	Increase the number of older people who have their seasonal flu vaccination	

Die Well Ambitions		
Immediate ambitions (1-3 years)	**Medium term (3-5 years)**	**Long term (5 - 10 years)**
Increase the percentage of people who have, or are offered, a personal health budget towards end of life (fast-track)	Increase the percentage of people in the last 3 years of life who are registered on a local end of life register	Increase, in the recording of preferred place of death
Reduce the average number of patients per month who die in hospital whilst being delayed to be discharged	Increase access to Bereavement support in Havering	Increase the number of people who die in their preferred place of death
Reduce the percentage of older people who die within 7 days of an emergency hospital admission	Reduce the percentage of older people who die within 14 days of an emergency hospital admission	

Digital Ambitions		
Immediate ambitions (1-3 years)	**Medium term (3-5 years)**	**Long term (5 - 10 years)**
Increase the number of organisations and clinicians that have access to full patient records	Increase the number of people using care technology	Full population health management system in place with integrated datasets across health and care
Increase the percentage of people accessing services digitally	Increase the percentage of people electronically managing appointments	
Increase the use of single care plans	Establish a Population Health Management system that will increase targeted support for local people, supported by multidisciplinary / neighbourhood teams at place	
Roll out the Joy app and increase the number of people accessing the marketplace element as a single database of services		

Workforce Ambitions		
Immediate ambitions (1-3 years)	**Medium term (3-5 years)**	**Long term (5 - 10 years)**
Reduce vacancy rates	Reduce clinical staff turnover rates in the first 12 months of employment	Support more local people into careers in health and care and VCSE in Havering
Reduce reliance on agency and interim staff	Reduce non-clinical staff turnover rates in the first 12 months of employment	

Estates Ambitions		
Immediate ambitions (1-3 years)	**Medium term (3-5 years)**	**Long term (5 - 10 years)**
Increase appropriate use of and through flow of extra care housing	Reduce void costs on empty buildings, ensuring that we make the best use of the estate that we have	
Increase older people rehabilitation bed efficiency	Increase the use of multiorganisational space to support multidisciplinary team working in Havering, and care delivered closer to home in our neighbourhoods	
Increase general intensive care unit efficiency		
Increase operating theatre efficiency		

Primary Care Ambitions		
Immediate ambitions (1-3 years)	**Medium term (3-5 years)**	**Long term (5 - 10 years)**
Increase the number of primary care appointments per 1,000 patients	Improve timeliness of access to primary care appointments (reducing wait time for an appointment)	Fully matured Primary Care Networks delivering primary care at scale
Increase the uptake of digital access, such as video consultations and e-consultations	Reduce variation between GP practices across Havering (more practices rated as good and outstanding)	
Increase NHS111 slot conversion rates, each practice to release 1 appointment per 3,000 patients	Delivery of the aspirations set out within the Fuller review including multidisciplinary working at a neighbourhood level	
Increase the number of social prescribing referrals		

Urgent and Emergency Care Ambitions		
Immediate ambitions (1-3 years)	**Medium term (3-5 years)**	**Long term (5 - 10 years)**
Increase the percentage of patients whose needs are addressed through a single call to NHS 111		
Reduce the percentage of patients advised to attend ED following a call to NHS 111		
Meet new urgent and emergency care standards		
Increase the percentage of emergency hospital admissions receiving same day emergency care		

During 2023/24, we will work up quantified performance targets for a smaller set of key metrics which will

be monitored and reported on quarterly at the Havering Place based Partnership Board, feeding up into the Havering Health and Wellbeing Board. Other metrics will be monitored elsewhere. A dashboard will be developed highlighting how we are performing against our targets.

The following page sets out our plan over the course of 2023/24 to develop a five year strategy for the Havering Place based Partnership, co-developed with local people and staff.

Next steps to develop our Partnership 5 year strategy

One of the founding principles of our Havering Place based Partnership is that we will develop our priorities and strategy with local people and front line staff, ensuring that they can influence and get involved in improvements across the Borough. This is a strong feature of the proposal to develop our 5 year strategy. The full five year strategy will be consistent with the refreshed Havering Joint Health and Wellbeing Strategy which we will develop in parallel as a partnership.

Draft high level project plan

	Proposed activity	Lead	By
1	Monday 3rd July – Havering Executive Planning Session - Review key population health challenges within the JSNA around the life course approach - Identify the immediate top 3 priorities for each life course pillar, as well as longer term priorities based on the information within the JSNA	Luke Burton Emily Plane Working with leads from across the partnership	**Complete** – July 2023
2	Ongoing programme of showcase events with staff from across the Havering Place based Partnership, focused around our key priority areas and supporting engagement / raising awareness of the work underway	Emily Plane Judith Smy	Ongoing
3	The Havering Big Conversation Event – Romford Market – first in the series of events to discuss priorities of the Partnership with local people, and feed this back into our longer term strategy	Emily Plane	**Complete** - Wednesday 19th July 2023
	Rainham and Harold Hill events to engage with local people around preparation for winter, and discuss what matters most to them in terms of Health and Care	Sharon Adkins – Health Champion lead Kelly McBridge – Core Connector Programme lead Emily Plane	**Complete** – September 2023
4	Havering Place based Partnership team to be fully recruited, following consultation and subsequent interviews for vacant posts (subject to discussions around a more integrated place team)	Luke Burton Emily Plane Matt Henry	October – December 2023
5	Once all 'heads of' positions are filled, a workshop to be held with partners for each life course pillar, focussing on: - Review of key performance and challenges, including JSNA priorities - Stocktake of upcoming procurements across health and care / opportunities - Budget review, spend vs actual envelope, including any savings targets for the ICS that Place will be responsible for delivering - Stocktake of the work underway - Review of the current gaps - Gap analysis of current challenges vs projects / priorities underway - Develop full project plan, setting out priorities / deliverables over the next 1-2, and then 3-5 years - Develop proposed metrics to monitor progress - **As part of this work, run focus groups, 1-1 discussions and surveys with the populations affected, asking for their views and priorities**	Head of start well, live well and age well Supported by Head of Strategic Planning – Emily Plane Head of PMO – Matt Henry	October – December 2023
6	Outputs of workshops to be fed into draft 5 year plan	Emily Plane	December – January 2024
7	Engagement exercise with local people and front line staff on emerging priorities	Emily Plane	January 2024 – March 2024
8	All of the above to feed into final 5 year strategy	Emily Plane	April 2024
9	Throughout development, ongoing updates to be shared with the Havering Place based Partnership, and Wellbeing Board members	Luke Burton / Emily Plane	Ongoing
10	Develop templates for monitoring progress, and establish reporting process, including dashboards for each life course	Matt Henry	April 2024

11	Development of a dashboard to monitor the aspirations set out in this strategy, to feed into the Place based Partnership and Health and Wellbeing Board	Matt Henry	Ongoing
12	Ensure development alongside and alignment with the Havering Joint Commissioning Strategy and Joint Health and Wellbeing strategy	Public Health Team Joint Commissioning Team Havering PbP Team	Ongoing
13	Final 5 year strategy to be shared with Havering Place based Partnership and Health and Wellbeing Board for endorsement	Emily Plane	April 2024
14	Project group to monitor progress against delivery of the aspirations and metrics set out within the 5 year strategy. Reporting to be set up on an ongoing basis with the Havering Place based Partnership and Health and Wellbeing Board	Matt Henry Emily Plane	From May 2024

The metrics within this strategy, as well as the above project plan to develop the 5 year Havering Place based Partnership strategy, will be overseen by a Havering Strategy Working Group. This group will report into the Havering Place based Partnership Board, feeding up into the Havering Health and Wellbeing Board. Draft terms of reference for this group are set out on the following page.

Havering Place based Partnership Strategy Working Group

Draft Terms of Reference and proposed membership

Purpose:

The purpose of this group will be to:

- Monitor progress against the priorities set out in the 2023/24 strategy
- Unblock and escalate any issues from each workstream that may prevent delivery of the aspirations in the 2023/24 strategy
- Input into and oversee development of the Havering Partnership 5 year strategy
- Bring together asks of enabling programmes / identify further enablers that are required across the life course approach to enable delivery of our key priorities as a partnership

Frequency: Every two months, virtually

Onward reporting: Havering Place based Partnership Board, feeding up into the Havering Health and Wellbeing Board on a quarterly basis

Proposed Chair: Luke Burton

Proposed Membership:

Dr Narinderjit Kullar, Clinical Director, Havering Place Based Partnership

Head of Strategic Planning (Emily Plane)

Head of PMO (Matthew Henry)

Head of Start well (TBC)

Head of Live well (TBC)

Head of Age well and die well (TBC)

Anthony Wakhisi, Public Health Principal

Lucy Goodfellow, LBH

Laura Neilson, LBH

Priti Gaberria, LBH

Clinical and Care leads to be invited as required for updates on their respective priorities

Further leads to be invited as required

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LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	The role of the Health and Wellbeing Board and its relationship with the Havering Place Based Borough Partnership
Board Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Mark Ansell – mark.ansell@havering.gov.uk

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

☒	The wider determinants of health • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
☒	Lifestyles and behaviours • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
☒	The communities and places we live in • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them
☒	Local health and social care services • 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. • Development of integrated health, housing and social care services at locality level.

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SUMMARY

- The case is made that the Health and Wellbeing Board (HWB) and Havering Place Based Partnership Board (HPBPB) can make separate and complementary contributions to improving the health of local residents.
- Recommendations are made as to how the HWB might change to complement rather than replicate the work of the HBPBP.

RECOMMENDATIONS

The HWB is asked to endorse the proposal that it: -

- continue to undertake the joint strategic needs assessment (JSNA) and identify high level priorities for action in the joint local health and wellbeing strategy (JLHWS)
- receive regular reports from the HPBPB on progress made with JLHWS priorities pertaining to health and care services and the residents benefitting from them
- consider how it might help progress issues escalated to it by the HBPBP
- take the lead on ensuring policy likely to impact on the wider determinants of health and environment gives due consideration to the potential impacts on the health of the population and health inequalities in the longer term

Suggestions are made as to how the membership of the HWB and its agenda might be changed to fulfil the role proposed.

REPORT DETAIL

The role of the Health and Wellbeing Board and its relationship with the Havering Place Based Borough Partnership

Context

This paper further develops ideas shared with the HWB in March 2023 in a paper entitled 'Working well with the Havering Place Based Partnership Board (HPBPB)'.

That paper explained the role and responsibilities of the two bodies within the context of integrated care systems. It reconfirmed the statutory duty for the HWB to lead the development of the Joint Strategic Needs Assessment and use the resulting insight to set the strategic priorities for the borough regarding health and wellbeing, and health and care services in the joint local health and wellbeing strategy (JLHWS). Whereas, the HPBPB would develop plans to address these priorities and oversee their delivery, reporting to the HWB on progress periodically.

The HPBPB could escalate issues to the HWB and the HWB would consider how it might assist e.g. by using the democratic mandate of elected members to advocate on behalf of the HBPBP; mobilising wider Council assets; engaging other statutory partners e.g. the police or other stakeholders e.g. the local business

community. Similarly, the HWB could make recommendations to the HBPBP on matters concerning delivery of the JLHWS.

It was noted that there was considerable overlap between the membership of the HWB and HBPBP. It was suggested that a 'Committees in Common' arrangement might minimise the duplication of effort assuming the agendas of the two bodies could be sufficiently aligned. Alternatively, the HWB might wish to expand its membership to better address the wider determinants and create a more distinct but complementary agenda to that of the HPBPB.

The Executive of the HPBPBP met recently to consider its interim Strategy (item X on the HWB agenda). The interim strategy demonstrates that the HBPBP is developing a comprehensive approach to addressing the health and care needs of local residents consistent with the priorities of the NEL ICB; informed by the Havering JSNA and engagement with local residents and professionals; and progressing towards a population health management approach whereby insight is used to facilitate more upstream preventative intervention.

The Executive of the HPBPBP also discussed its relationship with the HWB. Members considered the JSNA and endorsed continuation of the current approach, which considers population health outcomes as the product of the interaction between 4 drivers. As the table below[1] shows, estimates of the precise impact of each factor vary but it is generally agreed that social and economic factors – commonly referred to as the wider determinants of health (income, employment, education attainment, affordable high quality housing) and life style and behaviours (smoking, obesity, physical activity, consumption of alcohol and drugs) have the biggest impact.

Summary of Different Perspectives on Assigning Weights to Determinants of Health

	Historical Perspective	**Literature Review**	**Other Rankings***			**Analytic Approach**	**Pragmatic Approach**	***County Health Rankings***
			AHR	WI, KS, TN	NM			
Social and economic factors	Increasing importance ↑	21% (up to 8x clinical care)	27%	40%	40%	55%	25%	**40%**
Health behaviors		57%	37%	40%	40%	37%	25%	**30%**
Clinical care		14% (up to 50%)	27%	10%	15%	21%	25%	**20%**
Environmental factors		7%	9%	10%	5%	-3%	25%	**10%**

*AHR = America's Health Rankings; the four other rankings were done within the states of Wisconsin, Kansas, Tennessee, and New Mexico

Hence, any partnership hoping to improve health, reduce inequality and ensure that health and social care services are not overwhelmed or rendered financially unsustainable in the future as the population continues to age must address the underlying causes of ill-health as well as improve health and care services themselves.

[1] Reproduced from https://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf

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The Havering JSNA[2] describes this challenge as follows: -

It is implicit from our model of population health that for future generations to have equal opportunity to enjoy a long and healthy life, action is needed to ensure that they:

- *are born into loving families with the means to adequately support them through childhood and that they enter school ready to learn;*
- *are encouraged to aim high and achieve the best they can in education; to attain the qualifications and skills that will equip them for later life*
- *gain good employment that pays enough to enable them to fully participate in their community*
- *have secure, affordable housing that adapts to their needs as they change through life*
- *live in places / communities that:*
    - *make healthier choices the easy and obvious choice*
    - *offer support and encouragement with leisure and wellbeing activities to promote good physical, mental and emotional health*
    - *minimise the risk posed by communicable disease and environmental threats to health*
    - *are safe and feel safe*
    - *offer support and encouragement throughout life but particularly in times of need, including periods of poor physical and mental health and later in old age*
- *have access to high quality health and social care services, appropriate and proportionate to their needs*

The current Havering joint health and wellbeing strategy[3] mirrors the four pillars approach. It was written before the creation of the ICS and the HPBPB. Possibly, as a result, the priorities identified (see figure overleaf) were largely limited to the interface with health and care services e.g. a priority regarding employment was framed in terms of assisting people with health problems into work rather than also considering how the Council is working with businesses and local entrepreneurs to create good jobs in healthy workplaces for residents in the future.

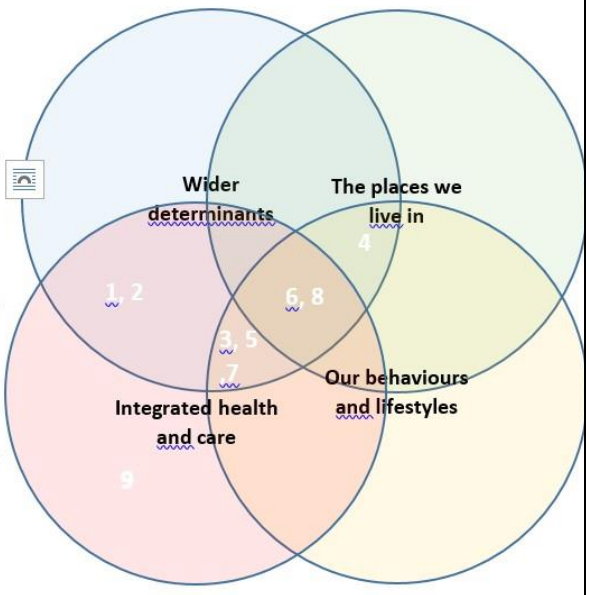
The HBPBP is now charged with ensuring that health and care services adopt a preventative approach and address the wider determinants of health as they affect people with current care needs or who are at the margins of care.

Going forward, the HWB can oversee and assist the HBPBP to deliver this more preventative approach to health care. However, the HWB could also complement the work of the HBPBP by working to ensure that wider policy at place level about the economy, education, regeneration, transport policy, licensing and enforcement, the physical environment, air quality, sustainability etc. all serves to foster a healthier, more equal Havering in the future.

[2] https://havering.communityinsight.org/reports/1336/BHRJSNA2022_Havering_ExecutiveSummary.pdf
[3] https://www.havering.gov.uk/download/downloads/id/9238/joint_health_and_wellbeing_strategy_201920_%E2%80%93_202324.pdf

Priorities in the current Havering Joint Health and Wellbeing Strategy and their distribution across the four pillars underpinning population health outcomes

1. Assisting people with health problems back into work
2. Developing the Council and NHS Trusts as anchor institutions
3. Preventing homelessness and reducing the harm caused
4. Realising the health and wellbeing benefits of regeneration
5. Improve support to residents who make repeated calls on health and care services
6. Tackling obesity
7. Reducing tobacco harm
8. Supporting EYrs settings, schools etc to improve health
9. Develop integrated health and social care services



Next steps - If the HWB were interested in pursuing this direction of travel then officers could identify a list of policies that might be relevant and how the HWB might be built into the development of wider Council policy as a matter of routine.

As noted above, the membership of the HWB and HBPBP are quite similar in that representation is overwhelmingly from health and care services and groups representing the interests of people with current health and care needs. If the HWB is to refocus on the factors that determine health and inequalities in the long term then the membership needs to be amended accordingly. This might be achieved by either:

- Creating a much larger body with multiple representatives from different sectors
- Or remaining a relatively small body with the addition of identified leads from each sector

The latter option could be further developed by having periodic themed meetings to which a larger group of stakeholders relevant to the topic under discussion could be invited.

Next steps – Subject to the views of the HWB and the option chosen, officers will identify a possible extended membership.

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IMPLICATIONS AND RISKS
There are no immediate risks arising from this paper. However failure to ensure that the HWB and HPPB have an effective and complementary working relationship will slow progress and waste limited officer / clinician time.
BACKGROUND PAPERS
Paper to HWB in March 2023 entitled ‘Working well with the Havering Place Based Partnership Board (HPBPB)’