



# Haverling

LONDON BOROUGH

## HEALTH & WELLBEING BOARD AGENDA

1.00 pm

Thursday  
7 November 2024

Council Chamber -  
Town Hall

Members: 18, Quorum: 6

**BOARD MEMBERS:**

Elected Members:

Cllr Gillian Ford (Chairman), Cllr Oscar Ford, Cllr Natasha Summers and Cllr Paul McGeary

Officers of the Council:

Andrew Blake-Herbert, Mark Ansell, Barbara Nicholls, Tara Geere, Patrick Odling-Smee and Neil Stubbings

NEL CCG:

Narinderjit Kullar, Luke Burton and Emily Plane

Other Organisations:

Anne-Marie Dean, Ann Hepworth, Carol White, Paul Rose and Sarita Symon

**For information about the meeting please contact:**

**James Moore**

[james.moore@haverling.gov.uk](mailto:james.moore@haverling.gov.uk)

## 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 3 - 8)

To approve as a correct record the minutes of the Committee held on 3 April 2024 and to authorise the Chairman to sign them.

### 5 BCF PLANNING 2024-25 FOR APPROVAL (Pages 9 - 12)

Report attached.

### 6 HAVERING'S INTEGRATED STARTING WELL PLAN 2024-27 - HAPPY, HEALTHY LIVES (Pages 13 - 66)

Report and appendix attached.

### 7 TOBACCO HARM REDUCTION STRATEGY 2024-29 (Pages 67 - 108)

Report, presentation and strategy attached.

### 8 ANY OTHER BUSINESS

### 9 DATE OF NEXT MEETING

The next meeting is 4 December 2024 at 1pm.

**Zena Smith**  
**Head of Committee and Election Services**

**MINUTES OF A MEETING OF THE  
HEALTH & WELLBEING BOARD  
Microsoft Teams  
3 April 2024 (1.00 - 3.00 pm)**

**Present:**

**Elected Members:** Councillors Gillian Ford (Chairman) and Oscar Ford

**Officers of the Council:** Andrew Blake-Herbert (Chief Executive), Mark Ansell (Director of Public Health), Barbara Nicholls (Director of Adult Services), Tara Geere (Director, Starting Well), Patrick Odling-Smee (Director of Living Well)

**Havering Clinical Commissioning Group:** Emily Plane (NEL CCG)

**Healthwatch:**

BHRUT - Ann Hepworth

**Also Present:**

Emily Grundy; Assistant Director of Public Health

Esosa Edosomwan; Public Health Practitioner

Elaine Greenway; Assistant Director of Public Health

Emily Plane - Head of Strategic Planning Havering Place based Partnership, NHS North East London

Kirsty Boettcher, - NHS NEL

Luke Squires - Public Health Practitioner

Lucy Goodfellow – Head of Innovation and Improvement

Taiwo Adeoyo - Minute Taker from Dem Services

**1 APOLOGIES FOR ABSENCE**

Apologies were received from Neil Stubbings, Mehboob Khan, Dr Kullar (EP representing).

**2 DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

**3 MINUTES (NOT AVAILABLE)**

**4 MATTERS ARISING**

Minutes from December meeting not available. Any actions carried forward to next meeting

**5 BEEWELL SURVEY**

The board received the findings of the BeeWell survey. It was explained that the Havering Youth Wellbeing Census was part of Havering Council's commitment to amplifying the voice of young people in the borough. The census was based on the BeeWell survey and locally adapted by UCLPartners in collaboration with Havering Council.

The Havering Youth Wellbeing Census used core questions from the BeeWell survey, plus additional questions to meet locally identified needs as voiced by Havering's young people and the local organisations and services that support them.

It was noted that 10 schools took part in the Wellbeing Census during June and July 2023. This was a total of 2,287 students across year groups 8 and 10, representing 36% coverage of the target demographic.

The results of the survey will help to understand the state of wellbeing across age groups and consider actions to support young people's mental wellbeing.

It was explained that the results from Havering's Youth Wellbeing Census and additional data have been combined to provide a useful starting point for discussions about the needs of young people. It was stated that the data should help with the identification of strengths as well as priority areas for development and improvement.

A core principle of the original BeeWell programme and of the delivering the Havering Youth Wellbeing Census is that young people's wellbeing is everybody's business. That means every section of society has a responsibility towards our young people and it is critical that local partners come together in a response.

The Board was asked to take time to explore the interactive neighbourhood dashboard and additional insight it provides that was relevant to the themes of the Health and Wellbeing Strategy.

The board commented positively to the report commending its comprehensive data. Discussion on how to use the data was considered by the board.

**6 NEL JOINT SEXUAL & REPRODUCTIVE HEALTH STRATEGY 2024-2029**

The board received a report that updated on the progress in the development of the North East London (NEL) Joint Sexual & Reproductive Health Strategy.

It was stated that the board last received an update on the strategy in June 2023, at which point resident engagement was underway. The board had endorsed the recommendation to participate in the development of the strategy and commit to an action plan to improve sexual and reproductive health for Havering residents.

It was stated that there was a track record of delivering collaborative cross-borough approaches and initiatives in the field of sexual health; the current specialist sexual health service provided by BHRUT is jointly commissioned by London Boroughs of Havering, Redbridge and Barking & Dagenham and pan-London efforts have delivered developments such as the shared e-service for online STI testing.

The Board noted the update on the development of the North East London Joint Sexual & Reproductive Health Strategy (2024 – 2029).

It was explained that building on data and insights from across NEL and feedback from residents and professionals, the strategy has identified four priority areas for action:

- Priority 1: Healthy and Fulfilling Sexual Relationships
- Priority 2: Good Reproductive Health across the Life Course
- Priority 3: High Quality and Innovative STI Screening and Treatment
- Priority 4: HIV: Towards Zero and Living Well

It was stated that the draft strategy was close to completion with the final version due to be published in June 2024. The board sought clarification if the draft had been to ICB and how it was received.

The Board:

- Endorsed the draft strategy and shared comments – to be confirmed at next in person meeting.
- Noted the need for shared ownership and engagement from key stakeholders in development, delivery and monitoring of a local action plan for Havering
- Shared reflections regarding local governance arrangements

It was noted that the final version of the published strategy and local action plan will be brought back to the board later in 2024.

## **7 POVERTY REDUCTION STRATEGY**

The Board were presented with a report on the vision for poverty reduction in Havering.

The report detailed that there were a significant pockets of deprivation across Havering particularly in areas such as Harold Hill and Rainham,

where residents experience poorer outcomes than others in the borough. It was stated that residents living in the most disadvantaged decile of the borough have a significantly lower life expectancy (7.3 years less for males and 7.6 years less for females) than peers in the least deprived decile. The report also indicated that there were also residents living in extreme poverty in the more affluent parts of the borough.

The board was informed that any long lasting and effective approach for Havering requires a focus on reducing poverty and building resilience in order to address the wider determinants of health and reduce the impact of rising cost of living on local people. This required addressing the root causes of poverty that will have a significant impact on the health and wellbeing of local people, as well as their future prospects. The report outlined that this was the key focus of the strategy which is being developed as a partnership in Havering spanning the Council, NHS and Community and Voluntary sector.

The board noted that the strategy aims to support as many local people as possible who are struggling with increases in the cost of living which was impacting on their physical and emotional wellbeing.

It was explained that the approach for Havering will seek to build on work to support local people with the cost of living increases. A Poverty Reduction working group has been established to develop, and oversee this strategy.

The Havering Place based Partnership will work together to collectively address the underlying causes of poverty, facilitate community action and build resilience to alleviate the effects of poverty. Partners will seek to embed the approach across all programmes of work.

The board discussed how to lobby and take the council's appeal for funding to the next level.

The Board **noted** the report and endorsed the Havering Poverty Reduction Strategy 2024 attached at Appendix 1. To be confirmed at next in person meeting.

## 8 **HAVERING HEALTHY WEIGHT STRATEGY 2024-2029**

The board received a presentation that summarized the findings from the analysis of a consultation feedback. It was stated that obesity rates in Havering are very high for both children and adults, either similar or above the London and England averages, and they look set to get worse.

The board was informed that the problem of overweight and obesity is cutting lives short and negatively impacting the quality of life of Havering residents. Prevention is a key priority for the Council and the NHS, as set out in the Havering Corporate Plan, the Havering Health and Wellbeing

Board's Health and Wellbeing Strategy 2019/20–2023/24 and the Havering Place Based Partnership's Interim Health and Care Strategy.

A public consultation took place from 17 January to 3 March 2024 when residents and stakeholders were invited to comment. The public consultation resulted in a total 660 responses received. It was explained that the analysis of the responses showed that there was overall support for the strategy approach. Most of the feedback was concerned with implementation of the strategy (i.e. actions to be taken to deliver the approach).

It was explained that the report sets out the local strategic approach for addressing high levels of overweight and obesity in the Borough, through a "whole systems place-based approach". This will support the longer term vision for the Borough; within 20 years' childhood obesity will have been eradicated, and that the Borough will have become a healthy place to live work and play, and a place where communities have come together to make the healthier choice the easier choice.

Following discussion, the Health and Wellbeing Board members agreed informally for the Chair endorse/action the strategy and the board will formally agree the report at the next meeting.

**9 DATE OF NEXT MEETING**

The next meeting was scheduled for 17 July 2024.

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**Chairman**

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## HEALTH & WELLBEING BOARD

<b>Subject Heading:</b>	Better Care Fund Planning for 2024-25
<b>Board Lead:</b>	Cllr Gillian Ford, Cabinet Member for Adults and Health
<b>Report Author and contact details:</b>	Laura Wheatley Portfolio Manager Live Well & Age Well <a href="mailto:Laura.wheatley@havering.gov.uk">Laura.wheatley@havering.gov.uk</a>

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

<input type="checkbox"/> The wider determinants of health <ul style="list-style-type: none"> <li>• Increase employment of people with health problems or disabilities</li> <li>• 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.</li> <li>• Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.</li> </ul>										
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<input type="checkbox"/> BHR Integrated Care Partnership Board Transformation Board <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">• Older people and frailty and end of life</td> <td>Cancer</td> </tr> <tr> <td>• Long term conditions</td> <td>Primary Care</td> </tr> <tr> <td>• Children and young people</td> <td>Accident and Emergency Delivery Board</td> </tr> <tr> <td>• Mental health</td> <td>Transforming Care Programme Board</td> </tr> <tr> <td>• Planned Care</td> <td></td> </tr> </table>	• Older people and frailty and end of life	Cancer	• Long term conditions	Primary Care	• Children and young people	Accident and Emergency Delivery Board	• Mental health	Transforming Care Programme Board	• Planned Care	
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## SUMMARY

The purpose of this report is to provide the Health and Wellbeing Board with an update on the Better Care Fund (BCF) plans for the financial years 2024/25.

The BCF has been established by Government to provide funds to local areas to support the integration of health and social care. It aims to ensure a closer integration between health and social care, putting person centred care and wellbeing at the heart of the decision making process. The BCF is a vital part of both NHS planning and local government planning.

Section 75 of the National Health Service Act 2006 gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payments may be made towards expenditure incurred in the exerciser of prescribed local authority functions and prescribed NHS functions.

## RECOMMENDATIONS

1. Delegate authority to the HWBB Chair to approve the final submission of the BCF Plan 2024/25 to NHS England for submission as required by the guidelines, subject to obtaining approval from the Council and the Havering Clinical Commissioning Group (CCG).
2. Delegate authority to the HWBB Chair to approve BCF statutory reporting returns each quarter.

## REPORT DETAIL

### Background

Barking Havering and Redbridge CCG's and the north east London Boroughs of Havering, Barking & Dagenham and Redbridge have a strong history of successful collaboration across health and social care, leading to real improvements for our local population driven by the Integrated Care Partnership Board (and the previous Integrated Care Coalition and Urgent Care Boards). We know that the BHR system has significant challenges to tackle including health inequalities; care, quality and financial sustainability; along with a diverse, increasing and highly mobile and in some cases deprived population with unique needs.

### 2024/25 Plan

As a part of this deepening partnership, a wider borough approach to developing our BCF plan for the two-year period covering 2023-25 was created and has previously been approved by the Health & Wellbeing Board. We have updated this plan for 2024-25.

### BHR BCF Governance & Ambitions

Our overarching vision for the Barking and Dagenham, Havering and Redbridge places joint plan is to 'Accelerate improved health and wellbeing outcomes for the people of Barking and Dagenham, Havering and Redbridge and deliver sustainable provision of high-quality health and wellbeing services.'

- Create an environment that encourages and facilitates healthy and independent lifestyles by enabling and empowering people to live healthily, to access preventive care, to feel part of their local community, to live independently for as long as possible and to manage their own health and wellbeing



- Organise care around the individual's needs, involving and empowering them, integrating across agencies, with a single point of access, and providing locally where possible. It will meet best practice quality standards and provide value for money.
- Ensure organisations work collaboratively, sharing data where appropriate, and maximise effective use of scarce/specialist resources (e.g. economies of scale).
- Remove artificial barriers that impede the seamless delivery of care, bringing together not only health and social care, but a range of other services that are critical to supporting our population to live healthy lives.

### **Joint BHR S75 Agreement and Joint Working**

Overall strategic oversight of partnership working between the Partners is vested in the respective Borough Health and Wellbeing Boards.

The Partners have agreed that the BHR Joint Commissioning Board (JCB) will be responsible for the review of performance and oversight of the partnership agreement. The JCB is a working group of representatives of Barking and Dagenham, Havering and Redbridge Councils, NHS North East London and Place. At least one member from each of the Partners has individual delegated responsibility from their host organisation to make decisions which enable the JCB to carry out its duties and functions. In addition, each partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.

The BCF programme of schemes are governed through our Joint Commissioning Board, the JCB provides the strategic direction of the development and application of the Better Care Fund across BHR Places. From our BCF 2017-19 plan we developed a joint BHR S75 with the BHR LAs and CCGs (now NHS North East London), which was completed and signed back in July 2018 and is refreshed annually. This sets out the foundation to strengthen the work across the partners to deliver health and care services across the BHR region using the BCF as a key lever for support integration where this brings efficiencies of quality and sustainability. The S75 sets out three 'BCF aligned pooled funds' for each HWB area and Place, and in addition incorporates the option of utilising a fourth 'pot' to facilitate joint pooled commissioning arrangements between partners and across Places.

The JCB consists of representation between the Barking and Dagenham, Havering and Redbridge Local Authorities, and NHS North East London. The chair alternates between NHS North East London and local authorities with representation consisting of the respective DASSs, DPHs, NHS North East London Leadership, finance representatives and Commissioner Leads as members of the Board. A BCF Executive group oversee the delivery of the BCF work in including planning, development and monitor spend and performance. A BCF Operations & Finance group supports the work of the BCF Executive Group including developing reports, reviews, finance templates and developing the submission annually. It is exploring opportunities for further development in relation to integrated services and joint commissioning opportunities. We reviewed the s75 Agreement for 2023/24 to reflect the locally agreed risk share and also update the relevant schedules.

## **IMPLICATIONS AND RISKS**

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

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

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



Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

**Human Resources implications and risks:**

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

**Equalities implications and risks:**

Any significant decisions arising from this report have or will be subject to normal governance and impact assessment processes within the relevant organisation.

## BACKGROUND PAPERS

BCF 2024-25 Planning Template FINAL

Better Care Fund planning requirements 2023-25

[NHS England » Better Care Fund planning requirements 2023-25](#)

Better Care Fund policy framework 2023 to 2025

[Better Care Fund policy framework 2023 to 2025 - GOV.UK \(www.gov.uk\)](#)

National Health Service (Expenditure on Service Integration) Directions

[National Health Service \(Expenditure on Service Integration\) Directions - GOV.UK \(www.gov.uk\)](#)



## HEALTH & WELLBEING BOARD

**Subject Heading:**

Havering's Integrated Starting Well Plan  
2024-27 - *Happy, Healthy Lives*

**Board Lead:**

Tara Geere, Director of Starting Well  
(Statutory Director of Children's Services)

**Report Author and contact details:**

Lucy Goodfellow, Head of Innovation and  
Improvement (People)

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

<input type="checkbox"/>	<p><b>The wider determinants of health</b></p> <ul style="list-style-type: none"> <li>• Increase employment of people with health problems or disabilities</li> <li>• 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.</li> <li>• Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.</li> </ul>
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## SUMMARY

The requirement to have a Children’s Trust Board and a Children and Young People’s Plan was revoked in 2010. Some local authorities have retained their boards and continued to produce a children’s plan while others, like Havering, have not, favouring individual service plans and subject-matter-specific strategies instead.

A decision has been taken to produce an integrated children’s plan (or ‘Starting Well Plan’, to align with our life course approach and directorate name) so that we can more clearly articulate the Council’s vision and priorities for children and young people. The plan will also complement our Starting Well Improvement Plan, developed following our inspection by Ofsted in December 2023.

Whilst ours is a Council owned and produced plan, it brings together a number of key strategies and areas of work that cut across multiple departments of the Council, as well as our wider partnership.

We have consulted widely with partners and with children and young people in developing the plan, which is structured around five key priorities and our vision: *Enabling our children and families to lead happy, healthy lives.*

## RECOMMENDATIONS

Health and Wellbeing Board is asked to:

- Note the contents of the Integrated Starting Well Plan and the approach that has been taken to its development; and
- Adopt the suggested five Starting Well JSNA recommendations - each of which is aligned to one of the five priorities within the Plan - for inclusion in Havering’s refreshed Joint Local Health and Wellbeing Strategy.

## REPORT DETAIL

Our Integrated Starting Well Plan is called *Happy, Healthy Lives*. It brings together several key strategies which collectively respond to evidence, JSNA recommendations and, importantly, feedback from children and young people, in order to deliver our vision: *Enabling our children and families to lead happy, healthy lives.*

There is no statutory requirement to produce a Children’s Plan but having one will allow the borough to better articulate our vision and priorities for children and young people. The plan further builds upon the visions for both People and Place, as set out in the Council’s current Corporate Plan.

The Plan also complements our Starting Well Improvement Plan, developed following our inspection by Ofsted in December 2023 under the Inspection of Local

Authority Children's Services (ILACS) framework. *Happy, Healthy, Lives* does not attempt to replicate the actions that have already been identified as required through our improvement journey for our services. Instead, it describes a vision for *all* of Havering's children and young people.

The plan organises the work required to achieve our vision under five priorities, which together describe our **WISH** for children and young people in Havering. The first four priorities are that we want children and young people to be:

- **Well;**
- **Inspired;**
- **Safe;** and
- **Heard.**

The fifth priority is a commitment, to doing all we can to ensure that children and young people in Havering are **treated fairly**.

*Happy, Healthy Lives* has been informed by the views of children and young people that have been gathered over the past two years, including through numerous SHOUT surveys and the Havering Youth Wellbeing Census.

The plan includes a high-level action plan, which sets out several of the recommendations made in the Starting Well Joint Strategic Needs Assessment (JSNA) chapter, published earlier this year. The action plan will be further populated (with lead officers, timescales etc.) in the final version of the document, once updated in response to consultation feedback.

It is recommended that the following five JSNA recommendations (one for each priority) are adopted by the Health and Wellbeing Board for inclusion in Havering's refreshed Joint Local Health and Wellbeing Strategy:

1. Develop a joint strategy to improve adolescents' mental health and wellbeing;
2. Focus on early intervention to improve school readiness, including through increased delivering of joint 2-2.5-year checks by Health Visitors and staff in Early Years settings, and targeted checks for children who have not been brought for any check;
3. Havering statutory and voluntary sector partners to consider ways of intervening earlier to prevent admission to hospital as a result of self-harming, aligning actions to the overall suicide prevention strategy for Havering;
4. Good quality engagement with young people is required to understand how to better manage their transition from child-focused to adult services for on-going care and support, whether related to health or social care;
5. Partners to work collectively to decrease the inequalities in educational outcomes for young people.

A consultation on the draft plan opened on 3 October 2024 and will close on 31 October 2024. The link to this can be found at Appendix 2.

The draft plan has also been consulted upon with Havering's Youth Council, where it was agreed that once the plan has been formally adopted, Youth Council will work with us to coproduce a child-friendly and accessible version.

## IMPLICATIONS AND RISKS

### Equalities implications and risks:

*Happy, Healthy Lives* is a three-year strategic plan and as such, it is appropriate that individual Equalities and Health Impact Assessments would be produced for individual strategies or activity contained within it. The plan is structured around five priorities: Well, Inspired, Safe, Heard and Treated fairly. All five priorities aim to improve outcomes for children and young people, with the latter having particular resonance for equalities.

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

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

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

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

### Health implications and risks:

Having been informed by public engagement and the intelligence-based findings and recommendations from the recent Starting Well JSNA, *Happy, Healthy Lives* offers an important opportunity to take forward partnership action to address issues which have been demonstrated to be negatively impacting on health and wellbeing and of importance to children and young people in Havering.

Effective delivery against the Starting Well recommendations, including the five recommendations to be adopted by the Health and Wellbeing board, will contribute



to an improvement in health and wellbeing outcomes for children and young people in Havering, while supporting efforts to address of health inequalities.

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

There are no legal implications regarding the contents of the Integrated Starting Well Plan and the approach that has been taken to develop this plan.

### **HR implications and risks:**

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce. Recruitment into existing Havering posts will be managed in accordance with the Council's policies and procedures.

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

This report concerns the Integrated Starting Well plan which the Board is asked to note. A consultation on the plan is currently underway. There is no new funding associated with this plan and all activities will have to be met from existing resources including the Council's General Fund budget, the Dedicated Schools Grant and the Public Health Grant. All of these funding sources are under significant pressure and unfortunately this will act as a constraint on the level of ambition. However the plan will provide a framework for prioritisation.

## **BACKGROUND PAPERS**

Appendix 1: Integrated Starting Well Plan 2024-27 – *Happy, Healthy Lives*

Appendix 2: Link to consultation:

<https://consultation.havering.gov.uk/childrens/starting-well-plan/>

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**Havering**  
LONDON BOROUGH

# **Our Integrated Starting Well Plan 2024-2027**

***Happy, Healthy Lives***



**The Havering you want to be part of**

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# Foreword

I am delighted to share Havering's vision, plan and our WISH for our community's children, young people, and families. As the Cabinet Member for Children and Young People, my primary duty is to ensure that services are in place to support children with their well-being, growth, and development.



Children and young people are the future of our society, and it is our responsibility to provide them with every opportunity to thrive. One of the greatest joys of my role is celebrating the successes of our children and young people. Whether it is academic brilliance, artistic achievements, sporting excellence, or overcoming adversity, we take pride in recognising and applauding every accomplishment.

These success stories not only inspire others but also contribute to fostering an aspirational environment that inspires our youth to strive for greatness. This plan aims to deliver on the aspirations set out in our Council's Corporate vision: *The Havering you want to be part of*. Whilst Ofsted has recently moved away from single word judgements, we remain proud that almost all Havering schools were graded Good or Outstanding when this decision was taken in 2024. We know that the challenges presented to safeguarding children, as confirmed by Ofsted in their report of February 2024, require a significant improvement journey, which has already started.

Our plan is to build on those foundations, to deliver better services using Council resources efficiently in our pursuit of supporting the highest possible outcomes for our children and young people. This requires careful planning and the ability to adapt to changing circumstances and the wide range of challenges we face as a Council locally and nationally. The actions in this plan respond to the Council's first comprehensive survey of children and young people (SHOUT we are listening), and the many engagement activities that have been undertaken since.

Further strengthening our relationships with partners and the community is key. We must foster collaborations and engagement with schools, parents, and all stakeholders who have a vested interest in the well-being of our children and young people. By working together, we can pool resources, share knowledge, and create a network of support and opportunities that will enable our children and families to lead *happy, healthy lives*.

***Councillor Oscar Ford***  
**Cabinet Member for Children and Young People**

As the Director of Starting Well, I am proud to introduce *Happy, Healthy, Lives*: our Starting Well Plan for 2024-27, which sets out our vision and the steps we will take to achieve our WISH for the children, young people, and families of Havering. Our vision centres on supporting all of Havering's children and families to lead *happy, healthy lives*. This means ensuring that every child can thrive and access the highest levels of education whilst enjoying a stable, happy home life.



We have taken a collaborative approach to developing our plan, listening to the views of children, young people, staff, and partners.

This has helped us to identify the key challenges faced by children and young people and to develop innovative and effective solutions to address them. Linked to this, is the report published by Ofsted in February 2024 which has identified the challenges we face in safeguarding the most vulnerable children in our borough.

The findings and recommendations in the report present an opportunity to drive forward a number of necessary changes and improvements, many of which were already in progress when Ofsted undertook their inspection visit in December 2023. Following on from the publication of the Ofsted report, we have developed a robust improvement plan which is subject to on-going internal and external scrutiny from elected members, partners, Ofsted and the Department for Education.

We know that children, young people, and their families face a wide range of challenges in their lives. Through 2020 to 2022, the unprecedented circumstances of the Covid-19 pandemic tested the resilience of all families, our services, and our partners who support our communities. This serious period of disruption and the subsequent impact on children's emotional wellbeing and mental health, coupled with the subsequent cost-of-living crisis means that our children and their families are continuing to experience multiple challenges. We are committed to addressing these challenges and providing the best possible support to help children, young people and families overcome them. We will work with families, schools, health services, and other partners to provide a seamless, coordinated approach.

In line with the findings of the Governments' Care review, and subsequent strategy 'Stable Homes, Built on Love' we have put early intervention and prevention - with the fundamental aim to promote positive outcomes for every child - at the heart of what we do. We are focused on developing effective partnerships with families, carers, and our wider partners, to build stronger communities.

Our three-year plan is ambitious, but I am confident that it will make a significant and positive impact on the lives of children in our community. It represents a collaborative and comprehensive approach to addressing the challenges that children, young people, and their families face.

Whilst our borough may have seen enormous change over the last few years, one thing has not changed. We remain committed to working closely with our partners to implement this plan and make our vision and our WISH a reality: enabling our children and families to lead *happy, healthy lives*.

**Tara Geere**  
**Director of Starting Well**  
**(Statutory Director of Children's Services)**

## About Havering's Children and Young People

[images will be added in final document]

- **61,295** children and young people (aged 0-17) live in Havering, which is **23%** of the borough's total population
- Between 2016 and 2020, Havering was the London borough with the **largest** net inflow of children
- **27%** of Havering pupils have a first language other than English
- **2,583** children in Havering had an Education Health and Care Plan as at January 2024
- **98%** of children are attending good or outstanding schools
- More than **7,000** Havering children (**around 1 in 6**) are estimated to be living in poverty. In more deprived parts of the borough, the figure is more than **1 in 4**
- More than **one in five** children (22.2%) in Reception Year (aged 4 to 5) are overweight or obese and by Year 6 (aged 10-11), this almost doubles, to roughly **2 in 5** children (40.1%)
- 532 children were being supported with a child in need plan as at 31<sup>st</sup> March 2024
- 295 children were subject to a child protection plan as at 31<sup>st</sup> March 2024
- 281 children were in care as at 31<sup>st</sup> March 2024
- 330 care experienced young adults aged 18-25 were receiving services from us as at 31<sup>st</sup> March 2024
- 11 children were missing education (CME) and 361 were electively home educated (EHE) as at 31<sup>st</sup> March 2024, just under **1%** of the school-aged population

## Strategic priorities

The [Council's Corporate Plan 2024-27](#) sets out a vision for the borough: *The Havering you want to be part of*. In support of delivering this vision, the Council has reorganised its services under a new operating model of People, Place and Resources.

The Corporate Plan sets clear objectives for both People and Place, which are:

- *Supporting our residents to stay safe and well; and*
- *A great place to live, work and enjoy*

We are clear that these ambitions apply to residents of *all ages* and *Happy, Healthy Lives* further builds upon these ambitions for our youngest residents - those under the age of 18 - who now represent almost a quarter of the borough's population.

Our plan also considers the actions required to meet the needs of young people up to the age of 25 who are care experienced or have special educational needs and disabilities.

## Joint Strategic Needs Assessment (JSNA)

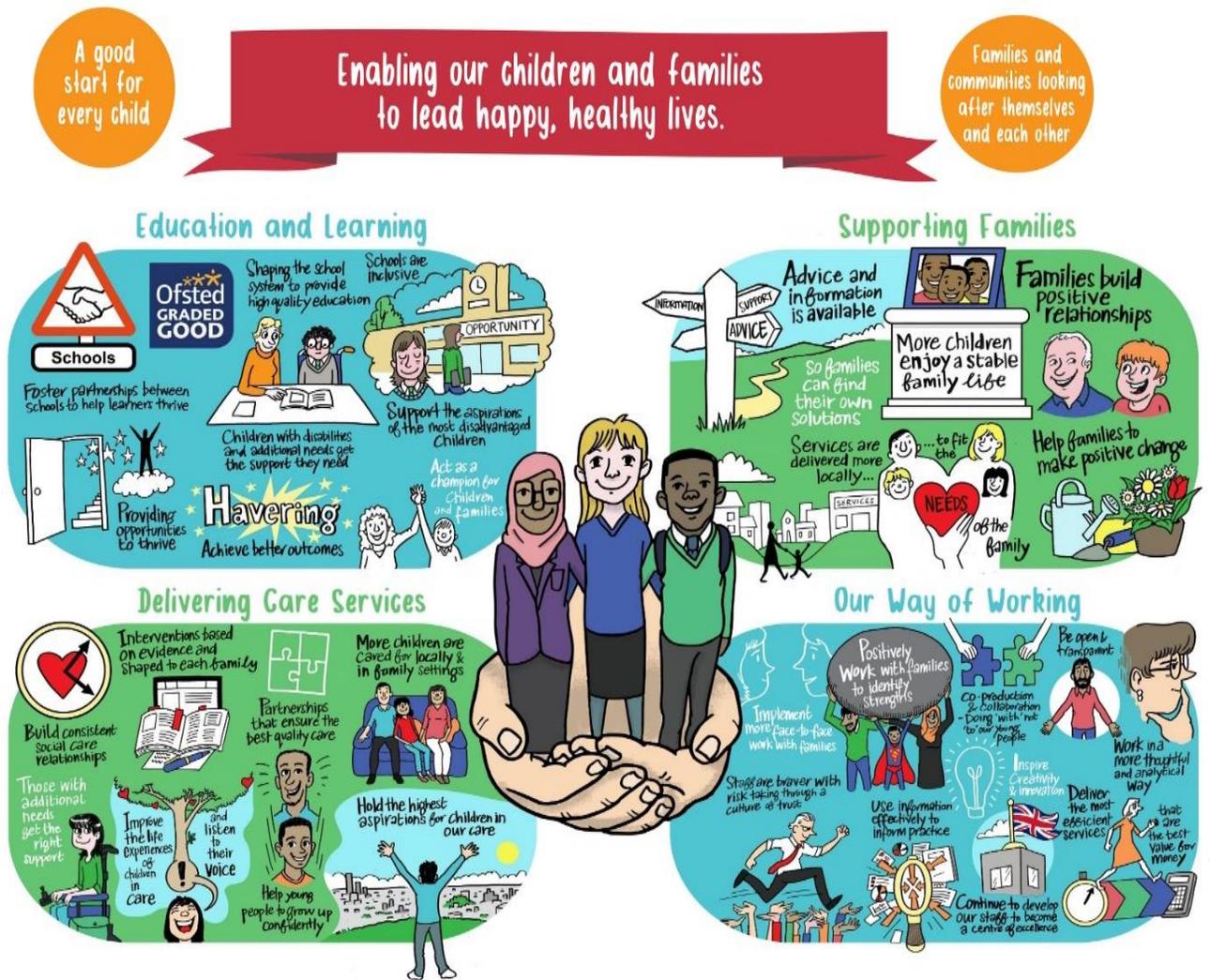
In 2023, Havering's Health and Wellbeing Board published its [Joint Strategic Needs Assessment \(JSNA\) chapter for Starting Well](#). JSNAs are assessments of the current and future health and social care needs of the local community. Such needs could be met by the Local Authority, NHS boards and other local partners.

The data and insight set out in the JSNA follows a life-course approach covering maternal and new-born health, early years and families (0-4 years) and covering the first 1001 days, school age children (aged 4-18 years), including children and young people with special educational needs and disabilities (SEND) up to 25 years, and finally adolescents' health and the transition to adulthood.

The analyses contained in the JSNA consider the social, economic and environmental factors that impact on the health and well-being of children and young people in Havering. Or more simply put: the building blocks for good health and wellbeing.

Our Integrated Starting Well Plan - *Happy, Healthy Lives* takes account of the insight provided by the JSNA, and in our action plan we have set out how we are responding to a number of the recommendations made.

# Our Vision



The above image depicts our on-going vision for delivering Children's Services in Havering: *enabling our children and families to lead happy, healthy lives*. This includes Education and Learning – a universal service that all children receive - but also how we work with those children and families who require additional support. In particular, this describes our Face to Face model of practice, covered further in the section on our workforce.

## Our improvement journey for Children's Services

Underpinning our work in Starting Well (Children's Services) is a comprehensive improvement plan that was developed following our inspection by Ofsted in December 2023 under the Inspection of Local Authority Children's Services (ILACS) framework.

*Happy, Healthy, Lives* does not attempt to replicate the actions that have already been identified as required through our improvement journey for our services. Instead, it describes a vision for *all* Havering's children and young people.

*Happy, Healthy Lives* brings together several key strategies which collectively respond to evidence, recommendations, and importantly, feedback from children and young people, in order to deliver our vision.

## Enabling our children and families to lead happy, healthy lives.

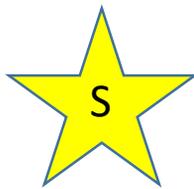
To achieve our vision, we have organised our work under five priorities, which together describe our **WISH** for children and young people in Havering:



As a society, as soon as we learn of a child's existence, our first hope is that they will be born healthy and **well**. As babies grow, we track their developmental milestones to check that they are thriving. As they move through childhood and adolescence we are as concerned with their emotional wellbeing as their physical health, understanding the delicate balance, and equal priority that must be given to the two. Our first wish for the children and young people of Havering is for them to start well and to stay well.



For children to grow into individuals who will positively contribute to society and the communities in which they live, we want them to be **inspired**. Children need to be engaged with learning and to know that they can accomplish hard things. We want Havering to be a place where all children access a high-quality education, whilst understanding that not every child will achieve academic excellence, which does not take away from any child's individual achievements. We recognise the importance of resilience in children and achievement in *all* of its forms, academic and otherwise.



Havering is a **safe** place to grow up and this will be the experience for an overwhelming majority of children. But we know this is not how all children and young people *feel*. Most children live in loving, nurturing homes but increasingly children and families require additional support for this to be the case. Some children feel safe at home but not outside of it, due to risks in their community, from their peers, or online. We understand the many opportunities we have to positively influence the environment in which children live, play and go to school. We will use our powers towards ensuring that children not only *are* safe but also *feel* safe.



For children to be healthy and well, inspired to be their best, and safe both inside and outside of their home, we are very clear that they must also be **heard**. We will give children the space, the voice, the audience and the influence to be listened to, and understood. We will place children at the centre of decisions that will affect them now and in the future, and empower them to lead the change they most want to see in their local area.



Alongside our four wishes is a commitment: for children and young people to be **treated fairly**. This means remembering that first and foremost, children are children. It does not mean treating everyone equally. It means taking action to level the field when groups of children and young people, who share common characteristics, consistently experience worse outcomes than their peers. This could be due to special educational needs or disability, race, sexual orientation, or disadvantage, such as living in poverty or being care experienced. We will use data and what children and young people themselves tell us to understand the inequalities they experience, and work to make Havering a fairer place for all.

## Priority 1: For children to be **Well**

Our first wish for children and young people in Havering is that they start **well** in life. Research has shown that the experiences we have early in our lives, even before conception, through pregnancy, birth and into our early years, lay the foundations for our future health and well-being. This is not to say that poorer circumstances in early life inevitably lead to poorer opportunities and outcomes. But such circumstances place children at increased risk of disadvantage. This is why as part of the national Healthy Child Programme we have universal services, which *all* children and families should access, and more targeted and specialist services for those with greater need, or who are at higher risk of experiencing poorer outcomes.

*Not a lot of people like coming out to teachers and friends saying 'I'm not okay at the moment'*

## What children and young people have told us

In June and July 2023, more than 2,200 young people aged 13 to 16, in ten Havering secondary schools, took part in the first Havering Youth Wellbeing Census. The Census is part of Havering Council's commitment to amplifying the voice of young people in the borough. It used the #BeeWell survey, part of an initiative originally developed in Greater Manchester, to understand the state of wellbeing in adolescents, adapting the survey to meet locally identified needs, as voiced by local young people themselves, and the services and organisations that support them. Themes covered by the Census included 'emotions', 'meaning, purpose and control' and 'understanding yourself', as well as what drives wellbeing (for example, health and routines, hobbies and entertainment, relationships).

Through the Youth Wellbeing Census, we have learned that:

- 80% of students rated their general physical health as excellent, very good or good, though for those eligible for free school meals, the figure was lower, at 76%
- Boys are getting more regular exercise than girls, with 54% of males undertaking physical activity on 5-7 days per week, compared with only 33% of females
- 62% of students reported they eat fruits and vegetables 5-6 times per week or more frequently, and for those living in the North of the borough or travelling to school from outside of the borough, the figure was below 60%
- Only 49% of students reported getting enough sleep to feel awake and concentrate on their school work during the day. For girls, the figure was 39%.

Our partnership response to the findings of the Havering Youth Wellbeing Census remains an on-going priority. An action plan has been developed which includes plans to explore many of the topics in more depth, in order to understand, for example, what is preventing girls in particular from getting enough sleep and more physical exercise, and what we can do to help.

We are also working with the schools that took part in the Census to support their students in exploring the results, and considering ways in which wellbeing might be improved in their schools.



# Our Place-based Partnership

In 2022, Integrated Care Systems were established across England, bringing together organisations that deliver health and social care services. Locally, the Havering “Placed based Partnership” is leading the integration of services across our borough.

Havering Council itself has undergone its biggest ever transformation to deliver to this agenda, with all services now sitting within three strategic directorates: People, Places and Resources. In the context of local authorities, our adoption of a life course approach, with operational ‘People’ directorates for Starting Well, Living Well and Ageing Well, is innovative and a key enabler for more joined up working between the local authority and health services.

We now have an ‘Integrated Team at Place’ which brings together key elements of health and care, and the budgets that support those services. The aim is to reduce duplication, increase value for money, and by doing so, improve the health and wellbeing of local people.

The Havering Place based Partnership has developed a five year strategy setting out the priorities that the Havering Integrated Team will focus on and jointly deliver over the next five years. These are generally priorities that require joint working between the Local Authority, NHS and other partners, rather than projects that sit primarily with one organisation. The strategy will be monitored via the Havering Partnership Babies, Children and Young People group, with oversight from the Havering Place based Partnership Board.

For Start Well, the Place based Partnership’s vision is that: *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.* The immediate priorities for delivery by April 2025 are:

- Improved wait times for services including Child and Adolescent Mental Health Services
- Improved uptake of childhood immunisations

Other on-going priorities include:

- 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
- Improve uptake of childhood immunisations through a series of events reaching out into communities

# The Healthy Child Programme

The **Healthy Child Programme** is a nationally developed programme that local authorities are responsible for delivering. Central to the programme is the Health Visiting Service for children aged 0-5 years and School Nursing Service for children aged 5-19 years. In Havering, we currently commission North East London Foundation NHS Trust (NELFT) to provide these services under a 5 year contract (with 2 year extension option) which commenced in April 2020.

The universal reach of the Healthy Child Programme provides an invaluable opportunity from very early in a child's life to identify families that may need additional support, and children who are at risk of poor outcomes.

The aims of the Healthy Child Programme are to:

- help parents, carers or guardians develop and sustain a strong bond with children;
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential;
- protect children from serious disease, through screening and immunisation;
- reduce childhood obesity by promoting healthy eating and physical activity;
- promote oral health;
- support resilience and positive maternal and family mental health;
- support the development of healthy relationships and good sexual and reproductive health;
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner;
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5'.

Integration of health visiting and school nursing services with wider local authority, NHS and voluntary and community sector services (including maternity, primary care, early help, education, social care, SEND, screening and immunisation, smoking, substance misuse, mental health, sexual health and oral health services) is key to improving outcomes for children and families, and the overall success of the Healthy Child Programme.

# Our 'Whole Systems Approach' to Healthy Weight

In 2024, we launched the Havering Healthy Weight Strategy 2024-2029: *Everybody's Business*. The vision for Havering is that within 20 years' childhood obesity will have been eradicated, that the Borough will have become a healthier place to live, work and play, and a place where communities have come together to make the healthier choice the easier choice.

Our whole systems approach to reducing overweight and obesity recognises the complexity of the issue. Rather than being the result of personal choices, obesity is caused by multiple factors interacting with each other, with modern life making us more likely to opt for unhealthy food options, and less likely to be physically active.

As it is largely the circumstances where we live, known as 'the system', that has resulted in the increasing rates of overweight and obesity in adults and children, the whole 'system' must work together to achieve change.

In Havering, more than one in five children in Reception (aged 4 to 5) are overweight or obese and by Year 6 (aged 10-11), this almost doubles, to roughly 2 in 5 children. Children are now beginning to develop diseases that were previously seen only in adults, such as type 2 diabetes, high blood pressure, high cholesterol, liver conditions, and bone and joint problems.

Overweight and obesity could also be affecting children's life chances as there are higher rates of school absence among children who are overweight, compared with children of healthy weight. Obesity in childhood is also more likely to lead to overweight and obesity in adulthood.

The Healthy Weight Strategy describes eight objectives, grouped under three themes.

- Theme one is concerned with ensuring that the whole system is engaged and works together on the many drivers of obesity;
- Theme two is concerned with the Borough becoming a place that promotes healthy weight; recognising that the places where people live, work and play shape the type of foods they eat and how physically active they are; and
- Theme three recognises the importance of a life-course approach, and ensuring that individuals are supported to achieve a healthy weight.

Specific actions include supporting food retailers to deliver a healthier food offer and further restricting the availability of fast food outlets; developing active travel interventions and ensuring Havering's parks continue to provide opportunities for children to be physically active; supporting schools to achieve the Healthy Schools London award and providing a children's weight management support programme to those who are eligible.

A steering group has been formed to oversee delivery of the strategy and this will be accountable to the Health and Wellbeing Board, the Place-based Partnership, and the Council's Cabinet.

# Early Help

Havering is fortunate to have a strong and well-established **Early Help** offer, much of which is delivered through our [Children's Centres](#).

The government's '[Stable Homes, Built on Love](#)' Strategy, published in early 2023, supports an early help and intervention approach and the need to build upon strengths within a child's family network. This is consistent with Havering's own Face To Face model of practice, which is based on working with families, engaging with them to identify existing strengths, and building relationships over time with the aim to stop problems from escalating.

Our **Early Help Strategy** is being refreshed for 2024/25 onwards and will set out how we will continue working in partnership to deliver Early Help, under our five established priorities. These are:

- **1001 days and School Readiness.** Our aim is that an offer is in place to support the development of skills to ensure a child is best equipped to thrive and learn. Working with parents to explore the link between life skills and being ready to learn by reception age.
- **Increasing Community Capacity and Reducing the Need for Statutory Intervention.** Our aim is to continue to develop an offer that is more responsive to need and demand, working in conjunction with health, education and the voluntary sector to deliver accessible services within the local community. To support cost benefit initiatives throughout Havering and reduce the need for statutory services.
- **Children with Special Education Needs and Disabilities (SEND).** Our aim is that an offer is in place for children, young people and parents with SEND, to access early intervention from birth to the age of 25.
- **Child, Adolescent and Family Mental Health and Emotional Wellbeing.** Our aim is to align the [Thrive model](#) to our delivery and interventions for those who need emotional wellbeing and mental health support. Ensuring pathways are in place for children, young people and parents/carers to access mental health and emotional wellbeing support.
- **Adolescent Safeguarding Intervention and Prevention.** Our aim is that clear pathways are in place for the early identification of risk, and intervention in relation to vulnerable adolescents, inclusive of but not limited to: Child Criminal Exploitation, Children who are Missing, Child Sexual Exploitation and Harmful Behaviours.

Delivery of our strategic approach to Early Help is overseen by a Partnership Board, which includes representation from across the Council, health partners, schools and Early Years providers.

As a partnership, we recognise the crucial role that Early Years providers play in the early identification of safeguarding concerns and responding to these, as has been tragically evidenced by learning from Child Safeguarding Practice Reviews (both locally and nationally), involving very young children. To further build upon our already strong relationships with the sector, we are reviewing the membership of our various boards and groups to ensure representation from Early Years at each.

# Healthy Schools and Healthy Early Years London

In Havering, we know that early years settings, schools and colleges play an important role in improving the health of children and young people. They help children to learn about their health and develop the motivation and self-respect to make healthy choices for themselves. This is why we continue to support and promote the Healthy Early Years London (HEYL) and Healthy Schools London (HSL) awards programmes.

These initiatives, supported by the Mayor of London, encourage schools and early years settings to promote healthy lifestyles through various activities and awards.

Key elements of [Healthy Schools London](#) include:

- **The awards:** Schools can earn Bronze, Silver, and Gold awards based on their efforts to support pupils' health and wellbeing. The awards recognise schools' achievements in areas such as healthy eating, physical activity, and mental health.
- **Support and resources:** Schools will receive support from local Healthy Schools London Leads, who provide guidance and resources to help schools achieve their health goals. This includes tools, advice, and best practices for promoting a healthy school environment.
- **Community engagement:** The programme emphasises the importance of involving the wider community in promoting children's health. Schools are encouraged to engage with parents, local organisations, and other stakeholders to create a supportive environment for healthy living.
- **Sustainability:** The initiative aims to create lasting changes by helping schools implement sustainable health practices. This includes developing long-term plans and measuring the impact of their efforts.

In September 2024, a total of 70 Havering schools were registered with the programme. 12 have achieved gold status, 20 have silver status and 38 have bronze status.

Building on the success of Healthy Schools London, Healthy Early Years London helps to reduce health inequalities by supporting a healthy start to life across themes that include healthy eating, oral and physical health and early cognitive development. Havering was one of the first London boroughs to take part in HEYL when it was first piloted in 2017, and in 2024, a total of 123 early years settings are registered on the programme.

# Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP)

As well as seeing significant growth in our child population, the number of Havering children and young people with special educational needs requiring an education, health and care plan (EHCP) rose by 29% between 2020 and 2023. The biggest growth has been seen among those whose main area of need is communication and interaction, including Autism and social, emotional and mental health needs.

In March 2023 the Department for Education (DfE) published its [Special Educational Need, Disability and Alternative Provision Improvement Plan](#) and alongside this, Ofsted implemented a [new framework for Local Area SEND Inspections](#) from the start of 2023. A significant shift within the framework is a prominent focus on the experiences of children with SEND (and their families) and for us to consider what impact we have had on children's outcomes.

Havering's **Special Educational Needs, Disability (SEND) and Alternative Provision (AP) Strategy 2024 – 2029** sets out our vision, for a SEND and AP system:

- *where every school and setting is confident, skilled, and enabled to effectively support our children with SEND;*
- *that has a wide range of SEND and AP settings and services providing community members the help and support they need;*
- *which makes sense, which families can navigate, and which places families at its heart;*
- *where children and young people with SEND and those accessing AP are valued, visible, and prepared for adulthood;*
- *where leaders work together effectively to deliver what is needed for our children with SEND and those accessing AP; and*
- *where education, health, and social care teams do what matters well and in a timely way*

Our [Local Offer](#) describes the range of services, information and advice available to families of children with special educational needs and disabilities, including:

- universal services (such as GPs and schools);
- targeted services (additional short-term support over and above universal services); and
- specialist services (specialised, longer-term support).

We continue to work with our official parent forum to develop the local offer website and ensure that it contains appropriate details. We will be undertaking a full review and refresh of the site in 2024-25 to ensure that information is up to date and relevant, as well as easy to find.

## Inclusion

Havering has a lower proportion of children and young people with Education Health and Care Plans (EHCPs) than its statistical neighbours and London but a higher proportion of children with EHCPs in Havering attend mainstream school settings, as opposed to special schools.

Our Local Area Partnership is committed to ensuring inclusive education in Havering. We continue to work with all our schools and education settings to ensure children and young people with additional needs can grow and learn within their local community wherever possible, while recognising that for some children specialist provision will be required.

Maintaining highly inclusive mainstream schools and settings, while also growing our local specialist provision, is a key focus for the partnership.

# Child and Adolescent Mental Health and Wellbeing

Poor mental health and wellbeing can negatively impact present and future outcomes for children and adolescents. It is critical that services are in place to support the mental health and wellbeing of children and adolescents and that these services work together.

The Anna Freud Centre's THRIVE Framework is an integrated, person centred and needs led approach to delivering mental health services. It conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings (**Figure 1**).

The THRIVE Framework and its principles are being used in Havering when addressing the mental health and wellbeing needs of children and adolescents in the borough.

The Havering CYP Emotional Wellbeing Group facilitates cross-sector partnership working across the borough to improve mental health and wellbeing outcomes. The Group consists of representatives from various services across the system including Council services, VCSE, NHS and education. The Group meets regularly to discuss the provision of community mental health services across the borough and emerging needs.

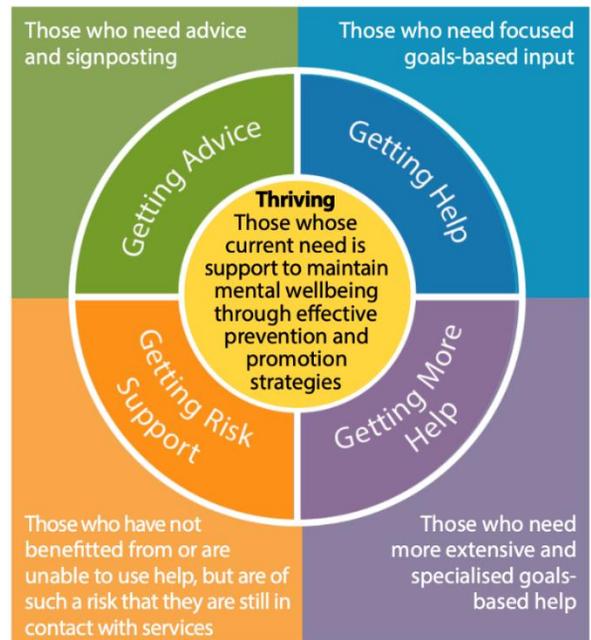
The provision of support for mental health and wellbeing in education settings is a national and local priority. [National policy](#) recommends the use a whole school or college approach to promote children and adolescent's mental health and wellbeing is actively implemented in Havering. This has been demonstrated by:

- 21 education settings supported by Mental Health Support Teams (locally known as the [Havering Emotional Support Team \(HEST\)](#)) for mild to moderate mental health concerns in children and adolescents;
- 81% (as of April 2024) uptake of the national Senior Mental Health Leads Training grant to equip school staff with skills to support children and adolescents, families and school staff; and
- The [Havering Education Mental Health Leads Network](#) has been set-up to support senior mental health leads in implementing the Whole Schools and College Approach to Wellbeing.

[Wider local mental health support](#) for children and adolescents is also available. Examples of services are listed below:

- **Thriving** – a range of clubs delivered by the Council's Youth Service including The Off Street Club which provides games, arts and crafts, cooking and more.
- **Getting Advice** – HEST can provide one-to-one support directly in schools to those who may be experiencing mild to moderate difficulties with anxiety or low mood.
- **Getting Help** – Kooth provides a live counselling service for young people to receive professional support through either booked or drop in sessions, as and when a session is required.
- **Getting More Help** – Havering child and adolescent mental health service (CAMHS) delivers a range of services for children and adolescents experiencing more severe mental health difficulties.
- **Getting Risk Support** – Havering INTERACT Crisis team is a community service that works with children and adolescents experiencing or following a crisis situation.

Figure 1: The THRIVE Framework



# Tobacco Harm Reduction

Smoking is the primary cause of preventable deaths in the UK. Despite national declines, Havering's smoking prevalence has risen in recent years and is the highest in Northeast London, at 15.9%, and higher than London (11.7%) and England (12.7%) averages.

Smoking amongst pregnant women at the time of delivery in Havering has declined and is now similar to the London average and significantly lower than the England average. This is a priority because smoking in pregnancy poses significant health risks to both the mother and the unborn child, including low birth weight, miscarriage, premature birth, stillbirth, and sudden unexpected death in infancy (SUDI).

A recent Tobacco Harm Reduction Needs Assessment found that in Havering around 10,200 children live in smoking households and are exposed to second hand smoke. Around 480 children themselves start smoking each year. Factors that contribute to smoking initiation, include exposure to smoking by family and friends, easy access to cigarettes, lower socioeconomic status and exposure to tobacco marketing.

Whilst vaping (E-cigarettes) can be an effective tool for adults stopping smoking, they are *not recommended* for young people. There is growing concern about the rise in young people vaping, with widespread promotion through social media and in shops. Vapes are deliberately produced with sweet flavours and packaged colourfully to appeal to children. The Havering Youth Wellbeing Census revealed that 12% of Havering pupils have vaped.

There are key challenges in reducing tobacco and vaping use, including among children. Those exposed to vaping are at risk of developing chronic respiratory issues like coughing and bronchitis and exacerbating asthma, along with potential long-term cardiovascular consequences. The accidental ingestion of vaping liquids by children is another concern, highlighting the importance of child-proof packaging. Vaping can also lead to nicotine dependence, which can adversely affect brain development in adolescents.

Our Tobacco Harm Reduction Strategy emphasizes the need for a joined up approach across different organisations to reduce smoking and vaping by children. Planned actions include increasing the capacity of trading standards to combat illicit sales, strengthening enforcement of tobacco marketing and sales regulations, anti-tobacco campaigns and working with schools to highlight the harm and risks of both smoking and vaping.

## Sexual and Reproductive Health Strategy

In September 2024, we formally adopted the North East London (NEL) Joint Sexual & Reproductive Health Strategy. This aims to build on joint working arrangements to agree an approach for addressing four, shared, sexual and reproductive health priorities:

- Priority 1: Healthy and Fulfilling Sexual Relationships
- Priority 2: Good Reproductive Health across the Life Course
- Priority 3: High Quality and Innovative STI Screening and Treatment
- Priority 4: HIV: Towards Zero and Living Well

Young people are disproportionately affected by sexually transmitted infections and the impacts of unplanned pregnancy. They can be more vulnerable to unhealthy or coercive relationships and this is particularly pronounced for some groups, including those living in more deprived areas, certain ethnic groups and those with learning disabilities. Action to support young people in navigating the exploration of their sexuality and relationships in a way that is informed, safe, and enjoyable is critical in both protecting and promoting their immediate health and wellbeing, as well as laying the foundations for their longer term sexual and reproductive health into adulthood.

The strategy identifies several actions to improve sexual and reproductive health outcomes for young people. These include reviewing the approach to delivering Relationship and Sex Education (RSE) in schools, steps to drive up access and utilisation of condom distribution schemes, and engaging with particular groups of young people with more complex needs or vulnerabilities to better understand the support they require. We will be developing a local action plan for Havering, which will consider specific actions needed locally.

# The health of children in our care and care experienced young adults

When children cannot live safely at home with their birth family they become 'looked after' by the local authority and we become their 'corporate parents'.

As a local authority we are corporate parents to 281 children in care and 330 care experienced young adults (figures as at 31<sup>st</sup> March 2024).

In 2022 we relaunched [Our Pledge](#) to our children in care. The pledge was co-produced with children and young people with care experience and outlines our promises to them as their 'corporate' parent.

One of our pledges is that we will help children in care and care experienced young adults *to keep healthy and well*.

Specifically, our pledge outlines: ***We will support you to stay physically and mentally well, and will respond quickly and with care when you are feeling unwell.***

This element of the pledge includes:

- An annual assessment of physical health and emotional well-being
- Registration with a GP and dentist, and attendance of appointments for immunisations, opticians and any other checks needed
- Information and support around healthy relationships and sexual health
- Information, advice and guidance on healthy lifestyles
- Support with mental and emotional well-being
- Opportunities to stay physically active and broaden experiences

We also have specific actions in our improvement plan (implemented following our December 2023 Ofsted inspection) that relate to ensuring children in care have their physical and mental health needs identified and met.

## Priority 2: For children to be Inspired

Our second wish for children and young people in Havering is for them to be *inspired*. We want children to access good quality early years provision and to be ready for the transition to school when the time comes. We want them to remain engaged with learning throughout their time at school and inspired to do *their* best. We believe children and young people should feel supported to achieve what is important to them.

*Taking a step further every day  
to reach your future goals*

### What children and young people have told us

In late 2022, we undertook our largest consultation of children and young people in a number of years, called 'SHOUT – we are listening'. More than 2,000 children and young people completed the survey, with most responses (70%) coming from children aged 10 to 12. One of the topics covered by the survey was the support that children and young people needed to help them reach their future goals.

Through the SHOUT survey, we learned that:

- 67% of felt supportive teachers were what they needed
- 38% needed volunteering opportunities; and
- 33% needed access to careers advisers

In response to these findings, we continue to work with local schools and our commissioned Information, Advice and Guidance (IAG) provider, Prospects, to support children and young people with their goals. Recent examples include a 'School insights' day held at the Town Hall, which gave Year 9 pupils the opportunity to hear about careers at the Council and to 'speed network' with staff from a variety of different departments, and our very successful [Social Enterprise Schools Programme](#). Young people who took part in the programme told us:

- *"It was nice listening to other people's ideas and what they want to do for the world"*
- *"I think its helped me to grow more confidence in certain areas that I'm not used to, like presenting"*
- *"I feel like each one of us could each start our own business and become successful with it because we've had this experience".*

Other examples include:

**Futures Week** – where both Primary and Secondary School pupils are supported and encouraged to think about their future pathways. This includes practical advice around the qualifications needed for their chosen career, financial guidance on student loans, and the provision of honest and clear information help individuals consider the best pathway for them individual.

**Raising Participation Age Event** – organised annually to support local young people post-16 with their options when leaving school & college. The exhibition hosts a variety of providers ranging from apprenticeships, employers, education and training providers, school sixth forms, colleges, higher education, the voluntary sector and local community-based organisations.



**National Apprenticeship Week event** – giving young people and their parents/carers a chance to speak to local training providers, employers and apprenticeship ambassadors, to find out more about apprenticeships and the T level qualification.

**Work Experience days** – working with schools that struggle to find work experience opportunities for their pupils and showcasing the career pathways available in local government.

## The First 1001 Days

Our wish for children to be inspired begins a lot earlier than at school. There is strong evidence that the first 1001 days of a child's life, from pregnancy to the age of two, is a vital phase in terms of shaping and improving the child's health, development and life chances. This is when children develop the skills they need to thrive, laying the foundations for the best start in life and their future.

As set out in our Early Help vision, we aim to ensure that a strong offer is in place within Havering to support the development of such skills, by working with parents so that children are curious about the world around them and ready to learn.

With input from parents and organisations that deliver maternity and early years services in Havering we have created a [booklet](#), outlining the support available to families across the borough in their child's first 1001 days.

## Early Years Childcare

We continue to promote the government's offer of free childcare and to prepare for the gradual expansion of the current offer, ensuring we have enough childcare places for parents who are working, studying, or training for employment.

From September 2024, the offer of 15 hours free childcare support has been extended to eligible working parents of children from the age of 9 months to 3-year-olds.

From September 2025, working parents of children aged nine months and upwards will be entitled to 30 hours free childcare per week, up until their child starts school.

## School Readiness

When referring to school readiness, many people think of children being able to hold a pen, with basic writing and drawing skills, and knowing their numbers. Being 'school ready' also means that children are:

- Curious and learning about the world around them
- Developing their social and emotional skills
- Able to be away from their parents and carers
- Learning to manage their personal care and hygiene

We know that the Covid-19 pandemic had a profound and lasting impact on many children born in and around the lockdown periods. We continue to work with partners in early years settings and the health visiting service to promote the importance of school readiness, so that children arrive at school feeling confident, able to communicate and ready to learn.

This includes further embedding joint working between health visiting and early years providers in delivering development checks when children are aged 2 to 2 and a ½. These checks are a critical opportunity for early intervention where children are not meeting their developmental milestones, which may mean they are not on track to be school ready. We are working to strengthen key referral pathways to support earlier intervention in areas such as speech and language.

## Education Place Planning

Havering Council is responsible for planning and providing early years and childcare places, primary and secondary school places, post-16 places, SEND and AP places for all 2 to 25-year-olds in the borough. This includes ensuring there are enough appropriately located places, providing suitable accommodation to promote high educational standards, and managing an admissions process to allocate school places fairly, especially for vulnerable learners.

The council also manages the impact of changing pupil numbers and helps create a diverse community of schools. Our [Children & Young People Education Place Planning Plan 2023-2027](#) serves as a tool to continually review education places in response to new housing developments, changes in birth rates, migration, and government policy changes.

## Strategic Education Vision

Our local education vision was co-produced with schools and early years providers. It sets out a vision for the education system in Havering, where: *All children and young people thrive and achieve through accessing high-quality education provision and are supported to live safe and healthy lives.*

The vision is underpinned by three key priorities: *Leadership; Inclusion; and Aspiration*, and sets out our approach to how these will be delivered, which involves:

- Developing and supporting strong leaders
- Enabling innovation
- Using networks to share and improve
- Building capacity for a self-improving system
- Securing effective practice
- Maintaining a strong focus on teaching and learning
- Providing access to a greater array of support services
- Ensuring good communication, engaging the sector to co-produce
- Sharing and using intelligence to drive improvement
- Learning from others, within and beyond Havering
- Creating a culture of collaboration

Progress in delivering the vision and priorities is reported annually via the Education Strategic Partnership.

# Attendance, Children Missing Education and Elective Home Education

Havering has consistently maintained pupil attendance rates above the national average and permanent exclusions below the national average. This success is attributed to a range of interventions implemented by the local authority to support schools in avoiding suspensions and reducing permanent exclusions. Through our dedicated Attendance, Admissions, and Inclusion service, we have fostered a culture of early intervention within schools to address the increasingly complex needs identified among pupils in Havering.

Our initiatives include:

- Expanding our range of Alternative Provision, including support for children and young people with medical needs;
- Providing mentoring and coaching to help children and young people stay engaged with their education;
- Offering in-school counselling for those experiencing loss and trauma; and
- Implementing both short and long-term interventions.

In addition, like many other local authorities, Havering continues to experience a significant increase in parents choosing to home educate their children following the Covid-19 pandemic. Our focus remains on:

- Promoting positive relationships and mutual respect within all home-educated families in Havering;
- Protecting the rights of the child by ensuring they receive their legal entitlement to a suitable education; and
- Providing efficient and effective support and advice.

While parents have a legal right to educate their child at home, we work closely with schools to ensure parents are provided with Department for Education guidance and can make fully informed decisions. Additionally, we are committed to identifying and supporting children missing education to ensure they receive the education they are entitled to and do not fall through the cracks.

# Attainment

Education outcomes for Havering's children and young people remain relatively strong across all Key Stages when compared to the national average. Standards are showing signs of continued recovery after the challenges of the Covid-19 pandemic and the resulting disruption to children's education.

In 2024:

- The percentage of children in the Early Years Foundation Stage (EYFS) achieving a Good Level of Development was broadly in line with national average (1% below);
- The percentage of pupils attaining the required standard in phonics increased by 4.1% on the previous year and was in line with national average (0.3% above);
- At Key Stage 2, attainment for all subjects remained above national average;
- At Key Stage 4 (GCSE), the average Attainment 8 score in Havering increased by 1.2pts and was above the national average result in 2023;
- Havering continues to perform very well (22.6% higher than the 2023 national average) for entries into the English Baccalaureate;
- The percentage of pupils achieving the English Baccalaureate increased by 0.5%, again well above national levels;
- The percentage of pupils achieving a Standard Pass in the Basics (English & Maths at Grade 9-4) increased by 0.8%;
- For A-levels, the Average Point Score (APS) per entry, the APS for best 3 A-levels and the percentage of students achieving grades AAB or better (of which at least two are in facilitating subjects) all increased compared with the previous year.

We are proud of our children's accomplishments and that we have such a high proportion of schools in Havering rated Good or Outstanding by Ofsted (94% in 2024).

Ofsted has moved away from single-word "headline" school ratings and we continue to monitor schools using our own Quality Assurance Framework. This involves the local authority undertaking quality assurance activity with every school and early years setting each year, the exact nature of which is informed by our assessment of the school using a risk register, and the findings of their last Ofsted inspection.

During this activity there is discussion of school performance, including in relation to specific pupil groups, and improvement work the school has planned. Schools are also able to purchase support from Havering Education Service and most primary schools do. All secondary schools in Havering have academy status and therefore the local authority does not have any 'right of entry'; however, the majority of academies do participate in quality assurance activity.

# The education of children in our care and care experienced young adults

Our pledge to children in our care, as their corporate parents, is that like any good parent, we will **help them to achieve their full potential in education**. Specifically, we will:

- Support them and their carers to make sure that they attend school regularly and listen to their views about school life;
- Work with their school and designated teacher to help them do their best by having a Personal Education Plan that is reviewed every term, ensure their thoughts and feelings are recorded and offering help to expressing these, especially for those who have a disability or find it hard to speak up;
- Keep them safe in school, and ensure that they feel safe;
- Help them to join in with activities and opportunities inside and outside of school and within their community;
- Celebrate their achievements and progress, and share stories of the good things they have done;
- Work with their school to ensure they are not called out of class to attend meetings about their care, and details about them being in care is not shared with others that do not need to know.
- Support them in further education and training, including College and University, and help them to plan for the future, working together when completing their Pathway Plan to ensure that it is a plan that will work for them.
- Ensure the right support is in place when they transition between primary and secondary school and between secondary school and college / sixth form / training, as well as for the transition into university.

Our space for children in care and care experienced young adults, the Cocoon, has a dedicated area for education, employment and training (EET) information and advice and regular workshops are held with guest speakers from local colleges, universities, the job centre and local businesses. Young people are also supported with their CVs, interview skills and a variety of sessions delivered by our Virtual School. In 2024, the Council has committed to offering 5 apprenticeships to care experienced young adults.

One of the highlights of the year is the annual awards ceremony we hold each December to celebrate the achievements of our children in care. Children are nominated by their social workers for progress they have made either academically or socially in the past year.

We also organise events and trips for our children during the school holidays, which have included Stubbers, Pizza Express, museums, cinema, ice-skating and the theatre.

*I was so nervous coming out today as I was not sure who I would see, but it has been an exciting day at the aquarium seeing all the fishes, some I had never seen before.*

# Culture Strategy: A Good Life

Havering's Cultural Strategy 2025-28, *A Good Life*, has been developed in collaboration with the public, private and voluntary sector in the borough and represents the planned strategic work of a broad range of organisations and groups. The strategy recognises that Havering is changing more quickly and radically than most London boroughs, yet has one of the least developed cultural ecologies in London, with the 4<sup>th</sup> lowest level of public engagement with culture in the capital.

The strategy has a vision that *'Havering will plant the seeds for a thriving cultural borough'*, with five key principles, which include: Every child and young person engaging in culture. Uniting education and arts partners to empower young people and make them feel proud.

A key enabler is FUSE, our Local Cultural Education Partnership. Between 2025 and 2028, this aims to:

- Create and embed a Youth Board
- Deliver 4 micro commissions, driven by the Youth Board; and
- Establish an Artist in Residence programme, delivering creative education across the borough.

## Our Workforce

In order for our children and young people to be inspired, we believe that the same needs to apply to those who support them. This includes our own workforce across Starting Well, teachers, and other professionals who interact with children on a daily basis, such as those providing local health services.

## A Stable and Able Workforce

Our Starting Well Improvement Plan (covered further under the next priority) is structured around four key themes, the first of which is *'Embedding a Stable and Able Workforce'*.

It is no coincidence that this is the first stage of our improvement journey. Our workforce is our greatest asset and the last five years have been extremely challenging, with unprecedented need for services driven by population change, the Covid-19 pandemic and cost of living crisis. At the same time, the borough remains underfunded for Children's Social Care due to an outdated funding formula. The combined effect has been that at the time of inspection by Ofsted, Havering had the highest caseload per social worker of any London borough, making the recruitment and retention of skilled staff a significant challenge.

Despite the Council's financial challenges, we remain committed to investing in our workforce and ensuring that Havering is a well led, supportive and progressive place to work. Within our Plan, actions under this theme include implementing a full reorganisation of Children's Social Care in two phases, embedding a fit for purpose structure that enables best practice to thrive. We have also received Department for Education funding for the Centre for Systemic Social Work Practice to deliver a programme of accredited training, as part of refreshing and relaunching our model of practice in 2024/5.

# Our Face to Face Model of Practice

*Face to Face* is our systemic approach to working with families who require support from Children's Services (now called Starting Well). First adopted in 2016, our model is centred on supporting more face to face time between workers, children, young people and families, focusing on relationships and evidence based intervention to provide long term positive outcomes.

We firmly believe in empowering families to create sustainable change for themselves, allowing them to find their own solutions. Our aim is to provide services that are child-centred, collaborative, responsive, value-driven, and reflective.

## Havering Social Care Academy

We are fortunate in Havering to have our very own Social Care Academy. The Academy provides access to training that supports the very best practice, skills and knowledge needed to work to, and within any legislative changes in social care and the local context of Havering. It facilitates opportunities for both professional and personal development to achieve better outcomes for the children and young people of Havering.

The Academy is arranged over 4 faculties:

- Practitioners;
- Management and Leadership;
- Providers; and
- Research, Evidence & Evaluation.

The Academy is committed to learning from what has gone well and not so well, incorporating important lessons from quality assurance and auditing activity, as well as local and national practice learning reviews.

## Havering Academy of Leadership

The Academy of Leadership was established to support and develop leadership in Havering's education community. It is a collaboration and partnership between the Local Authority, the East London Teaching School Hub, the Havering Teacher Training Partnerships and headteachers, principals, governors and early years settings leaders across Havering. The Academy has 6 priorities, which are:

- To ensure that leadership and management within education is ranked 'Good' by Ofsted, with a strong aspiration for 'Outstanding';
- To ensure that all leaders can access high quality induction, training, support and development via clear career pathways, from career entry level, to whole system leadership;
- To promote innovative and flexible leadership structures within schools, in order to ensure improved pupil outcomes and cost-effective provision;
- To align and strengthen the work of the strategic partners to improve leadership.
- To make effective use of expertise and good practice already in the system, to learn from the best leaders locally, regionally, nationally and internationally;
- To develop the sustainable conditions, opportunities and incentives to recruit and retain top quality leaders and potential leaders, and support succession planning

## Priority 3: For children to be Safe

Our third wish is for children to be, and to feel, **safe**. Every child deserves to grow up in a safe, stable, and loving home and whilst it is parents and carers who have primary care for their children, local authorities also have specific duties to work with partner organisations to keep children safe and promote their welfare. In essence, this means creating a safe, supportive and nurturing environment where children can thrive and reach their full potential.

*It's not that I feel unsafe  
it's because I know I'm not 100%  
safe wherever I am*

## What children and young people have told us

In our first large-scale survey of children and young people in 2022, 'SHOUT we are listening', we explored the topic of where children feel safe and unsafe.

Through SHOUT, we learned that:

- 57% of children and young people who responded felt unsafe on the streets;
- 34% felt unsafe at bus stops and train stations;
- 25% felt unsafe at local parks

When asked if there was anything they would change about the local area, almost one in ten children who responded said they would like crime to be prevented and the local area made safer.

Feedback was shared with our partners in the Police and Transport for London, who each provided a [written response](#) to some of the themes and comments provided, outlining action they would be taking as a result.

As crime and safety is a clear priority for young people, we also wanted to understand how this impacts on wellbeing. The Havering Youth Wellbeing Census, undertaken in the Summer of 2023, asked further questions on this topic. Through the census, we learned that:

- Around three quarters of young people feel fairly safe or very safe in their local area (within about 5 minutes walking distance of home);
- At 70.4%, the figure was lower for those living in the North of the borough;
- Young people living in the Central part of the borough were more likely to report feeling that crime was a problem in their area;
- When it came to people joining gangs or using or dealing drugs, young people in the North of the borough were more likely to feel this was a problem in their area.

In 2024, a number of Havering primary and secondary schools are implementing a new online platform called Student Voice: a child-friendly reporting tool that utilises interactive maps of spaces that young people spend time in (including school and the journey to and from it). Children and young people will be able to report safety concerns without fear or stigma and schools can then improve the spaces with more targeted and effective interventions to prevent future harm. The Council will also receive data gathered through Student Voice, to inform how services and partner agencies can work together to increase the sense of safety that young people feel in their community.



# Children in Need of Help and Protection

In December 2023, Ofsted visited the borough to undertake an Inspection of Local Authority Children's Services (ILACS). The outcome of this inspection was that, whilst there were areas of strength, overall services to safeguard vulnerable children had deteriorated since our previous inspection in 2018, and we are now graded inadequate overall. The [report](#) was published in February 2024 and following this, we worked with staff and partners to develop our comprehensive [Starting Well Improvement Plan](#). This responds to the specific areas highlighted by Ofsted, as well as those we had already identified through our own self-evaluation, which were in close alignment.

The Starting Well Improvement Plan is structured around four key themes, which are:

- Embedding a Stable and Able Workforce
- Improving Practice to achieve consistently good outcomes for children and young people
- Removing Barriers to support improving Practice
- Governance, Leadership and Management Oversight

Our plan is focused on the journey we need to take towards better outcomes for our children, young people and families. Ofsted have told us that we are focused on the right actions to successfully deliver our improvement plan, and significant investment has been allocated to its delivery, which has been costed at £5million.

Our progress is being overseen by an independently chaired Practice Improvement Board, which reports into a strategic Practice Improvement Oversight Board (POIB) chaired by the Chief Executive of the Council. This board includes a representative group of elected members, Safeguarding Partners and our Department for Education Improvement Advisor.

We will remain subject to a high level of scrutiny by Ofsted and the Department for Education, with regular monitoring visits and a full re-inspection to take place after approximately two years.

# Neglect Strategy

The definition of neglect is set out in statutory guidance as:

*The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.* Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision
- ensure access to appropriate medical care or treatment
- provide suitable education

Neglect can impact children in a number of ways, which could include their development and physical health, their attachment and relationships with others, their mental health and emotional wellbeing, and their ability to learn.

Havering has a Multi-Agency Neglect Strategy which provides an overarching view of the response to Neglect in Havering. The aims of the strategy include:

- Listening to the voice of the child and their lived experiences and reflecting that in our work with children and families.
- Building upon the foundations laid by previous neglect strategies to address neglect, with multiagency governance and operational approaches.
- Delivering a well-trained multi-agency workforce confident in tackling neglect and a public that recognises and reports neglect.
- Ensuring that we have approaches and policies in place to address the different elements of neglect.
- More effectively mitigating the impact this form of child abuse has on children and young people.
- Reducing the number of children that suffer neglect and reduce the impact and time they suffer.

Delivery of the strategy is overseen by the Havering Safeguarding Children Partnership.

## Safe Sleeping

An on-going priority for the Havering Safeguarding Children Partnership is to raise awareness of and promote messages about safe sleeping. Each year around 200 babies die unexpectedly before their first birthday, with many classified as Sudden Infant Death Syndrome (SIDS) or cot death. We know that greater awareness of safer sleep leads to a decrease in the numbers of babies dying.

There is evidence of a shift towards these tragedies happening predominately in families from deprived socio-economic backgrounds. This highlights the importance of not only consistent messaging to all parents of infants less than 1 year but the need for a more targeted approach.

A Sudden Unexpected Death in Infancy (SUDI) Steering Group has been established to oversee this work locally, with a number of initiatives underway. These include a Safer Sleep Conference attended by 140 professionals and Safer Sleep training offered by the Havering Learning Partnership.

We are also exploring the possibility of providing safe sleeping equipment to families without the necessary equipment.

Anyone affected by the sudden and unexpected death of a baby or young child can contact the Lullaby Trust for support at <https://www.lullabytrust.org.uk/> or by calling: 0808 802 6868.

# Safeguarding Adolescents

In 2019, Havering's Safeguarding Children Partnership agreed its first Strategy for Safeguarding Havering's Adolescents. The strategy recognises that children and young people are influenced by not only their family and home environment but also their surroundings. Factors, or 'contexts' such as friends, neighbourhoods, school and – increasingly – online interactions, can have a significant impact on their wellbeing and safety.

The strategy is guided by a number of key values and principles, which include recognising that adolescents are children and not adults and understanding the constrained choices that adolescents may feel powerless to avoid.

Ultimately, our focus is on safeguarding adolescents from abuse and exploitation by recognising and responding to signs of vulnerability. Potential risk factors include (but are not limited to): child sexual exploitation; children being missing from home, care or education (including those excluded from school); exposure to risk through gang involvement, county lines, trafficking and serious youth violence; domestic violence and abuse; Violence Against Women and Girls (VAWG) ; adolescent neglect; self-harm and suicide; substance misuse; and the impact of trauma.

Whilst our formal strategy is being refreshed for 2024/25 onwards, our approach to safeguarding adolescents in Havering remains built around the following six strategic priorities:

- **Collective Leadership:** We have an established Safeguarding Adolescents Strategic Board, with multi-agency representation including from across Starting Well, Community Safety, the Police, Education and Health partners. The Board provides oversight of our work in this area and reports to the Havering Safeguarding Children Partnership;
- **Identify:** Our analysis of key datasets supports the identification of vulnerable young people, and informs prevention, intervention and disruption activity that responds to adolescent risk factors;
- **Engage:** We listen to the lived experiences of children and their caregivers, ensuring there are mechanisms in place for these to be heard by senior leaders and partners, making sure the right support is in place and delivered by a trusted professional;
- **Prevention:** We conduct appreciative enquiry and gap analysis of current policy and practice in work with adolescents across our professional partnership, including the application of systemic, relationship-based, restorative and strength-based practices to prevent harm and exploitation of adolescents;
- **Intervention:** We have a multi-disciplinary offer and integrated working methods that respond to the changing needs and risks of adolescents and are building on available disruptive techniques to develop outreach and place-based interventions that reduce future adolescent involvement in violence and crime;
- **Communication and workforce development:** We deliver communication and training plans that meet the needs of professionals across the partnership who are working with adolescents at risk and aim to improve the life chances of children and young people in Havering.

# Serious Violence Strategy

**Havering's Serious Violence Duty Strategy 2024-27** was produced as part of the requirements of the Serious Violence Duty. This duty requires local partners to work together to prevent and reduce serious violence, including identifying the kinds of serious violence that occur in the area, the causes of that violence, and to prepare and implement a strategy for preventing and reducing serious violence.

Serious Violence for the purposes of the Serious Violence Duty in Havering, is defined as: *Any violence and exploitation affecting young people under the age of 25, domestic abuse, and sexual violence.*

A strategic needs assessment was undertaken to inform Havering's Serious Violence Duty Strategy and in line with guidance, this considered data and evidence across eight themes, one of which was: a *Profile of Violence and Exploitation Affecting Young People Under the Age of 25*. Some of the key findings under this theme include:

- Havering has a relatively low *number* of violence-related offences affecting under 25 year olds compared to regional averages but a very high proportion (50.4%) of all violence and exploitation offences that do occur involve at least one individual under the age of 25. More of Havering's violence is youth violence than any other borough;
- Weapon possession (specifically knives) is a key concern;
- The victims of serious violence are, broadly, evenly split by gender, although this changes depending on the type of offence. 83% of sexual offence victims were female and 85% of robbery victims were male;
- Romford is a significant location of serious violence, both in the context of the borough and of the capital, with St Edwards Ward ranked 7th highest in London for these offences;
- The most frequently occurring time of offence is between 3pm and 4pm;
- While reports of violence on transport overall are low, four particular bus routes make up 42% of such incidents. These were the 174, the 496, the 103 and the 248.

The Strategy outlines a series of actions that will be taken to prevent and reduce serious violence under 8 key objectives, which are:

- Governance
- Analysis and Enforcement
- Reducing Access to Weapons
- Safeguarding and Educating Young people
- Working with Communities and Neighbourhoods to Reduce Violence
- Supporting Victims of Violence and Vulnerability
- Positive Diversion from Violence
- Tackling Violence against Women and Girls

Progress in delivering the strategy and local action plan is reviewed through the Community Safety Partnership.

In 2024/25, the borough secured £280,000 in grant funding from the MOPAC Violence Reduction Unit as part of the Havering 'My Ends' Partnership. 'My Ends' will deliver a programme of engagement and activities for young people, focusing on sports-based and creative (music, arts, etc.) activities, and mentoring. It will utilise local grassroots organisations to build on existing good practice and develop hyperlocal interventions, which will be designed with and for young people who live in or access Romford Town Centre / St. Edwards Ward on a daily basis.

Strategic oversight of My Ends will be held by the Havering Community Safety Partnership (HCSP), whilst operational oversight will be carried out by Havering's Serious Violence Strategic Partnership.

# Substance (Drugs and Alcohol) Misuse

Partners in Havering have produced a joint [strategy](#) to combat drugs and alcohol from 2024. The successful implementation of this five-year strategy will be dependent on the whole local partnership working together and sharing responsibility for creating a safer, healthier and more productive society.

One priority of this new strategy is for the partners in Havering to work together to achieve a generational shift in the demand for drugs. You can hear what partners have to say about the strategy here: <https://www.youtube.com/watch?v=3SnuUAA-5yc>

As one young person said:

*“Teaching children in schools about drugs and alcohol awareness at an earlier age such as age 11 is really important. Sometimes there is peer pressure and they don’t know where to go to and who to talk to. ... Schools need to ask us how they can help and support young people.”*

The needs assessment and other evidence that informed our strategy found that:

- Some children are more at risk than others due to genetic predisposition and environmental exposure;
- Engaging in physical activity can reduce stress-induced epigenetic changes, which will decrease the risk of developing addiction in the first place, or stress-induced relapse;
- 21% of services users of drug and alcohol treatment services in 2019/20 were living with their children;
- 21% of the people using illicit drugs are aged 16-24;
- The proportion of Havering’s children in care identified as having a substance misuse problem was 7.6% in 2022/23, compared to an England average for children in care of 3%;
- Hospital admissions of 15- to 24-year-olds due to substance misuse in Havering was significantly higher than London and England averages in 2020/21-2022/23.

Partners in the Havering Combating Drugs Partnership will:

- Support parents with drug misuse problems to minimise the harm to children including the heightened risk that they themselves will in turn experience similar problems; and
- Ensure school-based prevention and early intervention are there to reduce the chances of young people abusing alcohol, drugs and other substances.

Information on substance misuse and how to seek help can be found here:

<https://www.changegrowlive.org/wize-up-havering/info>

# Climate Change

We know that the impact of climate change on our planet is of significant concern to children and young people. The Havering Youth Wellbeing Census asked students how often they worry about the impact of climate change on their future. 44% of all respondents, and more than half of the girls who completed the survey, answered 'sometimes' or 'often'.

Havering's Climate Change Action Plan (HCCAP) 2024 to 2027 was approved by Cabinet in 2024 and outlines all of the key initiatives, goals and objectives to meet the Council's carbon neutral ambitions by 2040.

Everyone in Havering has a part to play in reducing CO<sub>2</sub> emissions, from driving less to reducing heating, gas and electricity usage. We believe that children and young people are some of the greatest ambassadors for climate action and a number of the areas we are focused on involve working with them and schools. Examples include:

- work with schools to help them make their buildings more energy-efficient;
- creating travel plans with schools, that encourage walking and cycling instead of using cars (see Active Travel, below);
- tree planting; and
- encouraging people to use less plastic, including through the promotion of water refill stations.

We are also replacing old Council-owned vehicles with new electric ones and installing on-street charging points, making it easier for people who live in the borough to charge their electric cars while they are out and about.

## Active Travel

An Active Travel Strategy is being drafted in 2024, setting out the Council's long-term vision for improving walking and cycling infrastructure in Havering. This will support the Council's target for 65% of residents to be regularly walking, cycling or using public transport by 2041. The Council has an annual Local Implementation Plan (LIP) programme in which schemes and projects are delivered that support sustainable transport, including better walking and cycling links, improving bus journey times and encouraging pupils and staff to travel to and from school by foot, bike or public transport.

## Road Safety

In 2018, the Mayor launched his Vision Zero Action Plan which sets out a series of specific actions to tackle the sources of road danger, with a shift in emphasis from tackling historic casualty reduction trends to a holistic approach to targeting road danger. The Vision Zero approach is centred around five pillars of action: Safe Speeds, Safe Streets, Safe Vehicles, Safe Behaviours and Post Collision responses.

Through its annual Local Implementation Plan programme, the Council is delivering schemes that support the Vision Zero agenda. In 2024/25 over £500k is being spent on schemes to reduce casualty rates across the borough and £100k has been allocated specifically to delivering Road Safety Education initiatives in schools.

# The safety of children in our care and care experienced young adults

Another of our pledges to children in our care and care experienced is that ***We will look after you and treat you well.*** Specific commitments include:

- We will make sure you live in a safe place, where you are well looked after and is suitable for your needs. We will check on the quality of care you receive.
- We will only move you from your home or placement if it is absolutely necessary, or if it is deemed to be in your best interests. If you do need to move, we will ensure we explain clearly the reason for this
- We will make sure that when you prepare to move to the 'Leaving Care Team' at 16 years old, or leave our care, there is a suitable plan in place. We will make sure you understand what is going to happen when you become of leaving care age and that you are involved in any decisions or plans.
- We will provide you with the support you need when you leave care to become independent and be the best you can be in adult life. This includes learning to manage money, paying bills, learning to cook, preparation for work and taking care of yourself.

Children in care have their care plans reviewed at regular intervals to ensure the home they are living in continues to meet their needs. As children approach age 16, we work with them to develop a Pathway Plan which sets out how they will be supported to live independently. This too includes regular assessments of their current and future accommodation needs, as well as financial entitlements and support with budgeting.

## Transition to Adulthood

We know that the transition from adolescence to adulthood is a challenging time for many young people. For those who receive services from us as children under the age of 18, it can feel worrying to know that those same services will not be in place, or may look different, after they turn 18. This includes young people in the care of the local authority, those with special educational needs and disabilities, and those young people we are working with due to risks of exploitation. This is a priority area in our Starting Well Improvement Plan, with planned actions to include:

- Reviewing and updating our response to contextual safeguarding, vulnerable adolescents and transitional safeguarding; and
- Reviewing processes for the transfer from children's services to adult services (both social care and health services) and re-establishing a Transitions Panel and action plan to deliver improvements.

## Children in Care and Sufficiency Strategy

The government's '[Stable Homes, Built on Love](#)' Strategy focuses on greater ambition for care-experienced children and young people, with proposed changes to legislation to improve access to stable homes and housing. Alongside this, a published review of the children's social care placements market described the growing challenge local authorities face in finding suitable homes for children in care. The report highlighted the significant issue of profiteering amongst the largest private placement providers - something that all local authorities, including Havering, are experiencing and continue to face.

Our new Children in Care and Sufficiency Strategy is being drafted for 2024/25 onwards and this will fundamentally set out how we aim to provide good homes for children in our care, that meet their needs. Specifically, the strategy describes our plans to:

- Ensure children achieve permanency within a family at the earliest opportunity;
- Ensure more children in care live within the borough;
- Ensure children have access to well-trained foster parents;
- Ensure children with special and complex needs have the right services to meet their needs; and
- Ensure children in care receive the support they need to reach their educational potential.

## Priority 4: For children to be **Heard**

Our fourth wish for children and young people in Havering is that they are **heard**. We want children to be actively involved in decision making that affects them and to have real influence on the outcomes of those decisions, whether they concern services provided to children and their families, or the local environment in which they live and attend school.

We believe there are multiple benefits to civic engagement, for individuals of all ages, and we continue working to increase the number of children and young people who engage with us and developing further opportunities for this to happen.

### What children and young people have told us

*We need to make a petition so it can be discussed in the parliament. All the children can write handwritten letters to government to make an impact*

In June 2024, prompted by a discussion about exams, Havering's Youth Council explored the topic of how the Covid-19 pandemic had impacted on education. Emerging themes included:

- Young people not feeling they had been able to talk about their lived experience of the pandemic - that life had moved on, without really acknowledging what had happened;
- The impact of the Black Lives Matter movement;
- Feeling that the education system needed to be reviewed, and going back to pre-Covid 'normality' was not working;
- That young people have different needs now and cultural differences that are not adequately reflected in today's curriculum;
- That since the lockdowns some young people found the structure of school and being in a classroom more difficult;
- Some were finding it difficult to communicate face to face and felt more comfortable behind a screen;
- Some young people were experiencing or seeing homophobia; and
- Some young people's GCSE subject choices were being impacted by the availability of teachers for those subjects.

Youth Council had the following recommendations to share with decision makers and those in power:

- Listen to young people and adapt services to meet their needs;
- Listen to them about revising the education system to include and embrace more cultural and gender difference;
- More work is needed to support young people post Covid – upcoming generations will be affected for many years to come;
- Recognise that teachers are leaving the profession, and that young people have limited choices as a result.



# Resident Engagement and Participation

The Council's **Resident Engagement and Participation Strategy 2024-27** was developed following a review of engagement provision. This sets out our intention to better capture the voice of young people and work with them to form better services.

The strategy sets out six key principles to improve the current engagement offer, which are:

- We ask
- We listen and involve
- We know 'one size doesn't fit all'
- We learn
- We come to you
- We are open, honest and accountable

The strategy will continue to evolve as we engage further with children and young people on this topic and improve our organisational understanding of how we can engage more with local children and young people, on *their* terms.

## Mind Of My Own and SHOUT

One of the ways we have been working to deliver our WISH for children to be Heard is through our use of the Mind Of My Own suite of apps, which support the participation of children and young people.

The One App empowers young people to participate in their lives and communicate their views to a trusted adult. With simple pictures and child-friendly language, it is designed for children and young people to share experiences, feelings and views on topics that reflect important moments in their lives.

We initially implemented the One App for use by children in our care and have since rolled out its usage more widely across Starting Well, along with similar apps for use by younger children and those with additional needs (Express), and children using Youth Justice services (Xchange).

In 2022 we built upon the success of these tools further by delivering our first large-scale survey of children and young people in Havering: '*SHOUT we are listening*'. The survey received more than 1,000 responses across a range of topics which have helped to inform the development of this plan, as well as being used to highlight key issues of importance to children and young people with the relevant audience. For example, feedback concerning crime and safety was shared widely with local partners including the police and Transport for London (TfL).

In 2023/24, for the first time, children and young people in Havering were invited to take part in our budget setting, with our '*SHOUT about the money*' survey, which received more than 420 completed responses. The feedback received was used to inform some very difficult financial decisions by the Council's Cabinet and a number of proposals to reduce or change services were not taken forward. We know how important it is to feedback on how the results of consultations have been used, and produced a [short video](#) to let children and young people know their views has been heard and taken on board.

'*SHOUT about Libraries*' has been another example of the Council engaging children and young people in difficult decisions. The survey, which asked for views on our Libraries Strategy, ran from July to August 2024 and received more than 1,200 responses. Reports were being prepared at the time of writing this plan.

We are grateful to the thousands of children and young people who have taken the time to share their views with us, as well as Havering schools for continuing to support our commitment to ensuring children are

# Havering Youth Wellbeing Census

The Havering Youth Wellbeing Census is a key part of the Council's commitment to increasing engagement with children and young people, as well as understanding more about the state of wellbeing in adolescents.

The first wave of the Havering Youth Wellbeing Census took place in Summer 2023. The census used the #BeeWell survey which was originally developed as part of the #BeeWell programme, an initiative originating in Greater Manchester that combines academic expertise with youth-led change to make the wellbeing of young people everybody's business. The census was delivered [in Havering with support from UCLPartners](#), a health innovation partnership committed to improving adolescent mental health.

The #BeeWell survey themes include 'emotions', 'meaning, purpose and control' and 'understanding yourself' as well as exploring what drives wellbeing, for example, health and routines, hobbies and entertainment, and relationships.

Additional questions were incorporated to meet locally identified needs as voiced by Havering's young people and the local organisations and services that support them. Topics added included:

- Climate change
- Vaping
- Crime
- Accessing support
- Travel to school
- Schoolwork related stress

Ten Havering schools took part, with 2,287 young people across Year 8 and Year 10 completing the #BeeWell survey, representing 36% coverage of this age group.

Results from the first wave of the census have been published in our [neighbourhood dashboard](#), forming an invaluable evidence base. They are being used by the local authority and partners in health and education to understand how, as individual services and as a partnership, we can take action that will support improvements in the wellbeing of young people.

The Havering Youth Wellbeing Census and #BeeWell approach is about empowering young people to lead change and this [short video](#) produced by students at Frances Bardsley Academy for Girls is just one example of how, with support from their schools, students are doing exactly that.

## Havering Youth Council

The Havering Youth Council is made up of young people aged between 11 and 18, and inclusive to the age of 25 if the young person has additional needs or a disability, who live or receive education in Havering.

Youth Council is an independent body of young people, who are apolitical. It's aims are to:

- give young people a voice;
- create opportunities for young people to become involved in democratic processes within the local community, regionally and nationally;
- enable young people to identify the issues that affect their lives in a negative way and determine what they need to do to effect change;
- raise participation and achievement levels for ALL young people;
- promote equal opportunities in Havering for all young people;
- treat all young people fairly, with respect and ensure that they will be listened to.

## Youth Service offer

Havering Youth Service provides a wide range of opportunities for young people to grow and develop new and existing skills, make a positive contribution to their community and, where relevant (through our targeted offer) reduce involvement in risky, antisocial or criminal activities.

The Youth Service aims to deliver an inclusive service that is available to all young people in Havering. The team are based at the MyPlace centre in Harold Hill; the Councils' flagship multi-million-pound youth and community centre, which opened in 2012.

Just a few examples of the range of activities and support delivered by the Youth Service include:

- SAFE (Social Activities for Everyone) – a mixed youth club for 13- to 18-year-olds;
- Junior Revellers and Senior Revellers – for young people with special educational needs and disabilities (aged 11 to 15, and 15 to 18) to make friends and take part in sports, arts and crafts;
- Transitions - a 5-month programme supporting young people transitioning from primary to secondary school; and
- Off Street Detached Youth Club - providing a safe space to spend time with friends or make new ones away from the streets, and gain support from the youth work team.

There are also a number of targeted programmes, including *Go Girls* - a self-esteem and confidence building programme for young women aged 13-18 years old, and *Good Fellas* - a group for young men 13-18 year olds, fostering positive relationships to develop responsible behaviours and guide them in making healthy decisions related to their emotional and social development.

Children, young people and their parents or carers can find out more on our [Instagram](#) and [Facebook](#) sites.

## Safeguarding Young Advisors:

Havering's Safeguarding Young Advisors are aged 15 to 24 and have been recruited by the Havering Safeguarding Children Partnership. Their role is to:

- Help influence change in their community;
- Engage other young people on safeguarding issues;
- Ensure the interest of young people when it comes to decision-making;
- Connect with other young people's groups, forums and networks to promote the issues that matter to them;
- Speak with children and young people to find out how services can help improve outcomes for them; and
- Take part in training and put together information in a youth friendly way.

# The participation of children in care and care experienced young adults

Another coproduced pledge we have made to children in our care and care experienced young adults is: ***We will listen to you about things that are important to you and your life, and about the care that you receive from us.***

In practice, this means:

- Always making sure children and young people are involved in decisions made about their life, including with access to Mind Of My Own, their Youth Influence and Participation Co-ordinator and Independent Reviewing Officer;
- Being honest with them about things that have happened in their life and the decisions made about their care;
- Acting on what they say, and telling them what we have done and when we have done it;
- Arriving on time when attending meetings and visiting them at home (and calling if we are going to be late);
- Telling them about their rights and entitlements as a child in care, including access to an Advocate, an Independent Visitor and how to complain or share views; and
- Providing them with an interpreter, where needed, to ensure they fully understand discussions about their care and are able to tell us their thoughts, feelings and wishes.

## Say it Louder Forum

The Say It Louder Forum provides a voice for care experienced young people aged 12 plus. The aim is to bring together young people and service providers, to give views and ideas to improve services, and to influence decision makers. This is with a view to actively working to create change and to co-produce opportunities to improve outcomes for children in care.

## Total Respect Training

Total Respect is a training programme delivered by our care experienced young people. The training focuses on the understanding of children's rights, exploring assumptions about care experienced people and learning from the experienced of those delivering the training.

## Priority 5: For children to be Treated fairly

Running through our vision and our WISH is a commitment to the children and young people of Havering: that we will do everything we can to ensure they are **treated fairly**. We know that there are groups of children who, like adults, experience disadvantage and at times discrimination, in a range of different ways. Children have told us this and sadly, we can see the evidence in our data. This section of our plan sets out just some of the ways in which we are taking action to make Havering a fairer place.

### What children and young people have told us

*To me it would be, like, acceptance. Whether it be mental health or nationality based, like just general acceptance of people that aren't the same as you because we're all different, and you have to know that.*

In our first, coproduced, SHOUT survey, we explored the topic of discrimination - or as children asked us to describe it: 'hate'. When asked whether they had experienced hate directed towards them, of the 650 children and young people who responded, approximately:

- 26% had experienced hate due to race;
- 18% due to age;
- 13% due to religion;
- 12% due to disability; and
- 10% due to sexuality

Discrimination was also an area covered by the Havering Youth Wellbeing Census and this highlighted some further inequalities, such as:

- Girls reported experiencing discrimination more than boys across all types of discrimination apart from religion (this included race, skin colour or where they were born, gender, disability and sexual orientation) – with gender discrimination itself showing the greatest difference between the two groups;
- Children with special educational needs and children eligible for free school meals had more experience of discrimination than their peers across *all* forms of discrimination that were covered by the survey.

### Disproportionality

The inequitable experiences that children and young people have told us about are also reflected in key datasets, both nationally and in Havering. For example, we know that Black and Global Majority children are overrepresented within care, the Youth Justice system, and among pupils who are suspended or excluded from school.

A report by MBRRACE-UK, published in May 2023, also highlighted persistent disparities in maternal health, with data showing that women from Black ethnic backgrounds were four times more likely to die during or up to six weeks after pregnancy compared to White women.

We will not shy away from these facts.

We will continue to examine how the structural racism that exists in society impacts on children and young people today. We will reflect on how we and our partners – both as individual organisations and the wider 'system' that supports children - can be part of the solution, and not the problem.



# Health Inequalities

The term 'Health Inequalities' refers to the unfair and avoidable differences in health across the population, and between different groups within our society. Such differences arise because of the conditions in which we are born, grow, live, work and age – all of which influence how we think, feel and act, and can therefore impact both our physical and mental health and wellbeing. Healthcare inequalities are about the access people have to health services, and their experience and outcomes from accessing (or not accessing) them.

At a local level, Integrated Care Boards are able to bid for health inequalities funding from NHS England to deliver projects and schemes that aim to improve the health and wellbeing of local residents.

In Havering, health inequalities funding has been allocated to a number of projects that aim to improve the health and wellbeing of babies, children and young people.

Specific projects include:

- **Improving access to talking therapies for children and young people with neurodevelopmental conditions** – this aims to increase the opportunity for young people with a diagnosis of Autistic Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD) to access talking therapies, where they are presenting with common mental health conditions such as anxiety, low confidence or low mood.
- **Improving mental health outcomes for young homeless people** – this aims to empower educational settings to better support young homeless people and families, and provide opportunities for interventions within the community.
- **Asthma Schools Coordinator** - to support every school within Havering to become Asthma and Allergy Friendly through the recruitment of an Asthma and Allergy Friendly Schools Co-Ordinator.
- **Children's weight management pilot** - piloting 'HENRY Healthy Families: Growing Up': an 8-week holistic family lifestyle programme for families with children aged 5-12, which supports healthy emotional and physical development as well as a healthy weight.
- **Infant Feeding Coordinator** - recruiting a post within the Early Help Service to facilitate an improved offer of support to parents around infant feeding, focusing on: development of a breastfeeding peer support programme; co-production of an antenatal breastfeeding workshop; and Children's Centre UNICEF Baby Friendly Initiative (BFI) accreditation – Stages 1 and 2.
- **Children's Diabetes Team** – funding a part time nurse specialist to support the reduction of waiting times and improve outcomes for children with diabetes through the completion of pump education, improving the percentage of patients using pumps and provision of continuous glucose monitoring.
- **Responding to the Havering Youth Wellbeing Census** – providing additional capacity and funding for Havering Youth Service to support a Youth Steering Group / Network which will empower and support young people to identify and commission small projects aimed at improving the wellbeing of their peers.

# Disadvantage in Education

The gap between disadvantaged pupils and their peers is a significant issue, with children from less well-off homes starting school behind their classmates and falling further behind as they progress through primary and secondary school.

This gap is influenced by various factors, including home and school environments, which have been exacerbated by the Covid-19 pandemic and cost of living crises. Many head teachers have reported an increase in children coming to school hungry, highlighting the on-going impact of these crises.

Research shows that educational factors also contribute to the gap, such as inadequate school funding, uneven access to quality teaching, unfair admissions policies, school absence, and inequalities in access to private tuition.

The Department for Education defines disadvantaged pupils as those eligible for free school meals in the past six years, those looked after by the local authority, or those who have ceased to be looked after due to adoption or other orders.

In 2024, the attainment gap at Key Stage 2 between disadvantaged pupils in Havering and non-disadvantaged pupils nationally was greater than the national gap and the previous year. However, at Key Stage 4 (Attainment 8), the gap in Havering was smaller than the national gap and had improved from the previous year.

Havering has implemented two key projects to support disadvantaged pupils. The first project, in collaboration with the Mayor of London's office and the Violence Reduction Unit, focuses on communication and language skills. It includes a small group intervention programme (Talk Boost) for young children, wider training for teachers and Learning Support Assistants, and efforts to improve parental engagement.

The second project, in partnership with the Education Endowment Fund, aims to identify and spread effective practices in adaptive teaching techniques across primary and secondary phases. This project involves schools with attainment gaps that are wider than the gap nationally.

Supplementing the above is continuing professional development for senior curriculum leaders and subject leaders. We are also ensuring that SENCOs are informed of projects and that these are aligned, due to the relationship between SEND and disadvantage.

Children who are in the care of the local authority receive support from 'Virtual Schools' and from September 2021, the Department for Education extended the role of Virtual Schools to also promote the education of children with a social worker. This cohort has been identified as another group of children who face significant barriers to education as a result of their experience, most commonly abuse or neglect. These are children on a Child in Need (CIN) or Child Protection (CP) plan. The aim of the Virtual School is to champion the educational attendance, attainment and progress of these children and young people, by working collaboratively with social workers, school professionals and the wider network.

# Our Youth Justice Service

Havering's Youth Justice Service Strategy 2024-2027 has been written with explicit consideration of [The Youth Justice Board strategy for delivering positive outcomes for children by reducing offending and creating safer communities 2024- 2027](#). The Youth Justice Board's Strategic Plan 2024-27, outlines how the Youth Justice Board seeks to achieve a Child First approach in the youth justice system with the vision of:

*'A youth justice system that sees children as children first, treats them fairly and helps them to build on their strengths so they can make a constructive contribution to society.'*

To achieve this, Havering's Youth Justice Board is committed to following an evidence-based approach and drawing on evidence of what works in creating positive outcomes for children. Our plan sets out the strategic direction of Havering's Youth Justice Service and in particular, its work to:

- Provide Leadership and Governance;
- Reduce Re-offending;
- Address and tackle disproportionality;
- Improve Education Training and Employment outcomes for children and young people;
- Reduce Substance Misuse and support preventative education and awareness raising;
- Improve outcomes for children and young people with SEND / Speech, Language and Communication, or Mental Health Needs
- Reduce serious youth violence and exploitation;
- Support Prevention and engaging communities;
- Evidence victim uptake in Restorative Justice process and increase the child's understanding of harm caused;
- Improve practice within the YJS and use learning from inspections and thematic inspections;
- Develop a 'Stable and Able' Workforce; and
- Undertake Quality Assurance

As reflected in our [2022 inspection](#), where Havering's Youth Justice Service was graded 'Good' by His Majesty's Inspectorate of Probation, we are confident that the work we are undertaking alongside our partner agencies will provide a strong foundation to continue to divert children from crime; alongside continuing to tackle the over-representation of Black and Global Majority children within the Youth Justice Service.

## Violence Against Women and Girls

A key priority for Havering, and the Havering Community Safety Partnership, is tackling Violence Against Women and Girls (VAWG), in all its forms.

Havering is in the process of undertaking a VAWG Needs Assessment, which will inform a new strategy for 2025 onwards, closely aligned to the Mayor of London's Strategy. The borough's previous strategy focused on three key aims, which were:

- Prevention and early identification of violence against women and girls;
- Protection and support all for those experiencing violence and abuse; and
- Taking enforcement action against perpetrators and ensuring that police and partners are supported in using their powers to full effect.

The new strategy will be overseen by the VAWG Strategic Partnership, which includes representation from across the local authority, the Police, Probation, and several local Voluntary and Community Sector partners. The strategy will take account of the feedback that girls and young women in Havering have provided, including specific concerns raised around Romford Town Centre.

*I wish I didn't walk home from school and get sexualised just from wearing school uniform*

# Social Value

Havering Council is committed to delivering social value through its regeneration activities. This means that we are not only building homes for the families of Havering but investing in building the communities around them too.

Social value is a term used to express the wider impacts regeneration can have; not just in terms of money, but also in relation to providing opportunities, spaces and places so that local people – including children and young people - can meet, socialise, innovate, grow and learn in an environment that works for them. You can read some examples of social value in action on the [Council's website](#).

From 2024, we will be further embedding social value requirements in our procurement processes and as part of this, will be considering how, as corporate parents, we can better support care experienced young adults through procurement.

# Fair Funding

Havering has seen unprecedented growth and change in its population over the last decade. The number of households with dependent children rose by 28% between the 2011 and 2021 censuses, and children and young people under the age of 18 now represent almost a quarter of the borough's population.

At the same time, Havering also has the second largest older persons population (as a proportion of all our residents) in London. Statistically, children and older people are the two population groups that have the most need for the statutory services that local councils, and our partners such as the NHS, provide.

Incredibly, the formula used to calculate how funding is distributed across local councils still uses population data from the 2011 Census. This means that Havering is placed at a significant disadvantage compared to many local authorities, due to the huge population changes we have seen since 2011.

Put simply, we continue to receive a level of funding that *in no way* reflects the needs of our population, including our children and young people.

We end this plan with a final pledge. We will continue to state our case and lobby central government for a fair funding allocation that will allow us to deliver the services that our children and young people need and deserve.

# Happy, Healthy Lives – Action Plan

Our action plan responds to a number of evidence-based recommendations from the Starting Well Joint Strategic Needs Assessment. A more detailed version of this action plan will be published as part of the finalised **Happy, Healthy Lives** plan and progress in delivering each of these will be monitored by the Havering Health and Wellbeing Board.

Priority	JSNA recommendation	Response
Well	Reduce the number of teenage pregnancies and repeat abortions in women under the age of 25	<p>Conduct an evaluation of the local c-card condom distribution with a view to improving accessibility and uptake. Through the integrated sexual health service provided by BHRUT, seek to increase uptake of long-acting reversible contraception amongst 16–24-year-olds (for whom this method is acceptable and appropriate).</p> <p>Review and refresh of Havering Teenage Pregnancy strategy.</p>
Well	Consider ways to fund and implement a pre-conception counselling and care service for women with pre-existing long-term conditions and / or risk factors for poorer birth outcomes (e.g. diabetes, obesity)	<p>Explore current pre-conception advice offer available to Havering residents with pre-existing conditions and any opportunities to improve access and uptake of this offer.</p>
Well	Provide targeted support to women to encourage greater breast-feeding initiation	<p>Hospital and community providers (maternity, NICU, health visiting and children’s centres) will progress with the UNICEF Baby Friendly accreditation programme, with leadership from the Havering Baby Friendly Guardian (Cabinet Member for Adults and Wellbeing).</p> <p>A new Children’s Centre Infant Feeding Co-ordinator is leading on Baby Friendly accreditation and work to improve antenatal and peer support offers.</p> <p>We are undertaking analysis of breastfeeding data to enable more effective monitoring of impacts.</p>
Well	Address the low and decreasing uptake of immunisations and maternal and childhood vaccinations, especially MMR	<p>We continue to work with the school-aged immunisation provider to support effective engagement with schools and pupils (including our ‘Educated Other Than At School’ cohort), while exploring ways to streamline communications to and through schools regarding the wider school-based health offer.</p> <p>We will support and amplify Northeast London and regional initiatives to improve vaccination awareness and uptake (e.g. Bright Start in Live campaign).</p> <p>NELFT is updating training for all staff completing antenatal contacts to ensure they are specific when discussing the latest vaccination schedule for pregnant women (to include asking whether whooping cough, RSV and seasonal flu/Covid vaccinations have been received, and encourage clients to book if they haven't).</p>

Priority	JSNA recommendation	Response
Well	Review capacity in Health Visiting and School Nursing as part of recommissioning the Health Child Programme, to ensure most benefit to children's outcomes	A re-procurement of the Healthy Child programme will commence in 2025.
Well	Promote good oral health for children to prevent dental caries	Being updated
Well	Focus on good support for the management of long-term conditions to prevent hospital admissions, particularly for childhood asthma and diabetes	Being updated
Well	Work collaboratively with partners to address high rates of obesity in children	Being updated
Well	Develop a joint strategy to improve adolescents' mental health and wellbeing	Being updated
Well / Inspired	Focus on early intervention to improve school readiness, including through increased delivering of joint 2-2.5-year checks by Health Visitors and staff in Early Years settings, and targeted checks for children who have not been brought for any check	We will review outcomes of integrated 2-2½ year checks to understand the challenges and successes of this delivery model and use the results to inform relevant elements of service recommissioning.
Well / Inspired	Utilise outcomes from 2-2.5-year checks to signpost families to a relevant early support offer to improve school readiness, and grow our non-clinical offer, including therapies and family support services for children with additional needs	We continue to develop and embed joint working approaches across health visiting, early help and early years providers – for example, strengthening speech and language pathways, co-delivering starting solids workshops and healthy weight interventions.
Safe	In response to child death reviews, utilize Making Every Contact Count principles to raise awareness of safe sleeping practices across all services in Havering	A Task and finish group / scoping tool has been rolled out across Havering to benchmark safer sleeping messages. This includes engagement with 0-19 services, primary care, acute trusts, police, housing, London fire brigade, early years, and domestic abuse services. Safer sleep training is being offered in partnership with Havering and B&D Safeguarding Children Partnerships. Practice standards for safer sleep are being developed. Outcomes will be monitored via the NEL SUDI Steering Group.
Safe	Havering statutory and voluntary sector partners to consider ways of intervening earlier to prevent admission to hospital as a result of self-harming, aligning actions to the overall suicide prevention strategy for Havering	

Priority	JSNA recommendation	Response
Heard	Develop a shared annual engagement plan to ensure that work to consult and coproduce with children and young people is coordinated and avoids duplication	A new corporate community engagement group has been set up with representation from all directorates in Havering and the ICS. We will ensure that work to consult and coproduce with young people is included so that activity is coordinated and there is no duplication. This will result in a shared engagement plan as part of the Council's Community Engagement Strategy 2024 – 2027.
Heard	The voice of young people should be incorporated into decision making for all service provision across the integrated care system	When appropriate, the Council is ensuring that the young person's voice is heard – in particular across the integrated care system. It is also being taken into account in other areas. Two recent examples include the budget and Libraries closures consultations where the process has been integrated to specifically include the voice of young people so that it can be considered alongside other groups when making decisions. We are exploring how children and young people's views on health and care issues can be better incorporated and considered through our local Health and Wellbeing Board.
Heard	Capitalise on Havering's Youth Council and other forums to capture their views on both child and adult services	Being updated
Heard	Good quality engagement with young people is required to understand how to better manage their transition from child-focused to adult services for on-going care and support, whether related to health or social care	Being updated
Treated fairly	Explore increasing our capacity of support for young people, including provision of youth-centred clubs and activities, accessible across the whole borough	Being updated
Treated fairly	Partners to work collectively to decrease the inequalities in educational outcomes for young people	Being updated

## Consultation and approval timeline

<b>Audience</b>	<b>Dates</b>
Lead Member Briefing	26 September 2024
Babies, Children and Young People (BCYP) Board	17 September 2024
Youth Council	2 October 2024
Public consultation via Citizen Space	2 October to 30 October 2024
Health and Wellbeing Board	23 October 2024
Executive Leadership Team	29 October 2024
Theme Board	11 November 2024
All Member Briefing	Date to be confirmed
Adoption by Council	20 November 2024

Survey link:

<https://consultation.havering.gov.uk/childrens/starting-well-plan/>





## HEALTH & WELLBEING BOARD

<b>Subject Heading:</b>	Tobacco Harm Reduction strategy (2024 to 2029)
<b>Board Lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author and contact details:</b>	Kate Ezeoke-Griffiths   Assistant Director/ Public Health Consultant (Resources) <a href="mailto:Kate.Ezeoke-Griffiths@havering.gov.uk">Kate.Ezeoke-Griffiths@havering.gov.uk</a>

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

<input type="checkbox"/> The wider determinants of health <ul style="list-style-type: none"> <li>• Increase employment of people with health problems or disabilities</li> <li>• 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.</li> <li>• Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.</li> </ul>										
<input checked="" type="checkbox"/> Lifestyles and behaviours <ul style="list-style-type: none"> <li>• The prevention of obesity</li> <li>• Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups</li> <li>• Strengthen early years providers, schools and colleges as health improving settings</li> </ul>										
<input type="checkbox"/> The communities and places we live in <ul style="list-style-type: none"> <li>• Realising the benefits of regeneration for the health of local residents and the health and social care services available to them</li> <li>• 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.</li> </ul>										
<input type="checkbox"/> Local health and social care services <ul style="list-style-type: none"> <li>• Development of integrated health, housing and social care services at locality level.</li> </ul>										
<input type="checkbox"/> BHR Integrated Care Partnership Board Transformation Board <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">• Older people and frailty and end of life</td> <td>Cancer</td> </tr> <tr> <td>• Long term conditions</td> <td>Primary Care</td> </tr> <tr> <td>• Children and young people</td> <td>Accident and Emergency Delivery Board</td> </tr> <tr> <td>• Mental health</td> <td>Transforming Care Programme Board</td> </tr> <tr> <td>• Planned Care</td> <td></td> </tr> </table>	• Older people and frailty and end of life	Cancer	• Long term conditions	Primary Care	• Children and young people	Accident and Emergency Delivery Board	• Mental health	Transforming Care Programme Board	• Planned Care	
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• Long term conditions	Primary Care									
• Children and young people	Accident and Emergency Delivery Board									
• Mental health	Transforming Care Programme Board									
• Planned Care										

## SUMMARY

The Tobacco Harm Reduction strategy (2024 to 2029) sets out the vision and aims of the Havering Tobacco Harm Reduction Partnership (THRP) Group to jointly reduce tobacco harm in Havering.

The strategy provides insight into the extent of smoking and vaping in Havering, the groups most affected, the challenges faced as well as the progress to date and strategic priorities over the next 5 years as below:

- Supporting smokers to quit and reducing inequality
- Prevention measures
- Creating smoke free environments
- Regulation and Enforcement measures to tackle illicit cigarette and vapes

## RECOMMENDATIONS

The Board is asked to endorse the Tobacco Harm Reduction Strategy

## REPORT DETAIL

The Tobacco Harm Reduction strategy (2024 to 2029) sets out the vision and aims of the Havering Tobacco Harm Reduction Partnership (THRP) Group to jointly reduce tobacco harm in Havering.

The strategy provides insight into the extent of smoking and vaping in Havering, the groups most affected, which includes men, those in routine and manual occupation, living in rented accommodation, the homeless, as well as individuals misusing substances and with severe mental illness.

The challenges faced, the progress made in the 2024-25 including implementation of 2 new services this year is recognised in the strategy as well as key recommendations from the needs assessment.

The strategic priorities over the next 5 years outlined are:

- Supporting smokers to quit and reducing inequality - by focusing on providing tailored effective support to those more impacted – routine and manual workers, those in social housing
- Prevention by empowering people, including the young, not to take up smoking through a range of approaches
- Creating smoke free environments– through measures such as encouraging organisational and workplace promotion of smokefree environments and support staff to quit smoking, exploring opportunities for policy changes on smoking to protect both adults and children from second-hand smoke
- Tackling youth vaping through measures including clear messaging on vaping as a smoking cessation tool rather than a recreational activity, working with educational establishments around vaping concerns in schools, work with Trading Standards to provide more education on vapes to businesses and step up actions to tackle illegal vapes and cigarettes sales

A Tobacco Harm Reduction Partnership has been established to drive forward ambition of making Havering smoke free and has responsibility for monitoring the delivery of the strategy. A 2024-25 Action Plan, supported by government grant funding and approved by the Tobacco Harm Reduction Partnership is being delivered and progress monitored.

In line with governance process the strategy is being presented to the Health and Well-Being Board for approval and to proceed to the Havering Place based Partnership board for authorisation to:

- proceed to wider public consultation and engagement
- presentation to Cabinet

### **IMPLICATIONS AND RISKS**

Delivery of the strategy, particularly the establishment of and continuation of new services is dependent on continuation of government grant from 2024/25 to 2028/29 financial years.

In 2023, the government announced commitment to 5 year funding to local authorities from 2024/25 to 2028/29 financial years to boost stop smoking activities at local level as part of its drive to achieve a smoke-free England by 2030.

Havering was allocated £307,543 for 2024-25 year. The Funding from government is dependent on Havering continuing to maintain spend of £36,000 from the public health grant for local stop smoking activities. This is a condition of the grant allocation.

The cost for delivering the strategy will therefore be met from additional government grant over the next five years and from current public health spend on stop smoking.

Changes to government funding commitment will impact on the delivery of the strategy and pose a risk to continuation of local stop smoking services

### **BACKGROUND PAPERS**

1. Tobacco Harm reduction Needs Assessment - Executive Summary
2. 2024 – 25 Tobacco Harm Reduction Action Plan
3. Tobacco Harm Reduction Strategy (2024 – 2029) Draft
4. Presentation - Tobacco Harm Reduction Strategy

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**Overview**  
**Tobacco Harm Reduction Strategy**  
**2024- 2029**  
**Natalie Naor**  
**Public Health Strategist**

# Strategy overview

## Tobacco Harm Reduction strategy (2024 to 2029) sets out:

- ❑ Vision and aims of the THR Partnership
- ❑ Extent of smoking and vaping in Havering
- ❑ Groups most affected
- ❑ Challenges faced
- ❑ Priorities for next 5 years:
  - Prevention of smoking
  - Supporting those smoking to quit, reducing inequality
  - Creating smoke free environments
  - Regulation and Enforcement
- ❑ Indicators

# Vision and Aims of the strategy

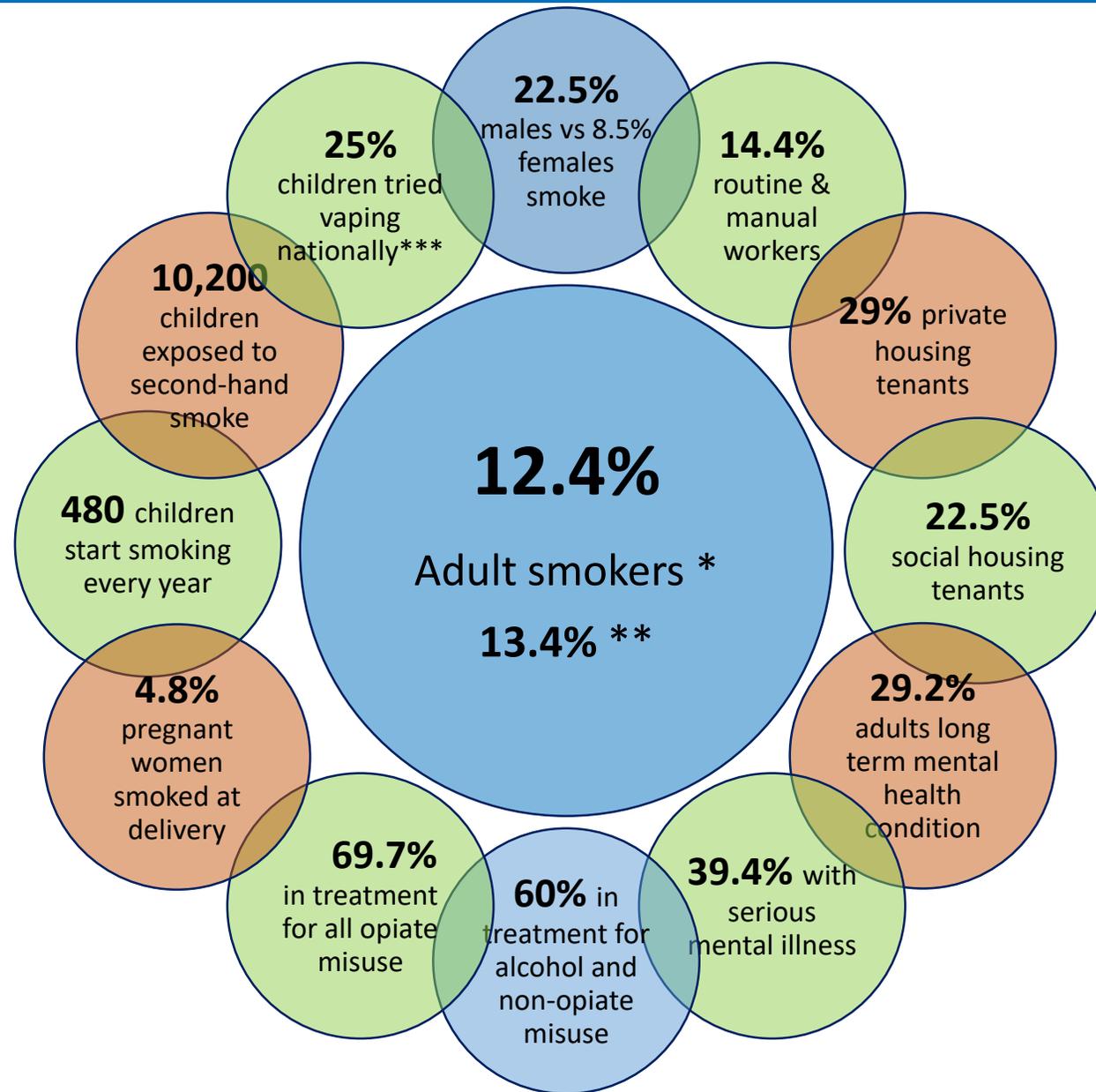
## **Vision**

To deliver a smoke free future for Havering and improve health and wellbeing of the local population

## **Aim**

To work in partnership with other organisations and services to offer evidence based support to smokers to quit, make smoking less visible, create smoke free environments and tackle vaping among young people.

# Extent of smoking in Havering



# Inequality in smoking

22.5% of male and  
8.5 % females smoke

29% private tenants  
22.5% social housing  
14% home owners  
smoke

About 51% registered  
as homeless smoke

69.7% adults treated  
for substance  
misuse-all opiates  
smoke

60.0% adults treated  
for substance  
misuse-alcohol & non  
opiates smoke

39.4% adults with  
serious mental illness  
smoke

# Extent of vaping

**25%** of young people aged 11 to 15 nationally tried e-cigarettes in 2023, vs 22% in 2021.  
**9%** vape frequently

**12%** Havering pupils have experimented with vaping\*

\*\*\* NHS England - [Smoking, Drinking and Drug Use among Young People in England, 2023](#) | [Smoking, Drinking and Drug Use among Young People in England, 2023: Data tables](#)

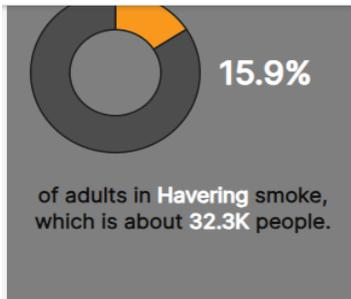
\*\*\*\* Havering Youth Wellbeing census, 2023

# Cost of Smoking



## ASH Ready Reckoner Summer 2024: Costs of smoking to society

ASH estimates that smoking costs Havering **£256M** per year



### MORE STATISTICS ABOUT THE COST OF SMOKING

An estimated **£78.5M** is spent by consumers on purchasing tobacco (legal and illicit) annually in Havering.

The national average spend on tobacco is around **£2,486** per smoker.

The Green Book Quality-Adjusted Life Year (QALY) value applied to the intrinsic value of life gives an estimated loss of **£164M** due to premature deaths from smoking in Havering. This figure is not included in any totals on this page.



### IMPACT OF SMOKING ON PRODUCTIVITY

Smoking negatively affects earnings and employment prospects. The cumulative impact of these effects amounts to productivity losses of **£166M**.



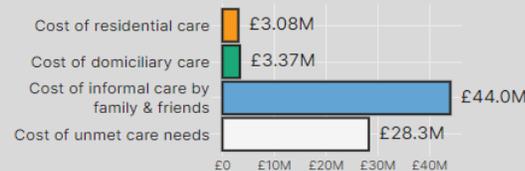
### HEALTHCARE COSTS DUE TO SMOKING

The combined cost of smoking-related medical treatment via hospital admissions and primary care services is **£9.61M**.



### SOCIAL CARE COSTS DUE TO SMOKING

Many current and former smokers require care in later life as the result of smoking-related illnesses. The estimated cost is **£78.8M**.



### FIRE COSTS DUE TO SMOKING

Smoking materials are a major contributor to accidental fires. Smoking-related fires result in annual losses of **£1.99M**. About **12** Smoking-related fires are attended by the Fire and Rescue Service each year.



Revenue from cigarette and hand-rolled tobacco taxation (excluding VAT) only brings in about **£40.6M** per year

## Reduction in Tobacco Use

Prevention –  
encourage  
people not to  
smoke or vape

Support  
smokers to quit  
and reduce  
smoking  
variation

Create  
smoke-free  
environments

Regulation and  
Enforcement

# Measuring Progress

	INDICATOR	TARGET OVER 5 YRS TO 2028/29
1	<b>Adult Smoking prevalence*</b> Havering -10.9% London - 11.7% England - 12.7%	Continue to maintain a reduction in adult's smoking prevalence
2	<b>Smoking by Gender</b> Havering M 22.5% ,F 8.5% London - % England - %	Reduce smoking prevalence in men by 5%
3	<b>Persons in treatment for all opiates and smoking and 33.7% for alcohol misuse and smoking (19/20)</b> Havering - 69.7% London -68.2 % England – 70.2%	Maintain a reduction in smoking prevalence/ Reduce the prevalence of smoking from the current baseline
4	<b>Persons in treatment for alcohol, non-opiates &amp; smoking (19/20)</b> Havering – 60.0% London -61.5 % England – 64.6%	Maintain a reduction in smoking prevalence/ Reduce the prevalence of smoking from the current baseline
5	<b>Smoking at time of Delivery, 2023/24</b> Havering 4.8% London 4.6% England. 8.8 %	Maintain a reduction in smoking prevalence of smoking at the time of delivery. Stay below 6% national target.
7	<b>Severe mental illness, 2014/15</b> Havering -39.4% London – 38.9% England -40.5 %	Maintain a reduction in smoking prevalence from the current baseline
8	<b>Routine and manual workers (2023)</b> Havering -14.4% London – 15.2% England – 19.5%	Maintain a reduction in smoking prevalence, working towards the target of 10%, similar to 2019
9	<b>Private renters &amp; Social housing (22/23)</b> Havering -29% and 22.5%% London - 22% and 28.6%%	Maintain a reduction in smoking prevalence

# 2024 -25 Key Actions

Action	Description	Status
<b>1. Expand local provision of stop smoking services</b>	a. Commission additional 5 more pharmacies to provide Stop smoking service	Yellow
	b. Strengthen existing service by extending consultation period and providing enhanced supply of quit aids including S2S vapes.	Green
	c. Establish Specialist Advisor led SSS	Green
<b>2. SMI service</b>	Implement SMI service from 2024/25	Green
<b>3. Training front line staff</b>	Provide Very Brief Advice training to health & social care staff to improve knowledge and confidence around giving advice to stop smoking	Green
<b>4. CO test kits</b>	Provide CO test kits to Health visitors & HWB coaches to monitor smoking status of pregnant women and new mums and promptly refer	Green
<b>5. Communications</b>	Undertake campaigns to raise awareness of tobacco harm and promote local services Deliver targeted campaigns to priority groups	Green
<b>6. Data</b>	Ensure license payment for data management system on SSS	Green
<b>7. Evaluation</b>	Evaluate stop smoking services to assess effectiveness and measure equality of uptake across various demographics	Yellow

# Our Goal: by 2029

**Steady reduction in  
adult smoking  
prevalence in  
Havering**

**Drop in males  
smoking rate in  
Havering from 22.5%**

**Reduced smoking  
rates among priority  
groups**

**More robust  
enforcement of illicit  
tobacco and vapes  
sale & marketing**

**Reduction in youth  
smoking and vaping**

**A healthier Havering  
Population**

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London Borough of Havering

# Havering Tobacco Harm Reduction Strategy 2024-2029

<b>Name</b>	
<b>Version number</b>	
<b>Status</b>	
<b>Author</b>	
<b>Lead Officer</b>	
<b>Approved by</b>	
<b>Scheduled review date</b>	

## Version history

<b>Version</b>	<b>Change</b>	<b>Date</b>	<b>Dissemination</b>
<b>V0.1</b>			
<b>V0.2</b>			

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## Foreword

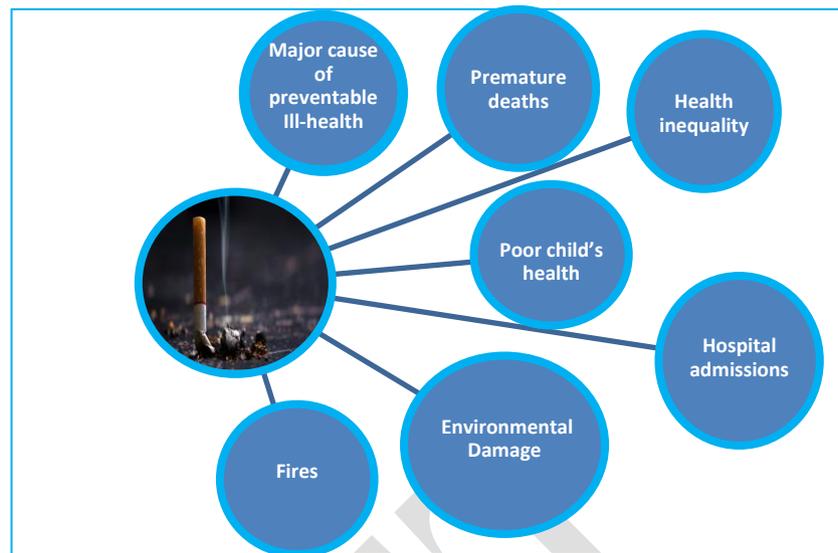
A statement that introduces the document - usually written by the senior manager or Portfolio Holder for the subject matter. The foreword should outline how the strategy will achieve meaningful outcomes for Havering and its residents.

DRAFT

## Introduction

Cigarette Smoking is a behaviour often formed at young age, engineered to be addictive, driven by the tobacco industry through advertising, ease of access, visibility<sup>1</sup> and also normalised by society.

The addictive nicotine substance in tobacco makes it difficult to quit



smoking resulting in majority of people continuing to smoke for many years despite wanting to quit.

Smoking harms nearly every organ of the body and causes serious harm to the health of both smokers and non-smokers. Many preventable illness such as cancer, heart and lung diseases which result in premature deaths are primarily caused by smoking. 72% of lung cancer cases in the UK are caused by smoking<sup>2</sup>. Smoking in pregnancy increases the risk of miscarriage, premature birth, stillbirth and low birth-weight as well as linked to increased risk of sudden infant death after birth. Smoking is a major risk factor for impotence in men<sup>3</sup> and in women it is associated with an increased risk of early natural menopause in women<sup>4</sup>.

There are wider impacts of smoking to the individual and the society including through working days lost due to sickness absence, associated costs such as welfare benefit payments for smoking-related illness, NHS costs for treatment of illnesses caused by smoking as well as costs of damage and injury by cigarettes fires.

Smoking is major driver of persistent health inequalities - the harm caused is not evenly distributed. People in more disadvantaged areas are more likely to smoke and less likely to quit. About 1 in 4 people in routine and manual occupations smoke compared with 1 in 10 people in managerial and professional occupations. Pregnant women from more disadvantaged areas and those younger tend to smoke more compared to pregnant women in older and more affluent groups. The association between smoking prevalence and deprivation underscores the critical role of socioeconomic status in shaping smoking behaviours in Havering

<sup>1</sup> <https://news.cancerresearchuk.org/2022/04/01/health-inequalities-why-do-people-smoke-if-they-know-its-bad-for-them/>

<sup>2</sup> [Lung cancer risk | Cancer Research UK](#)

<sup>3</sup> Ms Allen, Ee Walter. Health-Related Lifestyle Factors and Sexual Dysfunction: A Meta-Analysis of Population-Based Research. Vol. 15, The journal of sexual medicine. J Sex Med; 2018

<sup>4</sup> Whitcomb BW, Purdue-Smithe AC, Szegda KL, Boutot ME, Hankinson SE, Manson JE, et al. Cigarette Smoking and Risk of Early Natural Menopause. American Journal of Epidemiology. 2018 Apr 1;187(4):696–704.

Children's exposure and access to tobacco is strongly determined by both their environment and social circumstances with parental environment being very powerful determinant<sup>5</sup>. Childhood smoking initiation is associated with a wide range of risk factors including: parental and sibling smoking, the ease of obtaining cigarettes, smoking by friends and peers, socio-economic status, maternal education, adverse childhood experiences, exposure to tobacco marketing, and depictions of smoking in the media. Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households<sup>6</sup>.

Havering has seen a fluctuation in prevalence of smoking in recent years rising from 10.3% of adults smokers in 2021 to 15.9% 2022. Latest data shows a 5% drop to 10.9% in 2023 (similar to 2021 level) lower than 11.7% London, and 11.6% England average. However, 3 year range shows adult smoking prevalence from (2021 to 2023) as 12.4%, similar to 11.6% London and 12.4% England

Challenges faced in tackling smoking are wide ranging and include deprivation (due to close link of groups with higher smoking level in more deprived areas), limited local stop smoking provision and tailored support, insufficient joined up approach between key stakeholders including with NHS, Education, services and lack of engagement of communities with higher level of smoking as well as reduced capacity within Trading Standards around enforcement.

Whilst vaping is less harmful than smoking cigarette and can help smokers to quit, there is emerging concern around long term impact of vaping among young people –driven by concerted marketing and proliferation of outlets selling illicit and disposable vapes. A national survey of young people in 2024, show 18% of 11–17-year-olds tried vaping, around 980,000 children with increasing exposure to vape promotion. 2024 survey found 72% of 11–17-year-olds reported exposure to some form of vape promotion, the main sources being in shops (55%) and online (29%)<sup>7</sup>.

Maintaining the downward trend in smoking in Havering requires a concerted, joined up and sustained action with a multi-faceted approach focused on the needs of the different groups.

This 2024-2029 Tobacco Harm Reduction Strategy aims to focus on local challenges and to reduce both tobacco and vape harm in the borough over the next five years in line with national ambition of creating a smoke-free society by 2030.

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<sup>5</sup> <https://news.cancerresearchuk.org/2022/04/01/health-inequalities-why-do-people-smoke-if-they-know-its-bad-for-them/>

<sup>6</sup> <https://ash.org.uk/uploads/Youth-Smoking-Fact-Sheet-2024.pdf?v=1710950114>

<sup>7</sup> <https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain>

## Vision

To deliver a smoke free future for Havering and improve health and wellbeing of the local population

## Aim

To work in partnership with other organisations and services to offer evidence based support to smokers to quit, make smoking less visible, create smoke free environments and tackle vaping among young people.

## Policy and Strategic Context

This strategy does not sit in isolation and is aligned to and supported by a range of national, regional and local strategies and initiatives including those listed below

National Strategies	Regional Strategies	Local Strategies
<ul style="list-style-type: none"><li>• Stopping the Start: our new plan to create a smokefree generation (2023)</li><li>• Towards a smoke-free generation: A tobacco control plan for England (2017)</li><li>• Smoking (2017)</li><li>• PHE Strategy 2020-25</li><li>• NHS Long Term Plan</li></ul>	<ul style="list-style-type: none"><li>• Interim North East London Integrated Care Strategy (2023)</li></ul>	<ul style="list-style-type: none"><li>• Havering Health and Well-being strategy</li><li>• Havering Corporate plan</li></ul>

## National Picture

In the UK, smoking remains the primary contributor to preventable health issues, resulting in approximately 74,000 deaths annually<sup>8</sup>. The association between smoking tobacco and healthcare burden in the UK is clear, with over 500,000 hospital admissions each year and with smokers facing a 36% higher likelihood of hospitalisation compared to non-smokers<sup>9</sup>. In terms of deaths attributable to smoking, 35% of all deaths for respiratory diseases, 25% of all deaths for cancers were estimated to be due to smoking.

<sup>8</sup> Public Health England, 2019: Smoking and tobacco: Applying all our health.

<sup>9</sup> Royal College of Physicians, 2018: Hiding in plain sight: Treating tobacco dependency in the NHS

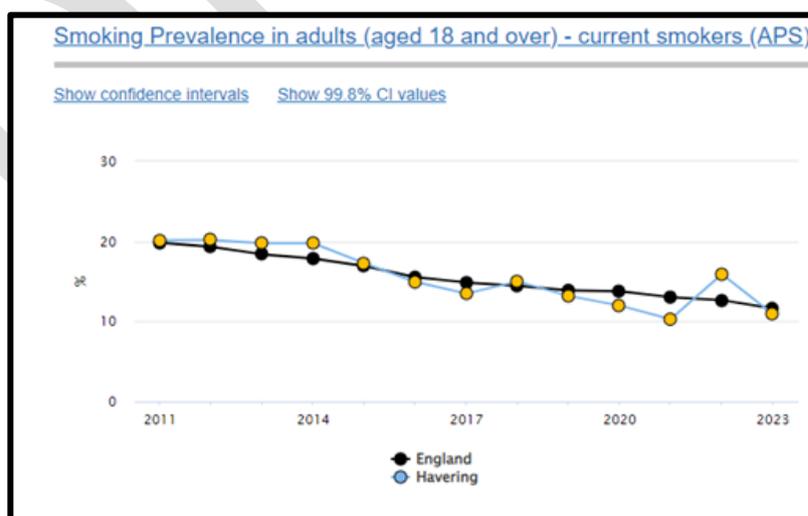
The government Tobacco Control Plan, TCP (2017-2022) outlined four principal areas of action to reduce tobacco harm - supporting smokers to quit, achieving smoke free pregnancy, improving access to stop smoking support and providing equal support to those with mental health conditions.. A 2023 Command paper, stopping the start: our new plan to create a smokefree generation, set out a range of measures to drive forward the smoke free ambition with *no more than 5% of the population smoking by 2030* and commitment to tackle youth vaping emerging concerns. Measures to achieve the ambition include:

- New Legislation to gradually increase age of sale of tobacco by one year annually from 2027 onwards, to ensure children born on or after January 1<sup>st</sup>, 2009, cannot purchase tobacco products
- Strengthening support for people to quit smoking.
- Swap to stop programme – free vape provision to smokers to reduce tobacco harm
- Tackling youth vaping
- Incentives to pregnant women to stop smoking

### Smoking in Havering

Havering has seen a fluctuation in smoking prevalence in recent years rising from 10.3% of adults smokers in 2021 (20,964) to 15.9% 2022 (32,551). Latest 2023 data show 5% drop to 10.9% in 2023 (22,546) lower than 11.7% London, and 11.6% England average. A 3 year range shows adult smoking prevalence (2021 to 2023) as 12.4%.

**Figure 1:** Smoking Prevalence in Adults (18+)

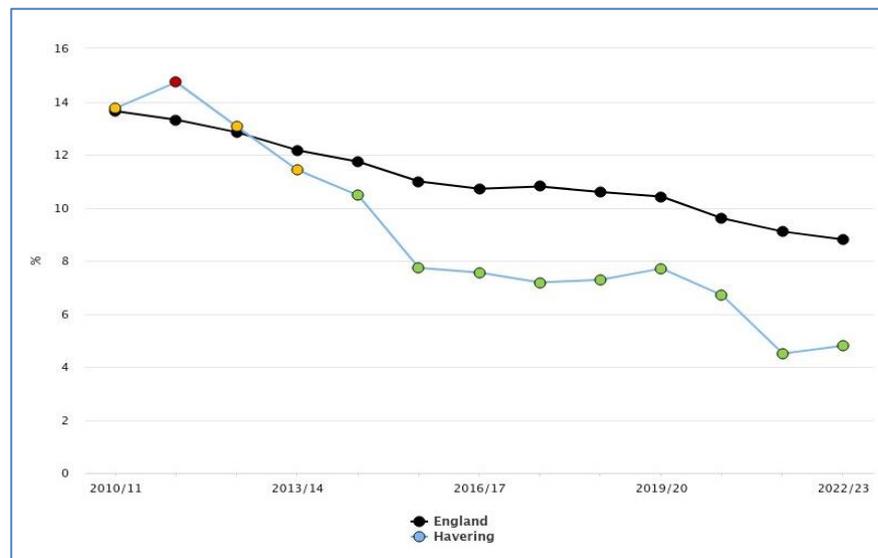


Source: Office for Health Improvement and Disparities (OHID) Smoking Profile - Data - OHID (phe.org.uk)

## Smoking in pregnancy

The past decade has seen a falling trend in the percentage of pregnant women smoking at the time of delivery in Havering, from 13.1% in 2012/13 to 4.8% in 2022/23<sup>13</sup>. This rate is comparable to London (4.6%) and significantly lower than the England average (8.8%). However, 2022/23 data showed a slight increase to 4.8% from the previous year (4.5% 2021/22).

**Figure 2:** Smoking rates at time of delivery for Havering and England



## Smoking in young people

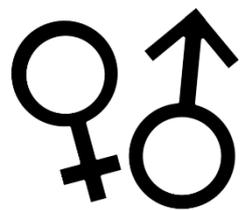
Findings from a recent tobacco harm reduction needs assessment and national data show smoking in Havering varies by gender, across different age and socioeconomic groups with close links to deprivation. Smoking is higher among main white population compared to all other groups.

Overall Prevalence is high amongst working age groups - amongst age group 31-35 (18.99%) and lowest among adolescents aged 12-15 (0.10%)

Certain demographics groups are more disproportionately affected by smoking with higher rates seen among males, those with substance misuse, those with severe and long term mental health conditions as well as amongst the homeless. There are also higher levels of smoking amongst those living in rented accommodation compared to house owners. Rates among routine and manual workers has dropped from 28.1% in 2022, to 14.4% in 2023, lower than London's 15.2% and England's 19.5% values according to latest annual population survey data by OHID<sup>10</sup>. See below figures

<sup>10</sup><https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132900/pat/6/par/E12000007/ati/402/are/E09000016/yr/1/cid/4/tbm/1/page-options/car-do-0>  
[Smoking Profile - Data | Fingertips | Department of Health and Social Care \(phe.org.uk\)](#)

Figure 3: Smoking prevalence by demographics in Havering (insert infographics here)

<p><b>Smokers</b></p>  <p><b>10.9%</b> of Havering 18+ population smoke.</p>	<p><b>Smoking by Gender</b></p>  <p><b>22.5%</b> of males against 8.5% females in Havering smoke.</p>
<p><b>Smoking by Routine &amp; manual occupation</b></p>  <p><b>14.4%</b> of routine and manual workers in Havering smoke. London 15.2%, England 19.5</p>	<p><b>Homelessness</b></p>  <p><b>51%</b> of those registered as homeless with Havering GPs smoke.</p>
<p><b>Private Renters</b></p>  <p><b>29%</b> of Havering's private housing tenants smoke.</p>	<p><b>Social Housing</b></p>  <p><b>22.5%</b> of social housing tenants smoke In Havering</p>
<p><b>Long term Mental Health</b></p>  <p><b>29.2%</b> of adults with a long-term mental health condition smoke.</p>	<p><b>Serious Mental Illness (SMI)</b></p>  <p><b>39.4%</b> of serious mental illness smoke.</p>
<p><b>Smoking in pregnancy</b></p> <p><b>4.8%</b> of pregnant women smoked at the time of delivery in 2022/23.</p>	<p><b>Learning Disability</b></p>  <p><b>7.9%</b> of those with a learning disability smoke.</p>

<h3>Alcohol Users</h3>  <p><b>60%</b> of Havering adults admitted to treatment for alcohol and non-opiate misuse are smokers.</p>	<h3>Opiate Users</h3>  <p><b>69.7%</b> of Havering adults admitted to treatment for all opiate misuse are smokers.</p>
<h3>Children Smoking</h3>  <p>Every year, 480 children start smoking in Havering.</p>	<h3>Second-Hand Smoke</h3>  <p><b>10,200</b> children live in smoking households and exposed to second hand smoke</p>
<h3>Children Vaping</h3>  <p><b>20.5%</b> of children tried vaping Nationally, in 2023.</p>	<p><b>£69,000</b> worth of counterfeit tobacco and vapes including 2,500 vapes, 58,000 cigarettes (is this packets?) and 223 packet of hand rolling tobacco were seized by trading standards In 2023,<sup>11</sup></p>
	<p><b>309 per 100,000</b> is the rate of Havering smokers aged 18+ who successfully quit for 4 weeks in 2023/24, compared to 1,670 London and 1,800 England rates<sup>12</sup></p>

#### Impact of smoking in Havering: (use graphics)

- Smoking-attributable deaths: Between 2017 and 2019, over 900 people in Havering died from smoking-attributable causes, translating to 198.2 deaths per 100,000 people—higher than London’s rate (171.3) but lower than England’s (202.2)<sup>13</sup>.

<sup>11</sup> Havering Trading Standards, 2024

<sup>12</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2023-to-march-2024-q4-annual/datasets>

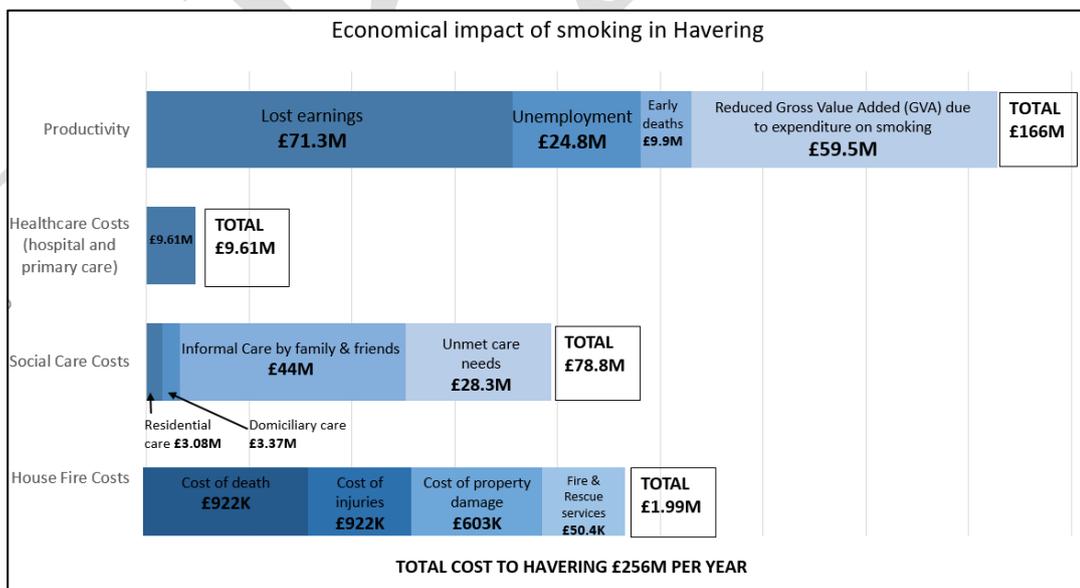
<sup>13</sup> Office for Health Improvement and Disparities (2024): Public Health Profiles.

- **Hospital admissions:** In 2019 to 2022, Havering had 1,452 hospital admissions attributable to smoking (993.1 per 100,000), lower than both London (1152) and England (1398). In the same year, there were 530 emergency hospital admissions in Havering for COPD (363 per 100,000), similar to London (358) and lower than England (415)<sup>13</sup>.
- **Cancer:** Smoking is the largest avoidable risk factor for cancer. Between 2017 and 2019, Havering recorded 393 smoking-attributable deaths from cancer (88.4 per 100,000), higher than London’s average but lower than England<sup>14</sup>. From 2020 to 2022, Havering recorded 353 deaths from lung cancer (47.8 per 100,000), higher than London but lower than England<sup>13</sup>.
- **Chronic Obstructive Pulmonary Disease (COPD):** In 2020 to 2022, Havering recorded 342 deaths from COPD (45 per 100,000), higher than both London and England<sup>13</sup>.
- **Cardiovascular disease:** In 2017 to 2019, there were 123 smoking-attributable deaths from heart disease in Havering<sup>13</sup>.

Economically, Action against Smoking and Health (ASH) Ready Reckoner 2024 estimates that

- 32,500 residents that smoke collectively spend around £78.5M annually on tobacco, which individually equates to around £2,400 per smoker per year.
- smoking costs Havering £256 million per year (see Figure 1) whilst revenue from cigarettes and hand rolled tobacco taxation (excluding VAT) only brings in about £40.6 Per year<sup>15</sup>.

**Figure 4: Breakdown of costs to society of smoking in Havering**



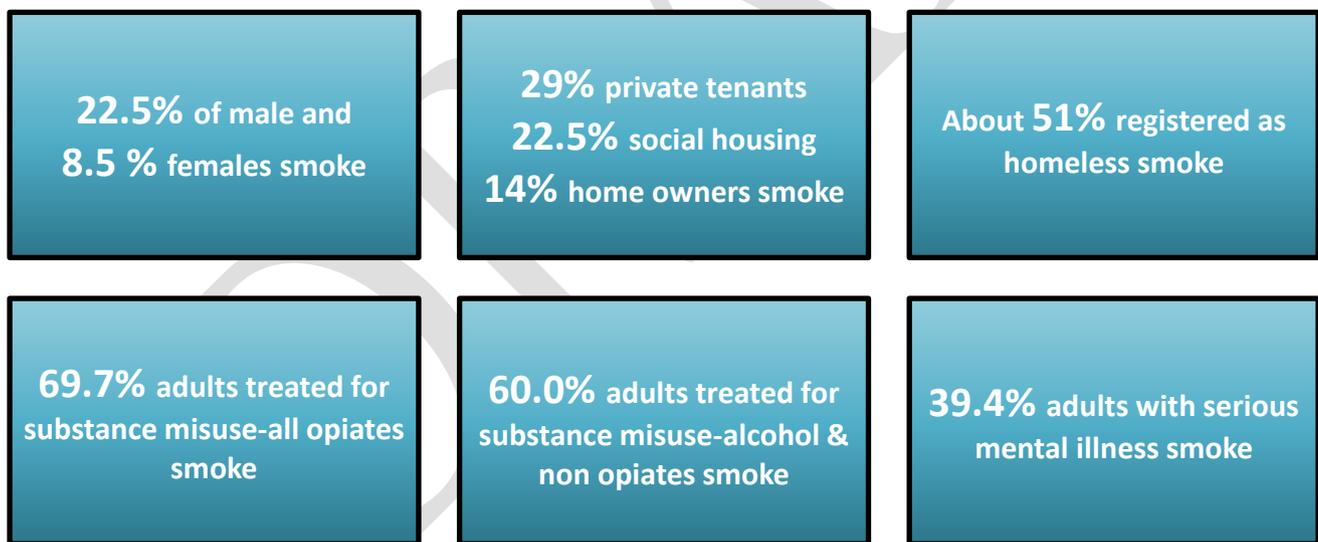
Source: \*\*\*ASH Economic & Health Inequalities Dashboard

<sup>15</sup> [https://ashresources.shinyapps.io/ready\\_reckoner](https://ashresources.shinyapps.io/ready_reckoner)

Environmental impact associated with smoking is evident in every stage of the tobacco supply chain – includes deforestation for cultivation, energy-intensive curing processes, manufacturing and packaging and cigarette butt litter (the most common type of litter worldwide). According to **Keep Britain Tidy** research, smoking related litter is the most prevalent form of litter in England, 68% of all littered items.

Inequality:

Smoking is major driver of persistent health inequalities nationally and within Havering with uneven distribution of smoking amongst groups. Levels of smoking are higher among males compared to females, and also differ by housing, occupation and age groups. There are higher levels of smoking among those living in rented accommodation (social housing and private renters) compared to those who own their homes and amongst the homeless compared to the general population. Variation exists among those experiencing mental illness and misusing substances - 60% of adults admitted for alcohol and non-opiate misuse smoke, while 69.7% of adults admitted to treatment for all opiate misuse smoke. Across all substance misuse groups, the level of smoking is higher (53%) than the general adult population in England



There is strong association between smoking and deprivation with residents living in the most deprived areas of the borough such as Romford, Rainham, Collier Row exhibiting higher smoking prevalence compared to those in less / more affluent areas.

Insert map of Havering deprivation

## Vaping

Whilst vapes (E-cigarettes) are effective tools for smoking cessation it is not recommended for young people. There are growing concerns around vaping among children and young people. The national ASH Smokefree Youth Survey in 2024, show 18% of 11–17-year-olds tried vaping, around 980,000 children. The 2024 survey found 72% of 11–17-year-olds reported exposure to some form of vape promotion, the main sources being in shops (55%) and online (29%)<sup>16</sup>. A Havering Youth Wellbeing Census (2023) revealed that 12% of Havering pupils have experimented with vaping. Youth exposed to vaping are at risk of developing chronic respiratory issues like coughing, bronchitis and exacerbation of asthma, along with potential long-term cardiovascular consequences. Additionally, unintended ingestions of vaping liquids, especially among children are a concern, highlighting the importance of child-proof packaging. Furthermore, vaping can lead to nicotine dependence, which can adversely affect brain development, particularly in adolescents (ref).

Havering faces several challenges in reducing both tobacco and vapes use among young people due to widespread promotion through social media and local shops, as well as through advertisements deliberately designed to appeal to children with sweet flavours and colourful the packaging. Additionally, there is limited capacity locally to tackle illicit and underage sale through robust enforcement measures.

No single organisation or service can tackle the challenges of reducing smoking and vaping in the borough. The Tobacco Harm Reduction Strategy places emphasis on a joined up approach across different organisations and the adoption of multi-faceted actions to reduce smoking and tackle youth vaping to ensure local residents, including children and young people, have the best chance of happy healthy lives.

### Needs Assessment Recommendations

The recent needs assessment highlighted the key issues and challenges faced by Havering and outlined a set of recommendations to help drive forward the ambition for a smoke-free borough. Additional recommendations were also made for specific groups particularly those with high level of smoking. The main recommendations include:

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<sup>16</sup> <https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain>

- Expand service provision and ensure availability of the full range of cessation aids.
- Prioritise tailored support for groups with high smoking prevalence
- Improve data collection including ward-level and for Eastern Europeans and Gypsy, Roma and Traveller communities to facilitate more targeted interventions
- Provide training for front line health and social care staff to improve knowledge, skills and confidence to engage those smoking.
- Ensure services are culturally and linguistically sensitive and accessible to those with learning disabilities and the homeless
- Raise awareness of tobacco harm and local stop smoking services through campaigns
- Provide additional support in more deprived areas with higher smoking prevalence
- Provide tailored information resources and support to families on dangers of second-hand smoke, especially in households with pregnant women and children.
- Collaborate with community organisations to better reach underrepresented groups.
- Work with trading standards to address illegal vapes and cigarettes
- Work with educational establishments and young people to raise awareness of harm from tobacco and Vapes.
- Conduct a separate needs assessment on vaping in Havering

The key recommendations for specific groups are captured in the below tables

Recommendations-Pregnant women	Recommendations-Young people
<ul style="list-style-type: none"> <li>• Train community based workers* to effectively discuss smoking and potential harm.</li> <li>• Provide carbon monoxide (CO) monitors to Health Visitors to assess smoking status at 28 weeks and at new birth visits</li> <li>• Use Making Every Contact Count (MECC) to offer Very Brief Advice (VBA) on smoking.</li> <li>• Raise awareness of risks of second and third hand smoke</li> <li>• Seek ways to engage pregnant women outside of healthcare setting</li> <li>• Review local pregnancy service and strengthen monitoring arrangement</li> <li>• Ensure more robust and regular data collation to address inequality</li> </ul>	<ul style="list-style-type: none"> <li>• Develop materials with young people to educate and empower them not to start smoking and to denormalize smoking</li> <li>• Develop Smoke free Champions working with schools signed up to Healthy schools</li> <li>• Work with educational establishment to highlight smoking and vaping impact</li> <li>• Work with young people to develop campaigns relevant to them, to dispel myths and discourage smoking and vaping</li> <li>• Undertake needs assessment on vaping</li> <li>• Improve data on demographics of children and young people smoking and vaping</li> <li>• Encourage retailers to implement Challenge 25 (Age ID verification)</li> <li>• Conduct outreach programmes in schools and community centres to support child smoking cessation and vaping</li> </ul>

<b>Recommendation - Serious Mental Illness</b>	<b>Recommendations -Substance Misuse</b>
<ul style="list-style-type: none"> <li>• Develop specialist stop smoking service for people with SMI</li> <li>• Increase targeted support in local services frequented by those with SMI.</li> <li>• Expand access to alternative nicotine products for those with or at risk to poor mental health</li> <li>• Provide training on VBA+ and speciality module on mental health to frontline staff, charities and mental health service providers</li> <li>• Raise awareness of impact of smoking on mental health through engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a specialist stop smoking service tailored to support people with drug/alcohol dependency.</li> <li>• Work with providers to offer in-reach cessation support.</li> <li>• Strengthen referral pathways from treatment into smoking cessation programmes.</li> <li>• Offer pharmacotherapy/vapes within treatment centres</li> <li>• Train substance misuse providers and addiction charities to offer VBA.</li> </ul>

<b>Recommendations – Learning disabilities</b>	<b>Recommendations - Homeless, social housing and private renters smokers</b>
<ul style="list-style-type: none"> <li>• Increase awareness about smoking exposure risks.</li> <li>• Provide VBA training and information for LD staff</li> <li>• Distribute educational materials on smoking that are accessible for individuals with LDs</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate a joint approach between Public Health and homeless services and increase information about services</li> <li>• Offer VBA Training to those working with homeless individuals and to social housing providers</li> <li>• Work with housing to develop policies to reduce smoking and identify innovative ways to support residents</li> <li>• Embed social housing-based tobacco control programmes within other strategies such as the Housing strategy and Poverty Reduction Strategy.</li> <li>• Collaborate with landlords and property management companies to promote smoke-free living and provide resources for private tenants interested in quitting</li> </ul>

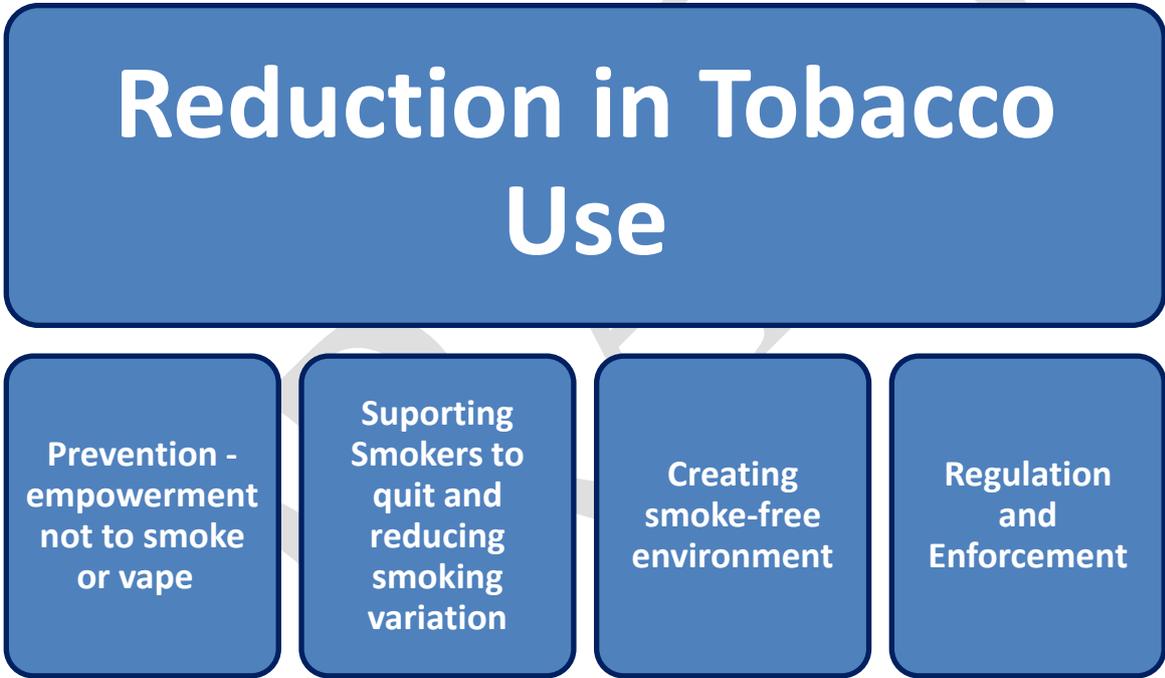
**The Priorities for 2024-2029**

This Havering strategy will focus on following four strategic priority areas:

- Supporting smokers to quit with focus on eliminating variation in smoking rates
- Prevention - empowering people including the young not to smoke and vaping
- Creating smoke free environments
- Strengthening Regulation and enforcement

Below diagram illustrates how these areas fit together to support the delivery of the strategy. Reducing tobacco use requires strong partnership and a whole system approach across different organisations to succeed.

**Figure 5**



## Prevention

Prevention aims to empower people including young people not to take up smoking as evidence indicates that most people start smoking during teenage years. This requires bold and ongoing initiatives such as raising awareness of the harm caused by smoking and potentially by vaping. It requires reduction in promotion of cigarette and to de-normalise smoking with ongoing measures to reduce the availability, attractiveness and affordability of tobacco products together with enforcing legislation. Clear messaging on vapes, as well as information on risks posed by illicit tobacco and vape is needed. Engagement of young people in developing relevant messages is crucial. Our priority actions on prevention, informed by needs assessment recommendation, are below:

### We will

- Improve data on smoking at ward level and for key groups for more effective interventions
- Improve strategic partnership with organisations including NHS and key services to ensure key strategies include reducing tobacco harm
- Provide training on Very Brief Advice for health and social care professionals
- Conduct annual campaigns in line with national campaigns, encouraging greater awareness of tobacco harm and promote Local Stop Smoking Services
- Provide tailored information resources and support to families, pregnant women, parents on the dangers of second-hand smoke.
- Engage with community organisations to better reach and support residents in underrepresented groups.
- Commission research to gain insight into groups with high smoking levels for better understanding of why they smoke and to develop targeted interventions

### For young people

- Develop Smoke free Champions working with schools signed up to Healthy schools
- Work with educational establishment to highlight smoking and vaping impact
- Work with young people to develop campaigns relevant to them, to dispel myths and discourage smoking and vaping
- Undertake needs assessment on vaping

## Supporting smokers to quit and reducing variation in smoking rates

- Whilst latest data indicate a drop in prevalence of those smoking in Havering the wide variation in smoking prevalence amongst different groups continue to pose a challenge. There is close link of groups with higher smoking level located in more deprived areas. National guidance (NICE) for commissioning stop smoking services recommends that at least 5% of smokers should have an initial consultation with an adviser (treating at least 5% of the estimated local population who smoke each year)<sup>17</sup>. 5% of Havering smokers in 2023 would be 1,127 (estimated population of smokers 22,546 in 2023).

Since 2023 local stop smoking provision, previously limited due to previous decommissioning of services, has been expanded in line with needs assessments recommendation resulting in

- Six community pharmacies commissioned to support people to quit located in more deprived parts of the borough to reduce inequality of access to support to stop smoking
- An Adviser led stop smoking service to provide tailored support to the groups with high level of smoking such as routine and manual workers and those living in rented social housing has been implemented. This service has incorporated a specialist service to pregnant women, during pregnancy and following birth, to help them quit and to stay smokefree.
- A dedicated service for people with serious mental illness (SMI) established
- Very brief advice training has also been provided to frontline health and social care staff to increase their skills and confidence to engage those smoking
- A campaign plan developed with regular campaigns carried out to raise awareness of local services and the importance of stop smoking.

The momentum needs to be continued with stronger engagement with stakeholders' organisation and key services including mental health, substance misuse and homeless/housing services and those working particularly with men.

We will

- Continue work to reduce health inequality in smoking by strengthening and expanding provision in more deprived locations

<sup>17</sup> <https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-policy-commissioning-and-training>

- Continue to prioritise support to high-smoking prevalence groups to reduce health inequalities via new adviser led community services
- Ensure services offer full range of tobacco harm reduction aids, including vapes and medication to maximise opportunity for more quits
- Strengthen the referral system to ensure that all care providers and health practitioners promptly refer direct to the local services
- Promote services and encourage smokers to quit attempt via a range of communication channels and media including print, radio, social media, and outdoor advertisements as well as through joy app and partner organisation newsletters.

For specific groups we will

- Provide carbon monoxide monitors to health visitors to record smoking status of pregnant women and new mums and offer them support to quit.
- Monitor and review service for people with SMI
- Explore provision tailored to support people with drug/alcohol dependency including offer of in-reach cessation support.
- Strengthen referral pathways from treatment into smoking cessation programmes.
- Offer pharmacotherapy/vapes within treatment centres
- Continue to explore work with local GPs and PCNs around smoking
- Work with key services and programs including Lung health check programme, cardiovascular and respiratory services to ensure staff are trained on VBA, check smoking status and promptly refer smokers into cessation programmes
- Explore work with voluntary and community sector to engage those groups with high smoking prevalence

## Creating more Smoke free Environments

Passive smoking, or second hand smoking, means breathing in other people's tobacco smoke either from cigarettes, pipes, cigars or shisha pipes (hookah). Most tobacco smoke is invisible but it spreads and can stay in the air for hours as well as build up on surfaces, furniture and clothes. This is called third hand smoke.

Creating and promoting a more smokefree environment will contribute to protecting residents from harm of second-hand smoke. Further restriction on areas where people can smoke will further reduce smoking visibility and help de normalise smoking. National policies and legislation restricting tobacco marketing have been necessary and effective because of

the successful promotion an uptake of smoking through advertising, ease of access, visibility by the tobacco industry.

Previous legislations, including 2007 legislation raising the legal age for purchasing tobacco from 16 to 18 in England, ban on cigarette vending machines in England in October 2011, the smoking ban in cars (with passengers under 18) in England and Wales in October 2015 have helped to dramatically reduce smoking. The 2023 proposed legislation to raise the age of sale of tobacco one year every year (from 2027 onwards) to ensure Children born on or after 1st January 2009 will not legally be able to buy tobacco products is being awaited and expected to positively impact number of people taking up smoking in future (See appendix 1 for other legislations). Below priority actions will help to consolidate a smokefree borough.

**We will**

- Encourage workplaces to promote smokefree environments and support staff to quit
- Work with housing to develop policies to reduce smoking and identify innovative ways to support residents
- Embed social housing-based tobacco control programmes within other strategies such as the Housing strategy and Poverty Reduction Strategy.
- Explore ways to work with landlords and property management companies to promote smoke-free living and provide resources to private tenants interested in quitting
- Work with partner organisations including NHS Trusts to ensure smokefree policies
- Support organisations and staff working across the community including the voluntary sector to promote smokefree environments - at homes, cars, play parks and schools.
- Promote smokefree environments as part of our annual campaigns
- Support proposed national legislations by participating in consultation process.
- Continued enforcement of smokefree legislation locally.

**Local Regulation and Enforcement**

Illicit tobacco includes products which fail to comply with legislation and can cover genuine tobacco goods for other countries smuggled as well as counterfeit or fake tobacco products

not regulated. These are often available at cheaper prices, undermining the effectiveness of taxation and making it harder for smokers to quit.

Raising awareness of underage and illicit sales of tobacco, how to report them as well as active seizure of such goods will reduce proliferation and harm.

The Trading Standards Service has an intelligence led approach to enforcement which has led to more targeted work and a greater focus on those traders causing the most harm. Some Local Authorities have carried out enforcement activities to raise awareness amongst local people about the issue of dropping cigarette litter.

Educational campaigns alongside enforcement on cigarette litter can help address the environmental and cost burden of tobacco litter.

We will

- Adopt a joined-up approach to tackling the supply and demand of illicit tobacco with key partners
- Raise awareness of what are illicit tobacco, the effects on society
- Develop clear mechanism on how and where to report underage and illicit tobacco sales through mass-media campaigns and information sessions
- Increase the number of people who volunteer intelligence and develop a mechanism to report illicit or illegal sale of tobacco and Vapes products
- Support government legislation to increase the age of sale of tobacco
- Continue/ strengthen tests of underage purchase of tobacco by Trading standards
- Continue effective prosecutions in appropriate cases
- Take actions to ensure compliance to regulation relating to electronic cigarettes.
- Raise awareness of cigarette littering and increase enforcement for littering
- Continue joint raids with other enforcement agencies of outlets and businesses selling illicit tobacco and Vapes products jointly within available resources

## Measuring progress - Targets and Indicators

The overarching target of the strategy is to achieve continued reduction in smoking prevalence between 2024 and 2029. A range of national outcome indicators will be used to measure progress according to targets agreed by the Tobacco harm reduction partnership.

By 2025 we aim to achieve the following:

**NB: priorities, indicators and target TBA.**

	INDICATOR	TARGET OVER 5 YRS TO 2028/29
1	<b>Adult Smoking prevalence*</b> Havering -10.9% London - 11.7% England - 12.7%	Continue to maintain a reduction in adult's smoking prevalence
2	<b>Smoking by Gender</b> Havering M 22.5% ,F 8.5% London - % England - %	Reduce smoking prevalence in men by 5%
3	<b>Persons in treatment for all opiates and smoking and 33.7% for alcohol misuse and smoking (19/20)</b> Havering - 69.7% London -68.2 % England – 70.2%	Maintain a reduction in smoking prevalence/ Reduce the prevalence of smoking from the current baseline
4	<b>Persons in treatment for alcohol, non-opiates &amp; smoking (19/20)</b> Havering – 60.0% London -61.5 % England – 64.6%	Maintain a reduction in smoking prevalence/ Reduce the prevalence of smoking from the current baseline
5	<b>Smoking at time of Delivery, 2023/24</b> Havering 4.8% London 4.6% England. 8.8 %	Maintain a reduction in smoking prevalence of smoking at the time of delivery. Stay below 6% national target.
7	<b>Severe mental illness, 2014/15</b> Havering -39.4% London – 38.9% England -40.5 %	Maintain a reduction in smoking prevalence from the current baseline
8	<b>Routine and manual workers (2023)</b> Havering - 14.4% London – 15.2% England – 19.5%	Maintain a reduction in smoking prevalence, working towards the target of 10%, similar to 2019

9	<b>Private renters &amp; Social housing (22/23)</b>  Havering -29% and 22.5%%  London - 22% and 28.6%%	Maintain a reduction in smoking prevalence
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## Action plan

A Tobacco Harm Reduction Partnership, which report to the Borough Partnership Board, has been established to drive forward ambition of making Havering smoke free. The partnership responsibilities are to:

- Work in partnership to oversee development a comprehensive tobacco harm reduction strategy and action plan with key priorities in line with national policy and evidence of best practice. The partnership will also advise on changes required to either strategy or plan
- Provide opportunity for stakeholders to share information and network.
- Identify opportunities for funding tobacco control interventions including economies of scale from working in partnership to provide services.
- Review progress regularly using clear set of indicators linked to agreed outcomes.

A 2024-25 Action Plan, supported by government grant funding and approved by the Tobacco Harm Reduction Partnership, is being implemented through the multi-sector partnership to help achieve a sustained downward trend. Annual action plans will be developed towards the end of each financial year setting out activities to be delivered the following year with clear objectives, milestones and leads. Responsible leads will report on progress activity and outcomes at quarterly meetings. Updates may be required for presentation to Borough Partnership Board and to the Health and Wellbeing Board.

## Appendices

### Appendix 1- Major UK Tobacco Control Milestones

1965: all television adverts for cigarettes banned

1986: adverts banned in cinemas

The Tobacco Advertising and Promotion Act (2002) was responsible for getting rid of the remaining forms of tobacco advertising:

- February 2003 – Ban on print media and billboard advertising
  - May 2003 – Ban on tobacco direct marketing (promotions)
  - July 2003 – Sponsorship of events within the UK
  - December 2004 – Large adverts in shops, pubs and clubs banned
  - 2005 – Sponsorship of global events, including Formula 1 and snooker tournaments
- A smoking ban, making it illegal to smoke in all enclosed workplaces (which includes offices/shops/restaurants/bars) in England, came into force in July 2007.

The legal age for purchasing tobacco was raised from 16 to 18 in England, Scotland and Wales in October 2007. In Northern Ireland this came into force in September 2008.

Cigarette vending machines banned in England in October 2011, in Scotland in April 2013, in Wales in February 2012 and in Northern Ireland in March 2012.

A tobacco point of sale display ban was introduced in large shops (>280 m<sup>2</sup> floor area) in England in April 2012.

The sale display ban was extended to small retailers across all jurisdictions in April 2015.

A smoking ban in cars (with passengers under 18) came into force in England and Wales in October 2015. Scotland introduced the same law in December 2016. The ban is not yet in place in Northern Ireland.

Rules that cigarettes and tobacco must be sold in plain green packets came into force across the UK in May 2017.

**Appendix 2: Equality Analysis**

Attach the Equality Analysis carried out as part of the development of the strategy

DRAFT

## Consultation

The Tobacco Harm Reduction strategy (2024 to 2029) has been developed with members of the Havering Tobacco Harm Reduction Partnership (THRP)

In line with governance process Equality impact Analysis of the strategy will be conducted and the strategy will then be presented to

- Havering Tobacco Harm Reduction Partnership (THRP) Group for discussion and agreement, including of priorities and targets to be achieved
- Health And Well-Being Board for approval and
- Havering Place based Partnership board for authorisation to proceed to wider public consultation and engagement with feedback integrated and
- Presentation to Cabinet by the relevant manager for authorisation

## Evaluation and review

The strategy will be reviewed refreshed midway into the 5 year period to assess progress and make adjustments in line with any new developments or national policy changes. A stakeholder workshop will be undertaken to ensure involvement in shaping a refreshed strategy.