



# CABINET

<b>7.00 pm</b>	<b>Wednesday 15 October 2025</b>	<b>Council Chamber - Town Hall</b>
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Members 9: Quorum 3

Councillor Ray Morgon (Leader of the Council), Chairman

**Cabinet Member responsibility:**

Councillor Gillian Ford (Vice-Chair)

Lead Member for Adults & Wellbeing

Councillor Oscar Ford

Lead Member for Children & Young People

Councillor Paul McGeary

Lead Member for Housing & Property

Councillor Paul Middleton

Lead Member for Digital, Transformation & Customer Services

Councillor Barry Mugglestone

Lead Member for Environment

Councillor Natasha Summers

Lead Member for Housing Need & Climate Change

Councillor Christopher Wilkins

Lead Member for Finance

Councillor Graham Williamson

Lead Member for Regeneration

**Zena Smith**

**Head of Committee and Election Services**

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

**Bernadette Lynch**

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**Please note that this meeting will be webcast.  
Members of the public who do not wish to appear  
in the webcast will be able to sit in the balcony,  
which is not in camera range.**

**Cabinet, 15 October 2025**

**Please would all Members and officers attending ensure they sit in their allocated seats as this will enable correct identification of participants on the meeting webcast.**

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

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

### **Protocol for members of the public wishing to report on meetings of the London Borough of Havering**

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

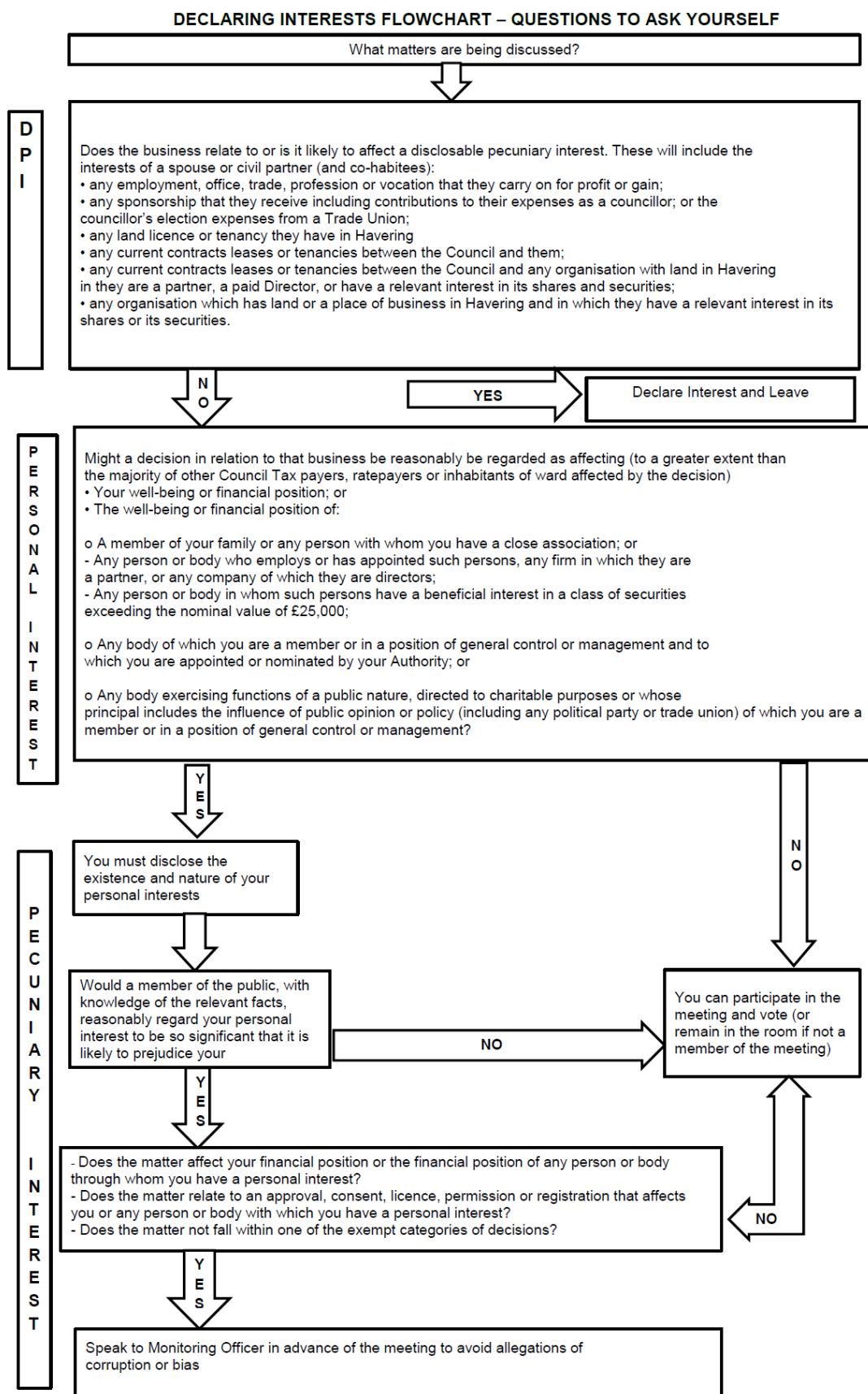
Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.



### Principles of conduct in public office

In accordance with the provisions of the Localism Act 2011, when acting in the capacity of a Member, they are committed to behaving in a manner that is consistent with the following principles to achieve best value for the Borough's residents and to maintain public confidence in the Council.

**SELFLESSNESS:** Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

**INTEGRITY:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

**OBJECTIVITY:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

**ACCOUNTABILITY:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

**OPENNESS:** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

**HONESTY:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

**LEADERSHIP:** Holders of public office should promote and support these principles by leadership and example.

## **AGENDA**

### **1 ANNOUNCEMENTS**

On behalf of the Chair, there will be an announcement about the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

### **2 APOLOGIES FOR ABSENCE**

Apologies received from Councillor Barry Mugglestone and Councillor Paul Middleton.

### **3 DISCLOSURES OF INTEREST**

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any time prior to the consideration of the matter.

### **4 MINUTES** (Pages 7 - 14)

To approve as a correct record the minutes of the meeting held on **17<sup>th</sup> September 2025**, and to authorise the Chair to sign them.

### **5 ADULTS JOINT COMMISSIONING STRATEGY** (Pages 15 - 50)

### **6 OUTDOOR PLAY AREAS CONTRACT TENDER** (Pages 51 - 56)

Report attached.



**MINUTES OF A CABINET MEETING**  
**Council Chamber - Town Hall**  
**Wednesday, 17 September 2025**  
**(7.05 - 8.26 pm)**

**Present:**

Councillor Ray Morgon (Leader of the Council), Chairman

**Cabinet Member responsibility:**

Councillor Gillian Ford (Vice-Chair)

Lead Member for Adults & Wellbeing

Councillor Paul McGeary

Lead Member for Housing & Property

Councillor Paul Middleton

Lead Member for Digital, Transformation & Customer Services

Councillor Barry Mugglestone

Lead Member for Environment

Councillor Natasha Summers

Lead Member for Housing Need & Climate Change

Councillor Christopher Wilkins

Lead Member for Finance

Councillor Graham Williamson

Lead Member for Regeneration

In attendance: Councillor Viddy Persaud (CON), Councillor Keith Darvill (LAB), Councillor Martin Goode (EHRG)

**14 ANNOUNCEMENTS**

On behalf of the Chair, there was an announcement about the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

Please note that, due to unforeseen technical difficulties, the meeting was not webcast live. However, a full recording of the proceedings is available for public access.

**15 APOLOGIES FOR ABSENCE**

Apologies received from Councillor Oscar Ford.

**16 DISCLOSURES OF INTEREST**

There were no declarations of interest.

**17 MINUTES**

The minutes of the meeting held on **13<sup>th</sup> August 2025**, were agreed as a correct record and the Chair signed them.

**18 LAUNDERS LANE (ARNOLD'S FIELD) UPDATE**

Report Title: **Launders Lane (Arnold's Field)**

Presented by: **Cllr. Ray Morgon, Leader of the Council**

**The Chair agreed to present this item first to allow residents in the Chamber to hear the discussion.**

**Summary**

In response to the motion agreed by Full Council, this report describes the history of Arnold's Field; the investigations initiated by the Council in response to the fires on the site; and proposed options to stop the fires currently under consideration.

The Council acknowledges and understands the concerns from residents and recognises that the volume of fires being experienced, having to close their windows (due to the smoke) for extended periods of time and having to lose use of their gardens and local parks in the summers is not acceptable. The Council also recognises that the recurrent fires have an impact on the physical and mental health of local residents.

The Council continues to do all it can to find a solution to stop the fires (and associated smoke) and to ensure that those legally responsible for resolving the situation do so as quickly as possible. However, the situation remains complex.

Arnold's Field on Launders Lane, Rainham, RM13 9FL (the "Site") is privately owned and, between circa 2002-2014, the site was subject to illegal activities, including significant fly tipping, firearms storage and drug cultivation. The volume of illegal waste dumped, combined with the Site not being managed in the manner of an authorised landfill, is the root cause of the present ongoing fires and smoke. However, visible fires did not become a significant annual occurrence at the Site until the summer of 2019.

From 2004 to 2018, a range of enforcement action was taken in relation to the site by the Council, Environment Agency and the Metropolitan Police. This included the serving of Planning Enforcement and Stop Notices and with individuals being prosecuted and sentenced to prison. Further enforcement action was taken by the Council in 2024 with the serving of an Abatement Notice and a Community Protection Warning on the current landowner.

Between 2022 and 2025, the Council also carried out air quality monitoring, commissioned an intrusive soil investigation, arranged testing of the watercourse, sampled for asbestos in the air, analysed health impact data and has explored options for stopping the fires. Discussions have also been held with expert/scientific advisers, national agencies, the landowner, local residents, the local MP, the Greater London Authority and the London Fire Brigade.

Following analysis of the air quality monitoring results, officers concluded that pollution levels, as a result of the Site, had not breached the World Health Organisation's Air Quality guideline values, nor the UK's current legal requirements regarding air quality. Equally, officers concluded that these limits were not helpful in assessing the impact of the fires on the health of residents living around Arnold's Field.

Although initial appearances suggested that the fires originated at the surface as a result of human action (eg. discarded glass or arson), officers latterly came to the view that the vast majority of the more recent fires start in materials underground and that the most effective means of stopping these "subterranean fires" (technically smouldering hotspots underground) is to prevent oxygen from reaching below the surface.

Following the judicial review ruling in June 2025, the Council has continued to carefully consider the available information, data and evidence and is in the process of making a new decision on whether or not the site should be determined as "Contaminated Land" under the Environmental Protection Act 1990.

If the Site is formally designated as "Contaminated Land", the Council would be required to enter further discussions with the landowner prior to the service of a Remediation Notice to address significant contaminant linkages. If the Site does not meet the threshold for designation as "Contaminated Land", the Council will serve an Abatement Notice on the landowner to abate the nuisance from smoke and to take the necessary steps to stop the fires.

Any substantial works to stop the fires may take 3-7 years but it may be possible to achieve an effective (albeit interim) stop to the fires within 6-12 months.

The Council is in the process of making a new determination regarding the status of the land under Part 2A of the Environmental Protection Act.

The previous determination was deemed premature by the court; more evidence is now being gathered.

A decision is expected within a few weeks, with two possible outcomes:

Contaminated Land: triggers a remediation notice.

Not Contaminated: triggers an abatement notice under statutory nuisance provisions.

The legislation is described as unclear and outdated, complicating the decision-making process.

The **Judicial Review (JR)** highlighted gaps in the original assessment, especially regarding smoke and mental health impacts, which are now being considered in the new determination. The JR outcome may set new case law.

Residents are experiencing significant distress due to smoke, fires, and inability to use gardens or open windows, especially during hot weather.

Mental and physical health impacts will be key factors in the final decision.

The Council acknowledged the urgency and seriousness of the issue.

The land is privately owned, and the cost of remediation is expected to fall on the landowner.

Financial implications for the Council are being monitored but are not part of the determination criteria.

Potential for legal challenges from the landowner or residents following the determination.

The Council is preparing for both outcomes and associated **litigation risks**.

Members suggested raising the issue with national bodies (e.g., LGA) to advocate for clearer legislation.

The Council is committed to sharing learnings with other authorities facing similar environmental issues.

**Cabinet:**

- **Noted** the report in general.
- **Noted**, in particular, the actions taken to date and possible future actions.
- **Noted**, in particular, the costs to the Council to date and potential future costs/risks.

19 **ASBESTOS CONTROL POLICY (2025)**

Report Title: **Asbestos Control Policy (2025)**.

Presented by: **Councillor Paul McGeary, Cabinet Member for Housing & Property.**

**Summary:**

Up until the 1990s, Asbestos was a product that was widely used in construction due to its excellent heat resistance and thermal properties. It was present in a variety of forms and uses, including but not limited to; asbestos cement; artex ceilings; soffits and fascia boards, and pipe lagging.

However, asbestos was, subsequently identified as a substance that can pose a significant risk to health, and is classified, as a human carcinogen.

This policy sets out to clarify the Council's commitment to supporting the health, safety and wellbeing of its residents, through undertaking the removal of any detected presence of asbestos in its properties.

In so doing, the Council will fulfil its legislative and regulatory obligations, whilst further protecting the health, safety and wellbeing of affected households.

All buildings have management surveys, and refurbishment surveys are conducted as needed.

The Council is committed to going beyond legal minimums to protect residents.

**Cabinet:**

**Approved** the Property and Housing Services Asbestos Policy (2025) as set out in Appendix A of the report.

20     **ADOPTION OF THE ROMFORD, RAINHAM AND GIDEA PARK CONSERVATION AREA APPRAISAL AND MANAGEMENT PLANS**

Report Title: **Adoption of Conservation Area Appraisals and Management Plans for Romford, Rainham, and Gidea Park**

Presented by: **Councillor Graham Williamson, Cabinet Member for Regeneration**

Summary:

This report seeks approval to adopt and publish Conservation Area Appraisal and Management Plans (CAAMPs) for Romford, Rainham and Gidea Park. Draft CAAMPs were consulted on earlier this year, comments have been incorporated, and final CAAMPs are now ready for adoption.

Boundary changes were proposed based on consultation and expert analysis.

Future reviews of remaining conservation areas are planned.

**Cabinet:**

1. **Agreed** to adopt and publish the Conservation Area Appraisal and Management Plans for Romford, Rainham, and Gidea Park (attached as appendix 1, 2 and 3)
2. **Delegated** authority to the Director of Planning and Public Protection for adoption of future CAAMPs, if there are no boundary changes proposed.

21 **HOUSING OMBUDSMAN ANNUAL REPORT**

Report Title: **Housing Ombudsman Annual Report**

Presented By: **Councillor Paul McGeary, Cabinet Member for Housing & Property**

**Summary:**

The report is a requirement of the self-assessment against the Housing Ombudsman Complaints Handling code. The code has to be reviewed annually and a self-assessment completed by Social Housing Landlords to ensure they are complying with the code. Part of the self-assessment is to complete an annual report.

Discussion on underutilisation of the Apprenticeship Levy due to structural limitations.

Council is encouraging internal staff development and outreach to improve uptake.

**Cabinet:**

**Noted** the report and **agreed** to publish the report along with the self-assessment on the Council website no later than the 30 September 2025.

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22 **COMPLAINT POLICY**

Report Title: **Complaint Policy**

Presented by: **Councillor Ray Morgan, Leader of Havering Council**

**Summary:**

The changes to the Policy have been updated, to ensure compliance with the Ombudsman codes for handling complaints.

The HO code self-assessment is due by the 30<sup>th</sup> September 2025 and the new Policy must be published, to meet full compliance. The Policy changes

must also be brought in, in preparation for the self-assessment against the LGSCO complaints handling code due to be in force in April 2026.

The changes have also taken into account the LGSCO review around handling statutory children's social care complaints handling.

Emphasis on using the online corporate form for formal complaints.

Concerns were raised about accessibility and communication of the complaints process.

**Cabinet:**

**Noted** the Policy changes and **agreed** that the August 2025 version will be published on the Council website no later than 30 September 2025.

23 **Q1 CORPORATE PLAN PERFORMANCE REPORT**

Report Title: **Corporate Plan Q1 Performance Report - (2025/26)**

Presented by: **Councillor Ray Morgon, Leader of the Council**

**Summary:**

The Council's Corporate Plan was formally adopted in April 2024. A review of the metrics took place towards the end of the financial year and the updated corporate plan was agreed and formally adopted at cabinet in April 2025.

The Corporate Plan continues to be made up of the three Strategic Director Service plans and describes how we will deliver the vision under the following three themes:

- Supporting our residents to stay safe and well
- A great place to live work and enjoy
- Enabling a resident-focussed and resilient council

Under each theme sit a number of outcomes and key deliverables associated to the Key Performance Indicators (KPIs) that were agreed to be the most appropriate for measuring progress. These KPIs have been brought together into a Corporate Plan Performance Report, which provides an overview of the Council's performance. The report is presented in PowerBI and highlights good performance and potential areas for improvement.

The Overall KPI status page identifies where the Council is performing well (**Green**) and not so well (**Amber** and **Red**). KPIs which are narrative only, or for which it is not appropriate to set a target, are shown in **Blue**. RAG ratings for 2025/26 are as follows:

- **Red** = Below target
- **Amber** = Below target but within target tolerance
- **Green** = On or above target

Also included in the Power-BI report are Direction of Travel (long-term and short-term), which compares:

- Short-term performance – with the previous quarter (Quarter 4 2024/25)
- Long-term performance – with the same time the previous year (Quarter 1 2024/25, where available)

Please note the green arrow shows if (↑) higher performance is better or (↓) lower performance is better.

Cabinet acknowledged the challenges and committed to improvement plans.

Clarification provided that targets are aspirational and reflect ongoing service delivery.

**Cabinet:**

**Noted** all indicators (especially the red indicators highlighted within the body of this report) and **noted** the levels of performance set out in the power-bi report.

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**Chairman**



<b>CABINET</b>	15 <sup>th</sup> October 2025
<b>Subject Heading:</b>	<b>Interim Adults Commissioning Strategy</b>
<b>Cabinet Member:</b>	Councillor Gillian Ford, Cabinet Member for Health and Adult Care Services
<b>ELT Lead:</b>	Barbara Nicholls, Strategic Director of People
<b>Report Author and contact details:</b>	Laura Neilson <a href="mailto:Laura.neilson@havering.gov.uk">Laura.neilson@havering.gov.uk</a> 01708 431729
<b>Policy context:</b>	The Care Act 2014 Health and Well-being Strategy
<b>Financial summary:</b>	There are no financial implications associated with this decision
<b>Is this a Key Decision?</b>	Significant effect on two or more Wards
<b>When should this matter be reviewed?</b>	June 2026
<b>Reviewing OSC:</b>	Peoples Overview & Scrutiny Board

**The subject matter of this report deals with the following Council Objectives**

People - Supporting our residents to stay safe and well x

Place - A great place to live, work and enjoy x  
Resources - Enabling a resident-focused and resilient Council x

## **SUMMARY**

This report provides an overview of the Interim Adults Commissioning Strategy 2025-26 which sets out the London Borough of Havering's approach to planning and commissioning adult services over the next 12 months.

## **RECOMMENDATIONS**

Members of the Cabinet are asked to

- Note the contents of the report and the accompanying strategy
- Approve the interim adults commissioning strategy

## **REPORT DETAIL**

The interim adults commissioning strategy sets out our approach to the planning and commissioning of services for adults in Havering over the next 12 months. The focus is on responding to identified local needs, with an emphasis on prevention and enabling individuals to live healthy, independent lives for as long as possible.

The strategy covers

- Commissioning principles
- Overarching priorities
- Key commissioning intentions for 2025/2026

### **Context**

Havering's population has grown significantly over the past decade and now stands at approximately 268,145 residents. The borough has a notably high proportion of people aged 65 and over and the lowest proportion of working-age adults in London, increasing pressure on local services. It also has the highest rate of unpaid carers in London at 8.7%, above both the London and national averages. Household deprivation has risen by 4%, with marked disparities in health, disability, and deprivation between communities.

Despite rising demand, funding for health and social care is based on outdated population data, leaving Havering under-resourced. Overcrowding and limited access to affordable housing further impact residents' wellbeing, while demographic pressures continue to strain health and care services. These challenges underscore the urgent need for all partners to maximise the efficiency and effectiveness of available resources.

### **Structure**

In 2024, the LBH commissioning team integrated with the ICB place-based team to form the Havering Integrated Commissioning team, structured around three portfolios: Start Well, Live Well, and Age Well. Over the past year, the team has worked jointly to review commissioned services, reduce duplication, coordinate delivery, and improve outcomes for residents. However, in response to national NHS financial pressures, NHS North East London is undergoing a restructure to cut running costs by 50%, which will significantly impact Place and end the current integrated commissioning model.

The Council is planning a parallel restructure of its commissioning team, to be completed by December 2025. Despite these changes, integrated working practices are now well embedded, and both organisations remain committed to collaboration to drive service efficiency and improve outcomes for Havering residents.

### Overarching Priorities

1. **Financial Sustainability** – Ensuring value for money through service reviews, joint commissioning and innovative funding models
2. **Community Engagement** – Embedding lived experience into service design through ongoing dialogue with residents and stakeholders
3. **Prevention** – Shifting from crisis response to proactive, community-based support across all life stages
4. **Integrated Neighbourhood Teams** – Launching a new model of care to deliver holistic, localised support for complex needs
5. **Market Management** - Strengthening the care market through data-driven planning, provider engagement, and new frameworks.

### Key Commissioning Intentions

**Supported Housing** – Expanding and improving supported housing to promote independence and reduce out-of-borough placements.

**Direct Payments** – Enhancing personalisation by increasing uptake and sustainability of self-directed care.

**Complex Needs Care** – Increasing local capacity for specialist residential and nursing care.

**Preventative Services** – Recommissioning services to improve accessibility, integration, and community resilience.

**Hospital Discharge** – Streamlining discharge pathways through integrated hubs, Discharge to Assess (D2A), reablement and Home First models.

**Support for Carers** – Expanding identification and support for unpaid carers through training, outreach, and digital tools.

**Dementia Care** – Improving diagnosis, access to support, and community awareness through a coordinated approach.

## REASONS AND OPTIONS

### Reasons for the decision:

This strategy is to replace the previous Joint Commissioning Strategy 2017-2020. The strategy is required to outline the key priorities and commissioning intentions over the following 12 months whilst a longer term strategy is developed in partnership with key stakeholders.

**Other options considered:**

A Joint Commissioning strategy was developed by the Havering Integrated Commissioning team covering all health and social care commissioning priorities and intentions however due to the impending NEL ICB restructure and subsequent disintegration of the team it is no longer feasible to have a single joint commissioning strategy.

<b>IMPLICATIONS AND RISKS</b>
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**Financial implications and risks:**

There are no direct financial implications as a result of approving the interim commissioning strategy. However, any subsequent decisions to implement service changes or redesign delivery models under the strategy may have financial consequences. These will be subject to separate decision papers and approvals.

**Legal implications and risks:**

The Care Act 2014 places a statutory duty on the Council to ensure the provision of health and social care services which promote well-being, prevent or delay the need for care and give individuals more control over their care and support. The Care Act 2014 and its statutory guidance impose clear duties that effectively necessitate strategic commissioning planning.

Section 5 of the Care Act requires local authorities to promote a diverse, sustainable, and high-quality market of care and support services. This includes:

- Ensuring a variety of providers and services are available;
- Supporting informed choice for individuals; and
- Engaging in market shaping to anticipate and meet future needs

Authorities are required to:

- Understand current and future demand.
- Collaborate with stakeholders (including service users and carers).
- Monitor and evaluate service outcomes.
- Align commissioning with the wellbeing principle and prevention duties

The Council has a general power of competence under s1 of the Localism Act 2011 to do whatever an individual can do subject to any statutory constraints.

**Human Resources implications and risks:**

There appears to be no HR implications or risks arising that would impact on the Councils workforce as a result of approving the interim adults commissioning strategy. The restructure of the

Havering Integrated Commissioning Team that is mentioned in the report will be managed in accordance with the Councils Organisational Change policy and procedures.

### **Equalities implications and risks:**

Havering has a diverse community made up of many different groups and individuals. The council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

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:

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

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

The Council demonstrates its commitment to the Equality Act in its decision-making processes, the provision, procurement and commissioning of its services, and employment practices concerning its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing of all Havering residents in respect of socio-economics and health determinants.

An EqHIA (Equality and Health Impact Assessment) has been completed.

The Council seeks to ensure equality, inclusion, and dignity for all in all situations.

There are no equalities and social inclusion implications and risks associated with this decision.

### **Health and Wellbeing implications and Risks**

The interim commissioning strategy will enable the local commissioning during the transition phase of the local system and is aimed to avoid negative Health and Wellbeing implications or risks.

Positive outcomes could be gained through the implementation of the various parts of the strategy, such as,

1. Outcome – focused commissioning
2. Promoting equity, improving access and social value
3. Embedding lived experience into service design through ongoing dialogue with residents and stakeholders.
4. Partnerships with the voluntary sector
5. Future proofing and continue to develop integrated delivery working with neighbourhoods
6. Evidence-based practice
7. Prevention and early intervention

Data sharing for integrated care and integrated care system

**ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

The Interim Adults Commissioning Strategy does not give rise to any identifiable environmental implications or risks. Environmental impact is evaluated as part of the procurement processes for all commissioning exercises.

**BACKGROUND PAPERS**

**APPENDICES**

1. Interim Adults Commissioning Strategy 2025/26
2. Equality and Health Impact Assessment (EqHIA)

London Borough Of Havering

# Interim Adults Commissioning Strategy

2025-2026

London Borough Of Havering  
9/1/2025

## Document Control

Include document details, version history, approval history, and equality analysis record.

### Document details

<b>Name</b>	Interim Adults Commissioning Strategy
<b>Version number</b>	V0.2
<b>Status</b>	
<b>Author</b>	Laura Neilson
<b>Lead Officer</b>	Luke Burton
<b>Approved by</b>	
<b>Scheduled review date</b>	31/10/2026

### Version history

Version	Change	Date	Dissemination
<b>V0.1</b>		1/5/2025	Havering Integrated Team at Place Strategic Director of People
<b>V0.2</b>		17/7/2025 9/9/2025	Havering Integrated Team at Place Strategic Director of People Executive Leadership Team
<b>V0.3</b>			Scheduled for Cabinet on 15/10/2025

## Equality & Health Impact Assessment record

1	Title of activity	Interim Joint Adults commissioning strategy		
2	Type of activity	Strategy		
3	Scope of activity	The strategy includes <ul style="list-style-type: none"> <li>Commissioning principles</li> <li>Overarching priorities</li> <li>Key commissioning intentions for 2025/2026</li> </ul>		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes / No	If the answer to <u>any</u> of these questions is ' <b>YES</b> ', please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is ' <b>NO</b> ', please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes / No		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes / <del>No</del>		
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO: (Please provide a clear and robust explanation on why your activity does not require an EqHIA. This is essential in case the activity is challenged under the Equality Act 2010.)  Please keep this checklist for your audit trail.			

Date	Completed by	Review date
15/07/2025	Laura Neilson	15/07/2026

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## Executive summary

The Interim Adults Commissioning Strategy 2025–2026 sets out the London Borough of Havering’s approach to planning and commissioning adult services over the next 12 months. Developed in response to significant demographic shifts, financial pressures, and evolving health and care needs, the strategy outlines a clear vision for delivering high-quality, person-centred, and sustainable services that promote independence, wellbeing, and equity.

### Strategic Context

Havering faces unique challenges, including a rapidly growing and ageing population, high levels of unpaid care, and increasing deprivation. These pressures are compounded by outdated funding models. In response, the Council has adopted a proactive, prevention-focused commissioning approach, underpinned by integrated working with health and community partners.

### Overarching Priorities

1. **Financial Sustainability** – Ensuring value for money through service reviews, joint commissioning, and innovative funding models.
2. **Community Engagement** – Embedding lived experience into service design through ongoing dialogue with residents and stakeholders.
3. **Prevention** – Shifting from crisis response to proactive, community-based support across all life stages.
4. **Integrated Neighbourhood Teams** – Launching a new model of care to deliver holistic, localised support for complex needs.
5. **Market Management** – Strengthening the care market through data-driven planning, provider engagement, and new frameworks.

### Key Commissioning Intentions

- **Supported Housing** – Expanding and improving supported housing to promote independence and reduce out-of-borough placements.
- **Direct Payments** – Enhancing personalisation by increasing uptake and sustainability of self-directed care.
- **Complex Needs Care** – Increasing local capacity for specialist residential and nursing care.
- **Preventative Services** – Recommissioning services to improve accessibility, integration, and community resilience.
- **Hospital Discharge** – Streamlining discharge pathways through integrated hubs, Discharge to Assess (D2A), reablement and Home First models.
- **Support for Carers** – Expanding identification and support for unpaid carers through training, outreach, and digital tools.
- **Dementia Care** – Improving diagnosis, access to support, and community awareness through a coordinated approach.

## Next Steps

This interim strategy will guide commissioning activity through 2025–2026. A comprehensive commissioning strategy will be developed through extensive stakeholder engagement and coproduction.

## Introduction

### Purpose

This interim commissioning strategy sets out our approach to the planning and commissioning of services for adults in Havering over the next 12 months. Our focus is on responding to identified local needs, with an emphasis on prevention and enabling individuals to live healthy, independent lives for as long as possible.

The strategy covers

- Commissioning principles
- Overarching priorities
- Key commissioning intentions for 2025/2026

### Context

#### Demographic

The Havering resident population is currently estimated to be at 268,145 residents and has increased significantly in the last decade. Havering continues to have a very high proportion of residents aged over 65 and the lowest proportion of working age adults, which combined puts more pressure on the Council to support and provide effective services for our residents.

Havering has the highest proportion of carers in London with 8.7% of Havering residents providing unpaid care (compared to 7.8% in London and 8.9% in England).

The proportion of households in Havering experiencing at least one dimension of deprivation has increased by 4%. There are disparities across the Borough in terms of health status disabilities and deprivation with some significant gaps between the most and the least deprived communities.

The demographic, alongside the population growth has created a number of challenges; the funding formula for both health and care services is based on historic population demographics and means that Havering is disadvantaged in terms of funding versus need and demand. Overcrowding and access to affordable housing are key challenges that impact on the wellbeing of local people, and the growth in the population is placing additional demand on health and care service provision.

Havering faces several challenges due to its changing demographics and population growth. The funding model for both health and social care services is based on outdated population data, leaving the borough underfunded relative to its current needs and demand. Overcrowding and limited access to affordable housing further impact the wellbeing of residents, while the rising population continues to place increasing pressure on health and care service provision.

The growing demands on social care and health services, combined with limited resources, highlight the critical importance of ensuring that all partners use resources as efficiently and effectively as possible.

### Structure

In 2024 the LBH commissioning team integrated with the ICB place based team creating a new Havering Integrated Commissioning team which is structured in three portfolio areas; Start Well, Live Well and Age Well. The team has been successfully working jointly for over a year, reviewing current commissioned services, identifying opportunities to reduce duplication, coordinate delivery and improve outcomes for residents.

In response to the significant financial pressures faced by the NHS nationally, NHS North East London (NEL) are undertaking a restructure to deliver a 50% reduction in running costs. The restructure will result in significant changes at Place and will mean the end of the integrated commissioning function in its current form. The Council are planning a restructure of the commissioning team to run concurrently with the ICB restructure, this is planned to be complete by Dec 25.

The foundations of integrated working across health and social care commissioning are now deeply embedded into the team's practices and both organisations are committed to maintaining integrated working to ensure the continued drive for service level efficiency and improvement of outcomes for Havering residents.

### Health Landscape

Fit for the Future: the 10 Year Health Plan for England (published on 3<sup>rd</sup> July 2025) aims to reinvent the health service while maintaining the core principle that services should be free at the point of use.

The plan details three major shifts:

- From hospital to community
- From analogue to digital
- From treatment to prevention

There will be a strong focus on prevention, and development of Integrated Neighbourhood Teams – adopting a population health approach to supporting local people at a neighbourhood level.

## Legislative framework

The Care Act 2014 places legal responsibility on the Council to ensure the provision of services which:

- Promote well-being

- Prevent or delay the need for care
- Give individuals more control over their care and support

The Care Act also stipulates that Local authorities have a duty to develop and maintain a care market that is responsive, varied and sustainable, offering high-quality, personalised care and support that meets the needs of individuals.

## Commissioning Principles

1. Stakeholder Engagement
  - Stakeholder engagement will be embedded throughout all commissioning activities
  - Local people will be part of governance structures wherever possible
  - We will use diverse engagement methods to ensure community voices influence decisions and service delivery
2. Planned Transformation
  - Transformation will be an intentional and integral part of commissioning
  - All transformation projects will be managed using robust, established methodologies to ensure effectiveness and accountability
3. Community Centric design
  - Services will be designed to promote community resilience, enablement and reablement
  - We will leverage natural networks and community resources to support well-being
  - Our Live Well Havering resource will enhance this community focused approach
4. Choice and personalisation
  - Our commissioned services will maximise choice wherever possible allowing residents to shape services around outcomes that matter to them
  - Procurement processes will reflect our commitment to community resilience and personalisation
5. Prevention and access to information
  - Preventative approaches will be embedded across all commissioning processes ensuring that prevention remains at the heart of our services
  - We will continue to invest in local voluntary and community services and ensure there is accessible information available through a variety of resources
6. Evidence-based practice
  - We will adopt a population health management approach using data and evidence to inform commissioning
  - All commissioning decisions will be made based on the available research, service evaluations and other available data ensuring that services are effective, efficient and meet the needs of local people
7. Outcome – focused commissioning
  - Services will be commissioned to deliver measurable improvements in outcomes for local people
  - Outcomes will be determined by co-production with communities and informed by local intelligence and data
8. Promoting Equity and Social Value
  - Commissioning will actively promote health and wellbeing, social value, equality and diversity

- We will actively work to reduce health inequalities across all commissioned service areas
- 9. Future proofing services
  - Services will be designed to meet both current and anticipated future demand
  - We will ensure flexibility and responsiveness to evolving community needs
- 10. Market development and fairness
  - All providers will be treated fairly and we will support diverse provider models

## Overarching Priorities

### 1. Delivering financial sustainability and value for money

The Commissioning Strategy is being implemented at a time of significant financial challenge. Consequently, ensuring that services are commissioned as cost-effectively as possible and within the resources available, driving out inefficiencies while still delivering improved outcomes for Havering's residents is a key priority that runs throughout the strategy. In response to the Chartered Institute of Public Finance and Accountancy (CIPFA) recommendations the strategy focuses on the development of the Market Position Statement (MPS), strategies for developing the Supported Housing offer in Havering and implementing innovative approaches to commissioning.

A number of actions are planned to support this priority including;

- A review of all commissioned services that are coming to an end within the next 12 months will take place, identifying opportunities for cost savings through joint commissioning, removal of duplication and a focus on prevention focused interventions.
- Focus on the identification of opportunities to deliver more integrated services between NHS and the Council
- Initiatives that focus on early intervention and prevention will be prioritised to reduce costly hospital admissions or long-term care placements
- Innovative funding and contracting models will be considered for all recommissioning exercises in 25/26

### 2. Engaging people and communities

We are committed to ongoing engagement and discussion with our residents to ensure that services in Havering are designed around their needs.

Since the inception of the Place Based Partnership, the Havering commissioning team have been engaging with staff, partners and local people to understand what matters most to them.

We have engaged in a number of ways, through showcase events with staff across the borough to keep them updated and engaged on the work underway, surveys, focus groups and one to one discussions on key projects such as the development of the Strategy for

those who provide informal and unpaid care. We have held local events and shared surveys to seek the views of local people on our priorities and programmes of work (as well as connecting them to a range of wider services and support), and have developed a number of case studies around the experiences of local people which have been embedded in our work to ensure that tangible improvements are made to service delivery.

To achieve commissioning outcomes that truly reflect individual needs, it is essential for us to engage with those who have first hand experience and a deep understanding of their own goals and requirements. We are committed to working collaboratively with people who can share their lived experiences. Gathering feedback from a wide range of stakeholders - including those who have accessed our services, their families, unpaid carers and our providers – is an essential part of our commissioning process.

A significant amount of further engagement and codesign with local people is planned, including monthly events outreaching into our local communities, which will be focussed around wellbeing and linking local people into wider services, as well as speaking with them about the proposed key areas of focus for improvement, and the things that matter most to them.

### 3. Prevention

A key priority is for our commissioning activity to support a strategic shift from reactive crisis management to proactive prevention. We are committed to ensuring our preventative services empower individuals throughout all stages of life, fostering wellbeing and independence within a community-centred model. This approach is designed to build resilient communities, enhance health literacy, and provide seamless access to services that support healthier living and ageing, with a strong focus on prevention to reduce reliance on statutory services.

Havering actively promotes independence and wellbeing through three tiers of prevention:

- **Primary prevention** – Reducing the risk of individuals developing care needs
- **Secondary prevention** – Identifying people at high risk of developing needs and intervening early
- **Tertiary prevention** – Minimising deterioration and loss of independence for those with established needs or preventing the recurrence of a health and social care crisis

Our priorities around prevention for 2025/26 include:

- The redesign and recommissioning of the prevention contracts across both Live Well and Age Well portfolios. The scope of the new Living and Ageing Well Community Wellness and Empowerment Services include a comprehensive range of support and interventions aimed at promoting health, wellbeing, and independence among adults whilst fostering social inclusion and community resilience. The service is designed to provide early-stage support to prevent crises and reduce reliance on statutory services.

- This approach will ensure services are community-based, easy to navigate, and highly accessible to individuals of all ages.
- Joint commissioning with health and community partners will focus on improving access and quality through prevention and early intervention initiatives
- Further development of our community reablement offer ensuring that it becomes the default option at our ASC front door with no decisions about long term care being made prior to a period of reablement.
- Partnerships with the voluntary sector will play a crucial role in delivering preventative services that support live well and age well principles. This includes implementing awareness programmes, early diagnosis, and intervention strategies that are accessible and inclusive

#### 4. Integrated Neighbourhood Teams

The Council are committed to working in partnership with the ICB, community and voluntary sector services to deliver an Integrated Neighbourhood Teams (INT) model in the community to address the holistic needs of individuals, particularly those with complex or long term conditions, in a seamless and proactive way.

The key priorities in relation to INT delivery in 2025-26 include:

- The ICB development of an integrated patient level dashboard which provides individual contact level detail across health and social care. This is the first dataset that has brought this information together and will enable staff to better target and support patient needs. This population health management tool will be developed further allowing frontline staff to identify those with complex health and social care needs who will require support from multiple services and organisations
- A number of workshops will be held with patients, community & voluntary sector organisations, health and social care professionals to define our neighbourhood boundaries and co-design the operating model for the neighbourhood teams
- The first Integrated Neighbourhood team will be launched towards the end of 2025 and evaluation framework will be developed to assess effectiveness

#### 5. Market Management and development

It is recognised that robust market management is fundamental to ensuring a sustainable and value-driven care home sector for older adults across Havering. Informed by the findings of the Care Analytics Summary Report (June 2025), our strategy outlines immediate and longer-term actions for market management that respond to price pressures, demographic changes, and the influence of neighbouring boroughs.

We employ a strategic and collaborative approach to managing the provider market, ensuring quality and sustainability in service delivery. The council actively engages with providers through regular communication and forums, fostering a transparent and cooperative relationship.

Havering is the largest market for older adult care homes in North East London, with 1,640 beds, and our providers remain reliant on council-commissioned placements. However, increased demand from neighbouring NEL boroughs has negatively impacted our individual purchasing power, contributing to a 77% rise in the mean price for new placements over the last two years.

In order to address the challenges within the care provider market in Havering, a series of strategic commissioning actions are planned including:

- The introduction of the Marketplace Module in the upcoming upgrade of the Liquidlogic system in 2025 will enhance the ability to drive detailed data on market capacity, including waiting times, which is crucial for corroborating current understandings of capacity across the provider market.
- We will facilitate market entry via the introduction of a new Adult Social Care provider Framework covering Homecare, Residential, Nursing and Supported Living provisions. This will be commissioned in 2025 and will commence in 2026
- For residential beds, engaging with providers to increase the percentage of placements made at council usual rates is a priority.
- For supported living placements, collaboration with Housing and Property colleagues is planned to address accessibility challenges. A new minimum standards document for supported living properties aims to ensure they meet the diverse needs of residents.
- We will maintain and expand data sharing through Care Analytics, joining with partners across NEL to monitor trends, benchmark costs, and anticipate pressures on capacity.
- A NEL wide approach to market management is being developed, building on the Care Analytics work and recommendations.

## Key Commissioning Intentions

### Supported Housing

#### *Objective*

*To support vulnerable young people and adults to maintain and increase their independence enabling individuals to thrive, and build independence to reduce reliance on statutory services*

#### How will this be achieved?

- A procurement plan will be agreed for the commissioning of 8 contracts in 2025/26
- There will be a focus on improving Provider engagement, specifically through contract meetings/monitoring/visits during 25-26.
- The right type of supported housing will be delivered to meet specific client groups, e.g., Care Leavers and Learning Disabilities based on a needs assessment
- There is a focus on reducing the numbers of vulnerable young people and adults who are placed out of borough
- Improve tenancy sustainment to enable independent living through care and support planning moving into social/council/private housing

- There is planned work to increase the numbers of individuals able to move through services to achieve their maximum levels of independence
- There is a focus on a reduction in costs to social care budgets through reduction in voids and reduced supported costs
- The referral / placement process will be improved to reduce out of area placement costs and improve access to Supported Housing

### Personalisation approach to care through Direct Payments

#### *Objective*

*To enhance the personalisation of care by increasing the number of people who have self-directed support through direct payments. This aims to provide individuals with greater choice and control over the care they receive, promoting independence and personalised outcomes.*

#### How will this be achieved?

- The direct payment rate will be reviewed to ensure sustainability and choice for residents, supporting personal assistants to become specialists in their field, and developing a robust personal assistant market
- Additionally, regulatory arrangements will be further developed to ensure service quality, and contracts will be adjusted to promote micro-commissioning and personalisation
- A program of activities will also be initiated to address barriers to market development, thereby enhancing independence and personalised care for residents.

### Enhancing Residential and Nursing services for adults with complex needs

#### *Objective*

*To increase the availability of specialist and flexible residential care homes in Havering for individuals with complex needs, particularly those with physical and sensory disabilities and challenging behaviours. This expansion aims to reduce reliance on out-of-borough placements, ensuring residents can access suitable care within their local community, thereby improving their quality of life and delivering more effective and cost-efficient services.*

#### How will this be achieved?

- Havering will work closely with clinical care leads and residential care providers to expand the capacity and flexibility of local residential care homes to accommodate individuals with complex needs. This involves commissioning new facilities or extending the capabilities of existing ones within the borough.
- There is an emphasis on creating environments equipped to handle challenging behaviours and providing specialist services.
- Additionally, there will be a focus on ensuring staff are trained and fully equipped to meet the demands of these service users, as well as ongoing collaboration to monitor and adapt services to evolving needs.

## Enhancing Preventative and Community Based Services

### *Objective*

*Our strategic goal is to ensure that preventative services support the wellbeing and empowerment of individuals within a community-based model. This approach aims to build more resilient communities, improve health literacy, and provide seamless access to services, thereby promoting independence and reducing reliance on statutory services.*

### *How will this be achieved?*

- 2025/2026 will see the re-design and recommissioning of both the Live Well and Age Well prevention contracts in Havering. The revised approach is a collaborative model, fostering cohesion supporting residents with diverse and complex needs.
- To address the current challenges related to accessibility and fragmentation an integrated approach has been taken. For Live Well this encompasses preventive support for physical and sensory disabilities, learning disabilities, autism, and mental health condition. For Age Well the new contract includes frailty, falls, social isolation and hospital discharge support.
- Our successful Community Reablement model will be expanded to all GP practices ensuring a direct referral route and avoiding ED attendances / admissions
- A full review of the Local Area Coordination model will be undertaken to maximise coverage across the Borough and improve demonstrable outcomes
- Preventative services will be prioritised through partnership with the voluntary sector, utilising their strengths to deliver comprehensive support. This includes awareness programs, early diagnosis, intervention services that are accessible to the community and a specific focus on social isolation.
- Focus on developing employment opportunities for people with Learning Disabilities which will be overseen by the Learning Disabilities and Autism Employment Steering Group.

## Supporting Hospital Discharge

### *Objective*

*To develop a co-ordinated approach to discharge to minimise hospital stays and enable patients to return home safely, ensuring continuity of care following discharge*

### *How will this be achieved?*

- There is a focus on the design and implementation of a Place Based Transfer of Care hub supporting all discharge pathways
- There is a planned review of Reablement and the Intensive Rehab Service (IRS) which is commissioned by the ICB to further explore opportunities for integration and support more streamlined discharges for pathway 1 reducing duplicate assessment processes
- There will be further development of the Home First model provided by the Reablement provider ECL, to include all Pathway 1 discharges. This model provides

full assessment at home on the day of discharge, ensuring that no decisions about long term care needs are made whilst someone is in an acute setting.

- The discharge to assess model will be reviewed across both nursing and residential homes ensuring all discharges into a new care home have the opportunity for therapy support (where appropriate) and a multi-disciplinary team meeting approach is taken regarding long term care decisions

## Identification of and support for unpaid carers

*Maximise the identification of unpaid and informal carers to ensure they receive the support they need to enable them to continue to care for their friends and loved ones*

- Through the Health Inequalities budget, the Havering Carers Hub will be commissioned to deliver:
  - Increased capacity for 1-1 assessments for local carers in Havering
  - Training for front line staff to increase awareness of informal and unpaid carers and to equip them with the tools to have conversations with local people that they recognise are performing this role to identify themselves as a carer, and ensure that they know where to signpost them for support
  - Training for informal and unpaid carers themselves to better equip them to deliver their roles, and build personal networks of others in similar positions
- The Carers Hub contract will be recommissioned in 2025, the new contract will commence in 2026
- There will be targeted training for frontline staff, across primary, secondary and community care, and continual marketing to local people to support more carers to be identified and registered with the Carers Hub for support
- Continued delivery of the joint Carers strategy and engagement via the Carers Board
- The Joy Directory will be further developed including printed versions to enable local Carers access to all of the services and support available to them in Havering

## Coordinated care for those living with Dementia

*Increase diagnosis rates for dementia, embed a preventative approach for those at risk, and provide better, wrap around support with pathways that feel more integrated for those with Dementia and their Carers*

- The Dementia support service contract will be recommissioned in 2025, the new contract will commence in 2026
- The action plan in the Havering Dementia strategy will be delivered
- There is a focus on reducing waits for diagnosis and improving information and support at the point of diagnosis
- A project will be implemented to ensure 'at risk' groups are reviewed annually due to the increased risk of early onset dementia
- A central point of access for information and guidance for people with dementia and their carers will be delivered via the Joy App

- There is work planned to further develop the dementia friendly community across Havering including dementia friendly signposting

### **Timescales**

This interim adults commissioning strategy is for 2025-2026. A comprehensive commissioning strategy will be developed in consultation with key stakeholders and residents over the next 12 months.

### **Related documents**

This strategy should be read in conjunction with:

- Havering JSNA 2025
- Health and Wellbeing Strategy
- Corporate Plan

# Equality & Health Impact Assessment (EqHIA)

## Document control

<b>Title of activity:</b>	New Commissioning Strategy
<b>Lead officer:</b>	Laura Neilson, Assistant Director Age Well
<b>Approved by:</b>	Barbara Nicholls, Strategic Director People
<b>Version Number</b>	<b>V0.1</b>
<b>Date and Key Changes Made</b>	15 <sup>th</sup> July 2025
<b>Scheduled date for next review:</b>	15 <sup>th</sup> July 2026

<b>Did you seek advice from the Corporate Policy &amp; Diversity team?</b> Please note that the Corporate Policy & Diversity and Public Health teams require at least <b>5 working days</b> to provide advice on EqHIAs.	Yes
<b>Did you seek advice from the Public Health team?</b>	No
<b>Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?</b> See Publishing Checklist.	No

**Please submit the completed form via e-mail to [READI@havering.gov.uk](mailto:READI@havering.gov.uk) thank you.**

# 1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact [READI@haverling.gov.uk](mailto:READI@haverling.gov.uk) for advice from either the Corporate Diversity or Public Health teams. Please refer to [this Guidance](#) on how to complete this form.

## About your activity

1	Title of activity	New Commissioning Strategy		
2	Type of activity	New Strategy		
3	Scope of activity	This EQHIA has been carried out to gather a detailed understanding of the potential effects on our population through the introduction of a new commissioning strategy.		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	If the answer to <u>either</u> of these questions is 'YES', please continue to question 5.  If the answer to <u>all</u> of the questions (4a, 4b & 4c) is 'NO', please go to question 6.	
4b	Does this activity have the potential to impact (either positively or negatively) upon people from different backgrounds?	Yes		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes		
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO:	N/A		

Completed by:	Laura Wheatley, Portfolio Manager Live and Age Well
Date:	15 <sup>th</sup> July 2025

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

### Background/context:

The interim adults commissioning strategy sets out our approach to the planning and commissioning of services for adults in Havering over the next 12 months. The focus is on responding to identified local needs, with an emphasis on prevention and enabling individuals to live healthy, independent lives for as long as possible.

The strategy covers

- Commissioning principles
- Overarching priorities
- Key commissioning intentions for 2025/2026

#### Context

Havering's population has grown significantly over the past decade and now stands at approximately 268,145 residents. The borough has a notably high proportion of people aged 65 and over and the lowest proportion of working-age adults in London, increasing pressure on local services. It also has the highest rate of unpaid carers in London at 8.7%, above both the London and national averages. Household deprivation has risen by 4%, with marked disparities in health, disability, and deprivation between communities.

Despite rising demand, funding for health and social care is based on outdated population data, leaving Havering under-resourced. Overcrowding and limited access to affordable housing further impact residents' wellbeing, while demographic pressures continue to strain health and care services. These challenges underscore the urgent need for all partners to maximise the efficiency and effectiveness of available resources.

#### Structure

In 2024, the LBH commissioning team integrated with the ICB place-based team to form the Havering Integrated Commissioning team, structured around three portfolios: Start Well, Live Well, and Age Well. Over the past year, the team has worked jointly to review commissioned services, reduce duplication, coordinate delivery, and improve outcomes for residents. However, in response to national NHS financial pressures, NHS North East London is undergoing a restructure to cut running costs by 50%, which will significantly impact Place and end the current integrated commissioning model.

The Council is planning a parallel restructure of its commissioning team, to be completed by December 2025. Despite these changes, integrated working practices are now well embedded, and both organisations remain committed to collaboration to drive service efficiency and improve outcomes for Havering residents.

#### Overarching Priorities

1. **Financial Sustainability** – Ensuring value for money through service reviews, joint commissioning and innovative funding models
2. **Community Engagement** – Embedding lived experience into service design through ongoing dialogue with residents and stakeholders
3. **Prevention** – Shifting from crisis response to proactive, community-based support across all life stages
4. **Integrated Neighbourhood Teams** – Launching a new model of care to deliver holistic, localised support for complex needs

**5. Market Management** - Strengthening the care market through data-driven planning, provider engagement, and new frameworks.

Key Commissioning Intentions

**Supported Housing** – Expanding and improving supported housing to promote independence and reduce out-of-borough placements.

**Direct Payments** – Enhancing personalisation by increasing uptake and sustainability of self-directed care.

**Complex Needs Care** – Increasing local capacity for specialist residential and nursing care.

**Preventative Services** – Recommissioning services to improve accessibility, integration, and community resilience.

**Hospital Discharge** – Streamlining discharge pathways through integrated hubs, Discharge to Assess (D2A), reablement and Home First models.

**Support for Carers** – Expanding identification and support for unpaid carers through training, outreach, and digital tools.

**Dementia Care** – Improving diagnosis, access to support, and community awareness through a coordinated approach.

**Who will be affected by the activity?**

The introduction of a new commissioning strategy will have implications for a diverse range of stakeholders across the health and social care landscape. Primarily, service users—including carers and individuals accessing community support—will be directly impacted by changes in service provision, access pathways, and eligibility criteria. Particular attention must be given to populations who have historically experienced health inequalities, such as ethnic minorities, people with disabilities, older adults, LGBTQ+ communities, and those from socio-economically disadvantaged backgrounds. Any alteration in commissioning may affect the availability, quality, or suitability of services for these groups, potentially exacerbating or alleviating existing inequities.

Additionally, the workforce delivering commissioned services can be affected. This includes not only frontline health and social care professionals but also administrative and support staff within provider organisations. Changes in commissioning arrangements may alter job roles, required competencies, or employment conditions, influencing staff morale, retention, and the overall capacity to deliver equitable care. Commissioners, local authorities, and third-sector partners will also be impacted, as they adapt to new contractual, financial, and collaborative frameworks. It is essential that the EQHIA process engages with all these groups to ensure that the new strategy supports health equity, mitigates adverse impacts, and maximises positive outcomes for all affected stakeholders.

**Protected Characteristic - Age:** Consider the full range of age groups

Please tick (✓)  
the relevant box:

**Positive** ☒

**Neutral** ☐

**Negative** ☐

**Overall impact:**

*The new commissioning strategy will deliver a positive impact on Havering's population.*

**Evidence:**

*The 2021 Census data showed that the biggest growth has been seen in 25 to 39 year olds (an increase of 26.5%) in Havering seeing the second highest growth of all local authorities in the country. Havering also continues to have a high proportion of residents aged over 65 (17.6%). This is the second highest proportion in London and only marginally lower than Bromley's figure*

of 17.7%. Havering is also becoming a younger borough; the median age has reduced from 40 in 2011 to 39 in 2021. Meanwhile the median age increased in London from 33 in 2011 to 35 in 2021, and England from 39 in 2011 to 40 in 2021.

Recent PANSI data shows that there are approximately 30,395 individuals aged 18-64 in Havering, demonstrating that these services are only reaching 45% of our 18+ population. With the rise in the 18-64 age group predicted to increase from 39,226 in 2021 to 44,717 by 2031, prevention services need to be remodelled to address the growing demand.

Recent JSNA data shows that there are approximately 46,200 individuals aged 65+ in Havering, demonstrating that these services are only reaching 4% of our older population. With the rise in the 65-84 age group predicted to increase from 39,226 in 2021 to 47,894.00 by 2031 (22%), and 85+ from 7,051 in 2021 to 7,864 in 2031, prevention services need to be remodelled to address the growing demand.

The new commissioning strategy will have a positive impact on the protected characteristic of Age by proactively addressing the evolving demographic profile of Havering. By remodelling prevention services to meet the needs of both a growing younger population and a substantial older population, the strategy ensures that people of all ages are better supported. Enhanced, targeted interventions will help close existing service gaps, ensuring improved access, equity, and quality of care for residents across all age groups. This approach supports healthy ageing and wellbeing, while also enabling younger adults to access the resources and support they need as Havering continues to grow and diversify.

#### Sources used:

- Office for National Statistics (ONS), Census 2021
- Projecting Adult Needs and Service Information System (PANSI) prevalence rate
- Havering's Joint Strategic Needs Assessment (JSNA) 2025 'Living Well & Ageing Well'

**Protected Characteristic - Disability:** Consider the full range of disabilities; including physical, mental, sensory, progressive conditions and learning difficulties. Also consider neurodivergent conditions e.g. dyslexia and autism.

Please tick (✓) the relevant box:

**Positive** ☒

**Neutral** ☐

**Negative** ☐

#### Overall impact:

The new commissioning strategy will deliver a positive impact on Havering's population.

#### Evidence:

The 2021 Census data showed that 15.3% of Havering residents have disabilities, similar to London (15.6%) but lower than England (17.7%). 29,742 households in Havering had at least one person with a disability.

In Havering 6.3% of people meet the Equality Act definition of Disabled where their day-to-day activities are "limited a lot". This is in comparison to 5.8% London average and 7.3% of people nationally. In Havering an estimated 38,449 residents reported having a disability in 2021. The neighbourhoods in Havering that have the highest number of households where at least one member is disabled were Hornchurch Marshes, Rush Green and Harold Hill East. In 2021, there were 570 people per 100,000 aged 65 and over in Havering who were permanent residents in nursing/care homes: higher than both London (377) and England (506).

Healthcare and social care play a crucial role in maintaining and improving an individual's health by providing services to prevent, diagnose, and treat illnesses, injuries, diseases and disability.

The needs of people with a disability, learning disability or autism who meet Care Act eligibility criteria are met via the local authority social care teams. For those adults 18 + known to Adult

Social Care in 2024/2025, 1,820 are recorded as having a disability and 1,683 are receiving services. For those adults 65+ known to Adult Social Care in 2024, 5,963 are recorded as having a disability as a primary support reason and 6,120 are receiving services. (This includes long and short-term support as well AT, equipment and adaptations).

The introduction of the new commissioning strategy is expected to have a significant positive impact on individuals with disabilities in Havering. By building on up-to-date local data and targeting resources to where needs are most acute, the strategy aims to enhance access to services and improve outcomes for disabled residents. With a focus on person-centred support, increased service provision, and collaboration across health and social care, the strategy will help reduce disparities and promote inclusion, ensuring that people with disabilities benefit from tailored interventions and greater opportunities for independence and wellbeing.

**Sources used:**

- Office for National Statistics (ONS), Census 2021
- Adult Social Care data
- Projecting Adult Needs and Service Information System (PANSI) prevalence rate

**Protected Characteristic – Sex / gender:** Consider both men and women

Please tick (✓) the relevant box:

<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	

**Overall impact:**

The new commissioning strategy will deliver a neutral impact on Havering's population.

**Evidence:**

The 2021 Census data showed that males account for 48.2% of Havering's population, while females made up 51.8% of the total. Within the 65+ population, the rate of growth for females is a lot lower than that for males in this age group. The number of males aged 65+ has increased by 15.5%, which is only slightly lower than the increase for London (17.4%). The growth of the female aged 65+ demographic in Havering was just 4.8%, which is considerably lower than the growth in London (13.8%).

The new commissioning strategy is anticipated to have a neutral impact on the protected characteristic of sex/gender. While census data indicates some differences in population growth between males and females, particularly within the 65+ age group, the strategy has been designed to ensure equitable access to services and resources regardless of sex or gender. No specific provisions within the strategy favour or disadvantage individuals on the basis of their gender, and careful consideration has been given to maintaining fairness and inclusivity throughout. Consequently, the implementation of the strategy is not expected to result in any differential impact relating to sex or gender.

**Sources used:**

- Office for National Statistics (ONS), Census 2021

**Protected Characteristic – Ethnicity / race / nationalities:** Consider the impact on different minority ethnic groups and nationalities

Please tick (✓) the relevant box:

<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	

**Overall impact:**

The new commissioning strategy will deliver a neutral impact on Havering's population.

**Evidence:**

The 2021 Census data showed that White British remains the most common ethnic group in Havering, with 66.5% (174,232) of the population identifying in this group, down from 83.3% (197,615) in 2011. The next most common ethnic group is Asian, accounting for 10.7% (28,150) of the population, up from 4.9% (11,545) in 2011. London remains the most ethnically diverse region of England and saw an 8.1% percentage point decrease in people who identified as White British from 44.9% in 2011 to 36.8% in 2021.

The new commissioning strategy is designed to be inclusive and equitable, ensuring that individuals from all ethnic backgrounds have equal access to services and opportunities. It does not target or prioritise any particular ethnic group, but rather applies consistent criteria and standards across the board. As a result, the strategy is expected to have a neutral impact on the protected characteristic of ethnicity, maintaining fairness and promoting diversity in line with statutory requirements and best practice guidance in the UK.

**Sources used:**

- Office for National Statistics (ONS), Census 2021

**Protected Characteristic – Religion / faith:** Consider people from different religions or beliefs, including those with no religion or belief

Please tick (✓) the relevant box:

<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	

**Overall impact:**

The new commissioning strategy will deliver a neutral impact on Havering's population.

**Evidence:**

The 2021 census data showed just over half of Havering's population identified as Christian (52.2%), while a significant proportion reported having no religion (30.6%). Minority religions included Muslim (6.2%), Hindu (2.5%), Sikh (1.7%), Jewish (0.5%), and Buddhist (0.4%). An additional 0.4% identified with other religions, and 5.5% of respondents did not answer the question about religious belief.

In light of the borough's diverse religious makeup, the new commissioning strategy has been carefully assessed to ensure it will have a neutral impact on the religion or faith protected characteristic. There is no evidence to suggest that the proposals will advantage or disadvantage individuals or groups based on their religious beliefs. The strategy is designed to be inclusive and equitable, upholding the principle of equal treatment for all residents regardless of faith or belief.

**Sources used:**

- Office for National Statistics (ONS), Census 2021

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

Please tick (✓) the relevant box:

<b>Positive</b>	
<b>Neutral</b>	✓
<b>Negative</b>	

**Overall impact:**

The new commissioning strategy will deliver a neutral impact on Havering's population.

<b>Evidence:</b> <i>The 2021 census data showed that the vast majority of respondents, 91.07%, identified as straight or heterosexual. Smaller proportions reported as gay or lesbian (0.95%), bisexual (0.73%), or other sexual orientations (0.27%), while 6.98% of people chose not to answer the question on sexual orientation.</i>	
<i>It is anticipated that the new commissioning strategy will have a neutral impact on individuals with the protected characteristic of sexual orientation. The strategy has been developed to ensure equitable access to services for all residents, regardless of sexual orientation, and there are no changes proposed that would adversely affect any specific group. Monitoring and evaluation processes will remain in place to uphold this commitment to fairness and inclusivity.</i>	
<b>Sources used:</b> <ul style="list-style-type: none"> <li>Office for National Statistics (ONS), Census 2021</li> </ul>	

<b>Protected Characteristic - Gender reassignment:</b> Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth	
<i>Please tick (✓) the relevant box:</i>	<b>Overall impact:</b> <i>There is no information available to make an assessment on the impact of the new commissioning strategy on this protected characteristic.</i>
<b>Positive</b>	
<b>Neutral</b>	
<b>Negative</b>	
<b>Evidence:</b> <i>Data on gender reassignment is not available.</i>	
<b>Sources used:</b> <ul style="list-style-type: none"><li><i>Not Applicable</i></li></ul>	

Protected Characteristic – Marriage / civil partnership: Consider people in a marriage or civil partnership	
Please tick (✓) the relevant box:	<b>Overall impact:</b> <i>The new commissioning strategy will deliver a neutral impact on Havering's population.</i>
Positive	
Neutral	
Negative	
<b>Evidence:</b> <i>The 2021 census data showed 47% of residents are married or in a registered civil partnership, while the remaining 53% have other marital statuses. Among these, 36.9% have never married, 1.9% are separated but still legally married, 7.8% are divorced, and 6.4% are widowed.</i>  <i>The new commissioning strategy is designed to be inclusive and equitable, ensuring that individuals are treated fairly regardless of their marital or civil partnership status. An assessment of the proposals indicates that there will be a neutral impact on people with this protected characteristic, as the strategy does not introduce measures that would advantage or disadvantage any group based on their relationship status.</i>	
<b>Sources used:</b> <ul style="list-style-type: none"><li>Office for National Statistics (ONS), Census 2021</li></ul>	

**Protected Characteristic - Pregnancy, maternity and paternity:** Consider those who are pregnant and those who are taking maternity or paternity leave

Please tick (✓) the relevant box:		<b>Overall impact:</b> <i>There is no information available to make an assessment on the impact of the new commissioning strategy on this protected characteristic.</i>
<b>Positive</b>		
<b>Neutral</b>		
<b>Negative</b>		
<b>Evidence:</b> <i>Data on pregnancy, maternity and paternity is not available.</i>		
<b>Sources used:</b> <ul style="list-style-type: none"> <li>• <i>Not Applicable</i></li> </ul>		

**Socio-economic status:** Consider those who are from low income or financially excluded backgrounds

Please tick (✓) the relevant box:		<b>Overall impact:</b> <i>There is no information available to make an assessment on the impact of the new Living Well Community Wellness and Empowerment Service on this protected characteristic..</i>
<b>Positive</b>		
<b>Neutral</b>		
<b>Negative</b>		
<b>Evidence:</b> <p><i>The 2021 census data showed a varied distribution of socio-economic status across different levels. The largest proportion of individuals falls within levels L4-6 (Skilled trades, administrative, and intermediate occupations) at 20.1%, followed by L7 (Lower managerial, administrative, and professional occupations) at 14.9% and L12 (Semi-routine occupations) at 10.8%. Levels L1-3 (Higher managerial, administrative, and professional occupations) and L8-9 (Small employers and own account workers) both represent 12.5% each, while L13 (Routine occupations) accounts for 9.6% of the population. Levels L14.1-14.2 (Never worked and long-term unemployed) comprise 8.2%, L15 (Full-time students) stands at 6.2%, and the smallest group is found in levels L10-11 (Lower supervisory and technical occupations) at 5.1%. This distribution highlights the diversity in socio-economic circumstances within Havering.</i></p> <p><i>In light of this data, it is anticipated that the new commissioning strategy will have a neutral impact on individuals with the protected characteristic of socio-economic status. The strategy has been designed to ensure that services remain accessible and equitable across all groups, regardless of the socio-economic level. There are no anticipated advantages or disadvantages for any particular category, and the diverse socio-economic landscape of Havering will continue to be reflected and respected in the commissioning process.</i></p>		
<b>Sources used:</b> <ul style="list-style-type: none"> <li>• <i>Office for National Statistics (ONS), Census 2021</i></li> </ul>		

**Health & Wellbeing Impact:**  
 Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity?

Please tick (✓) all the relevant boxes that apply:	<b>Overall impact:</b> <i>The overall impact of the strategy is a substantial improvement in health and</i>
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<b>Positive</b>	<input checked="" type="checkbox"/>	<i>wellbeing for disadvantaged, vulnerable, and at-risk groups. By enhancing access to vital services, promoting preventive measures, and empowering individuals and communities, the strategy fosters more equitable, lasting health outcomes and contributes to the reduction of health disparities across diverse populations.</i>
<b>Neutral</b>	<input type="checkbox"/>	
<b>Negative</b>	<input type="checkbox"/>	

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

Yes ☐      No ☒

**Evidence:**

*This assessment considers how the new commissioning strategy may affect health and wellbeing outcomes, with a focus on equality, inclusion and reducing disparities for disadvantaged, vulnerable and at-risk groups. The EQHIA framework guides this analysis, aiming to identify both positive and potential negative impacts and to ensure that health inequalities are addressed throughout the commissioning process.*

*In the immediate term, the commissioning strategy is expected to improve access to essential health and wellbeing support, particularly for those who experience barriers due to socio-economic status, ethnicity, disability or other factors. Targeted activities – such as enhanced access to social care, mental health support, and nutrition initiatives – can address acute needs and begin to reduce inequalities. The provision of culturally competent and accessible support is essential to reach and benefit diverse populations quickly and effectively. Over the longer term, the strategy aims to tackle health inequalities at their root by embedding prevention, health education and empowerment into all commissioned services. This approach supports better physical and mental health outcomes for the most disadvantaged, promoting greater independence, higher quality of life, and a reduction in the prevalence of issues such as social isolation and reduced mobility. Sustainable investment in factors like early adulthood support, stable housing, and community resilience is key to breaking cycles of disadvantage and supporting long-term equity.*

*Commissioned activities should actively promote positive health and wellbeing, in line with EQHIA principles. Programmes in arts, sport and digital inclusion, co-designed with people who use services and local communities, can strengthen social networks, reduce isolation and build resilience. Partnering with voluntary and community sector organisations helps tailor provision to those least likely to engage with mainstream support, supporting equitable access and outcomes. The EQHIA process highlights the importance of recognising and responding to the varied needs within at-risk groups, including refugees, people with disabilities, older adults, LGBTQ+ communities, and others. Staff training in cultural competence and trauma-informed care underpins equitable delivery. Monitoring and evaluation should include measures of wellbeing, participation, and a sense of belonging, ensuring ongoing responsiveness to those most affected by health inequalities.*

*Embedding EQHIA principles within the new commissioning strategy helps ensure that both short and long-term impacts are considered, and that reducing health inequalities remains central. By prioritising innovation, collaboration, and sustained engagement with disadvantaged communities, the strategy can achieve meaningful, equitable improvements in health and wellbeing for all.*

**Sources used**

- Health & Wellbeing Screening Tool

### 3. Health & Wellbeing Screening Tool

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




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

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

## 4. Outcome of the Assessment

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

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

✓	<p>1. The initial screening exercise showed a strong indication that there will be no impacts on people and need to carry out an EqHIA.</p> <p>2. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u></p>		<p><b>Proceed with implementation of your activity</b></p>
	<p>3. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u></p>		<p><b>COMPLETE SECTION 5:</b> <b>Complete action plan</b> with measures to mitigate the and finalise the EqHIA</p>
	<p>4. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level</p>		<p><b>Stop and remove</b> the activity or <b>revise</b> the activity <b>thoroughly</b>. <b>Complete an EqHIA on the revised proposal.</b></p>

## 5. Action Plan

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

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
N/A	N/A	N/A	N/A	N/A	N/A

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### Add further rows as necessary

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

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

## 6. Review

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

**Review:**

This EqHIA will be reviewed 12 months after the strategy launches.

**Scheduled date of review:** 15<sup>th</sup> July 2026

**Lead Officer conducting the review:**

Laura Neilson, Assistant Director Age Well

**Please submit the completed form via e-mail to [READI@haverling.gov.uk](mailto:READI@haverling.gov.uk) thank you.**



## CABINET

### Subject Heading:

Outdoor Play Areas Contract Award

### Cabinet Member:

Councillor Barry Mugglestone

### ELT Lead:

Neil Stubbings

### Report Author and contact details:

James Rose

### Policy context:

The Havering Vision

Place Outcome – Havering is a Green Borough

- Investing in our parks
- Number of parks with Green Flags

### Financial summary:

The Council intends to award a contract by way of a framework with an estimated value of up to £3m over 5-years, subject to the availability of funding.

### Is this a Key Decision?

Yes, expenditure of £500,000 or more

### When should this matter be reviewed?

27<sup>th</sup> October 2025

### Reviewing OSC:

Place OSSC

## The subject matter of this report deals with the following Council Objectives

People - Supporting our residents to stay safe and well

X Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council

## **SUMMARY**

A decision is required to award a 5-year play contract (by way of a framework) to a single supplier for all improvements in parks and open spaces across the Borough. This will be a call-off contract with a minimum spend of £0 and maximum of £3 million over the term.

## **RECOMMENDATIONS**

Cabinet hereby approves:

1. The procurement for a 5-year call-off contract via the Eastern Shires Purchasing Organisation (ESPO) Framework which will cover all improvement works in parks play areas when required for up to a total value of up to £3 million. The procurement will be by way of mini-competition.
2. To waive the Council's standard 70:30 (price: quality) evaluation scoring in favour of 40:60 (price: quality) for the reasons set out in this report.
3. To award the contract to the bidder as selected by way of the framework with an estimated commencement date in January 2026
4. To authorise the Director of Environment to complete all necessary documentation required to give effect to recommendations 1-3.

## **REPORT DETAIL**

Several tenders are carried out each year for the improvements in play and recreation areas generally by way of the Request for Quotation (RFQ) procedure. The subsequent contracts are generally spread across several contractors.

This contact will procure one supplier which will undertake all works for the term of the contract. This will also provide better and added value with the designs and public consultation undertaken by the contractor. Having a sole supplier on contract will reduce the time taken to conduct individual RFQs. With one supplier having the contract for all works over a 5 year period, better designs and play value will be achieved. They will also provide a public consultation service within the contract, which currently the Council do not have the capacity to undertake.

The Council has the ability to use the ESPO framework for the appointment.

A request for expressions of interest has already been sent to the suppliers on the ESPO framework. 8 out of the 12 on the list have responded positively.

The Council will select the preferred contractor by way of mini-competition as provided for by the ESPO framework.

Once awarded, there is no commitment to use this contract if no funding is available in any year, i.e. if the Council cannot obtain capital, Community Infrastructure Levy (CIL) or external funding for potential projects.

The Council will always need to carry out improvements and refurbishments in our play areas however, this is dependent on levels of use, vandalism and requests from the community or stakeholders. It is very likely the Council will have at least a couple of sites per year that will need improving.

Applications are made for grant funding and where successful, this will be used to fund the works.

The budget for each project during the term of the contract will be a set amount and the chosen supplier will quote to this value. The variables will be the quality of the design, equipment and play value which is the most important element of each project. For example, it will not be acceptable to have more inferior equipment at a lower price. Therefore, it is necessary to put more weighting on the quality, i.e. range and durability of equipment, designs, rather than price (which will be fixed).

A comprehensive pricing schedule provided by the ESPO framework is to be completed as part of the mini competition. As this is part of a framework, financial checks have already been carried out as part of the tender submission stage. On completion of the tender at award stage, we will carry out an Experian check on the winning bidder.

## **REASONS AND OPTIONS**

### **Reasons for the decision:**

To enable the procurement and award of the contract that will provide the Council with better value for play and recreation improvements.

### **Other options considered:**

**Do nothing** – the Council could continue to procure works on an ad-hoc basis through RFQs but this would be an ineffective use of officer time and also less value would be achieved.

## **IMPLICATIONS AND RISKS**

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

This report is seeking approval to commence procurement and then award a five-year contract for outdoor play area improvements, with a potential total value of £3 million, subject to funding availability.

The estimated contract value is based on historical annual spend, however, there is no financial commitment unless funding is secured. Expenditure will be contingent on the availability of capital budgets, Community Infrastructure Levy (CIL), Section 106 (s106) contributions, or external grant funding. As such, the contract offers flexibility, with no obligation to spend in any given year if funding is not available.

Each project will be delivered within a pre-set budget, and suppliers will be required to quote to that value. The use of the Eastern Shires Purchasing Organisation (ESPO) framework ensures that suppliers have already undergone financial due diligence. An Experian credit check will also be carried out at the award stage to confirm the financial standing of the selected supplier.

There are no direct revenue budget implications associated with this procurement. However, as each scheme will be bidding within a set budget envelope (e.g. a commissioned amount); it is likely that the successful bidder will aim to maximise value by offering more play equipment. As a result, there will be potential additional revenue implications around safety, compliance and on-going maintenance which the service will need to manage within their budget.

The proposed adjustment to the evaluation weighting from 70:30 (price: quality) to 60:40 (quality: price) is financially justified. It prioritises quality, durability, and play value, which supports long-term value for money and reduces lifecycle costs.

Not proceeding with this contract would be likely to lead to multiple standalone procurements, reduced economies of scale, and increased officer time, which may have indirect implications for operational efficiency.

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

Section 19(1) of the Local Government (Miscellaneous Provisions) Act 1976 allows local authorities to provide such recreational facilities as they think fit. Play and recreational areas are recreational facilities and the Council is making a decision to procure and award a contract for the improvement of play and recreational areas in accordance with that provision.

The Council has power to procure and make contracts under Section 111 of the Local Government Act 1972 which permits the Council to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions or through its general power of competence in Section 1 of the Localism Act 2011 to do anything an individual can do, subject to certain constraints. None of the constraints apply to this decision.

The maximum value of the contract is above the applicable public procurement threshold for services contracts of £214 904 stipulated in the Procurement Act 2023 (PA). Therefore, the contract is subject to the full PA regime. However, the Council is utilising a pre-procured framework on this occasion to award a call-off contract by way of mini-competition.

For the reasons set out above, the Council may commence procurement (via the framework) and then award the contract as set out in this report.

#### **Human Resources 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.

#### **Equalities implications and risks:**

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

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

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

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

There are not equalities and social inclusion implications and risks associated with this decision

#### **Health and Wellbeing implications and Risks**

The London Borough of Havering is committed to protecting and promoting the health and wellbeing of local residents. There are no direct health and wellbeing

implications arising from the recommendation to proceed with procurement of an outdoor play areas contract. Having suitable arrangements in place to ensure that existing play and recreation areas are well maintained and safe, and that any new provision is of a high standard, will mean that these assets can continue to provide important opportunities for physical activity amongst children and young people.

**ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

The recommendations made in this report do not give rise to any identifiable environmental and climate change risks.

**BACKGROUND PAPERS**

NA