Public Document Pack

Havering
LONDON BOROUGH

PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE AGENDA

7.00 pm	Tuesday 16 September 2025	Appointment Centre Room 7 & 8, Town Hall, Romford

Members 9: Quorum 3

COUNCILLORS:

Jason Frost (Chairman)
Frankie Walker (Vice-Chair)
Sarah Edwards
Robby Misir
Christine Smith
Judith Holt
Jacqueline McArdle
Jacqueline Williams

CO-OPTED MEMBERS:

Statutory Members representing the Churches

Jack How (Roman Catholic Church)

Statutory Members representing parent governors

Julie Lamb, Special Schools

NON-VOTING MEMBERS

Ian Rusha (NEU)

For information about the meeting please contact:
Luke Phimister
01708 434619 luke.phimister@onesource.co.uk

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.

What is Overview & Scrutiny?
Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

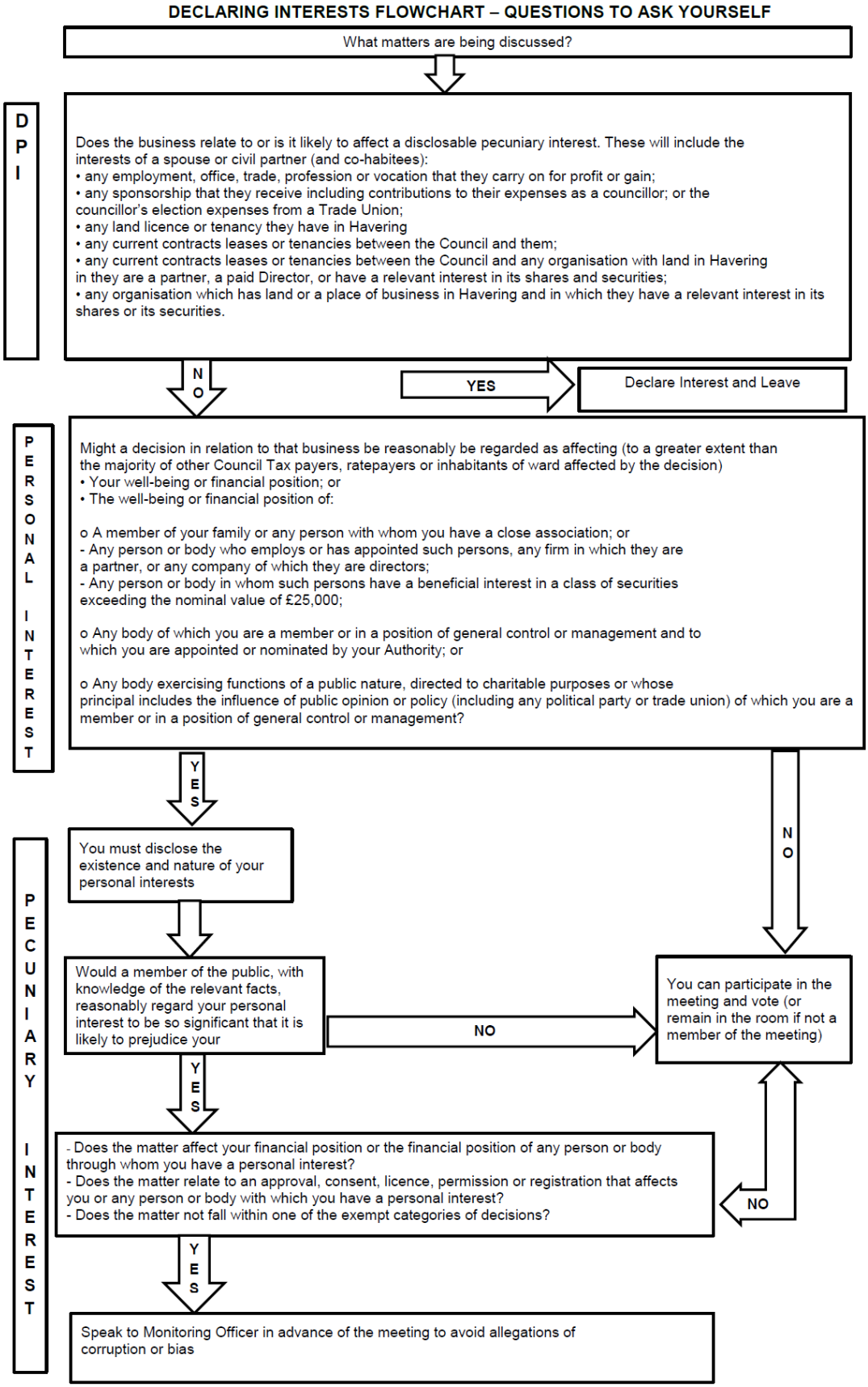
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Drug, Alcohol & sexual Services
- Health & Wellbeing
- Health O & Scrutiny
- Adult Care
- Learning and Physical Disabilities
- Employment & Skills
- Education
- Child Protection
- Youth Services

- Fostering & Adoption Services
- Education Traded Services
- Early Years Services
- Looked after Children
- Media
- Communications
- Advertising
- Corporate Events
- Bereavement & Registration Services
- Crime & Disorder


DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF
What matters are being discussed?
DPI
Does the business relate to or is it likely to affect a disclosable pecuniary interest. These will include the interests of a spouse or civil partner (and co-habitees):
• any employment, office, trade, profession or vocation that they carry on for profit or gain;
• any sponsorship that they receive including contributions to their expenses as a councillor; or the councillor's election expenses from a Trade Union;
• any land licence or tenancy they have in Havering
• any current contracts leases or tenancies between the Council and them;
• any current contracts leases or tenancies between the Council and any organisation with land in Havering in they are a partner, a paid Director, or have a relevant interest in its shares and securities;
• any organisation which has land or a place of business in Havering and in which they have a relevant interest in its shares or its securities.
NO
YES
Declare Interest and Leave
PERSONAL INTEREST
Might a decision in relation to that business be reasonably be regarded as affecting (to a greater extent than the majority of other Council Tax payers, ratepayers or inhabitants of ward affected by the decision)
• Your well-being or financial position; or
• The well-being or financial position of:
o A member of your family or any person with whom you have a close association; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
o Any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by your Authority; or
o Any body exercising functions of a public nature, directed to charitable purposes or whose principal includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management?
YES
NO
PECUNIARY INTEREST
You must disclose the existence and nature of your personal interests
Would a member of the public, with knowledge of the relevant facts, reasonably regard your personal interest to be so significant that it is likely to prejudice your
NO
You can participate in the meeting and vote (or remain in the room if not a member of the meeting)
YES
- Does the matter affect your financial position or the financial position of any person or body through whom you have a personal interest?
- Does the matter relate to an approval, consent, licence, permission or registration that affects you or any person or body with which you have a personal interest?
- Does the matter not fall within one of the exempt categories of decisions?
NO
YES
Speak to Monitoring Officer in advance of the meeting to avoid allegations of corruption or bias

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 ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

To receive (if any)

3 DISCLOSURE OF INTERESTS

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

4 MINUTES (Pages 9 - 10)

To approve as a correct record the Minutes of the meetings of the Committee held on 3rd April 2025 and authorise the Chairman to sign them

5 ARTIFICIAL INTELLIGENCE: USE IN SOCIAL CARE AND BROADER COUNCIL SERVICES (Pages 11 - 30)

Documents attached

6 ICB 10 YEAR PLAN (Pages 31 - 68)

Documents attached

7 PRE-DECISION SCRUTINY: PERMISSION TO AWARD THE AGEING WELL COMMUNITY WELLNESS AND EMPOWERMENT SERVICE (Pages 69 - 128)

Cover report and exempt documents attached

Zena Smith
Head of Committee and Election Services

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MINUTES OF A MEETING OF THE
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE
Appointment Centre Room 10 & 11, Town Hall, Romford
3 April 2025 (7.00 - 9.04 pm)

Present:

COUNCILLORS

Conservative Group	Jason Frost (Chairman) and Jacqueline McArdle
Havering Residents' Group	Christine Smith and Julie Wilkes
Labour Group	Frankie Walker (Vice-Chair)

12 **CHAIRMAN'S ANNOUNCEMENTS**

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

13 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received for the absence of Councillor Robby Misir and Co-optees Julie Lamb and Ian Rusha

14 **DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

15 **MINUTES**

The minutes of the previous meeting held on 11th February 2025 were agreed as a correct record and were signed by the Chairman.

16 **VIOLENCE AGAINST WOMEN AND GIRLS STRATEGY - PRE-DECISION SCRUTINY**

The Sub-Committee received the Violence Against Women and Girls (VAWG) strategy for pre-decision scrutiny.

Members were pleased to note that Domestic Abuse (DA) included a wide range of family members under the definition, including children and family who are carers. Officers explained the VAWG annual report was presented to the community safety partnership which comprised of all statutory services, such as the Police and the voluntary sector.

The Sub-Committee questioned officers on the perpetrator programme and noted it was mostly for male perpetrators. Male victims of DA had access to the DRIVE programme.

Members then raised concerns of the increase of Female Genital Mutilation (FGM) country-wide to which officers explained that health professionals have a duty to report instances of FGM and have strict guidelines they adhere to. In Havering, there had been only 1 conviction for FGM.

The Sub-Committee discussed the increasing prevalence of VAWG in the Borough's nightlife. Members noted 'Ask Angela' was a national scheme which allows victims to discreetly alert staff of an issue and to be escorted away from a potentially dangerous situation. Havering also have night marshals who are trained to support victims and intervene if necessary. Officers explained that regular training and awareness is needed due to new waves of young people entering the night-time economy. Members recognised that social media had caused an increase in stalking and VAWG with DA becoming more 'normalised' in relationships.

Members expressed concern that DA can start or worsen while a woman is pregnant but were pleased to hear that midwifes have private conversations with pregnant women, and without their partner, during the first visit following the birth of the baby. Midwives are also trained to notice any flags of DA.

GDPR laws had made data and information sharing between the Police and the Council much more difficult which had raised some issues. Officers clarified that data is heavily anonymised however the Council did have regular meetings with the Police at tri-Borough VAWG meetings. Data sharing was improving but was still proving to be difficult due to the laws.

The Sub-Committee recommended to Cabinet that they:

1) Recognise that Violence Against Women and Girls (VAWG) training is essential for all members and agree to include it in new member induction training
2) Agree to include WAVE training as part of the Licensing Chair's training

Chairman

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PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE – 16th SEPTEMBER 2025

Subject Heading:	Artificial Intelligence: Use In Social Care And Broader Council Services
Report Author and contact details:	Barbara Nicholls, Strategic Director of People
Policy context:	Members to discuss areas relating to People

SUMMARY

The attached report is regarding the use of Artificial Intelligence (AI) within social care and broader Council services

RECOMMENDATIONS

That the Sub-Committee scrutinises the reports and agrees any recommendations or comments

REPORT DETAIL

The attached presentation provides members with details on how Ai has been integrated into social care and other council services. The report covers AI applications such as Magic Notes and Co-pilot.

IMPLICATIONS AND RISKS

Financial implications and risks: None for this covering report

Legal implications and risks: None for this covering report

Human Resources implications and risks: None for this covering report

Equalities implications and risks: None for this covering report

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

None for this covering report

BACKGROUND PAPERS

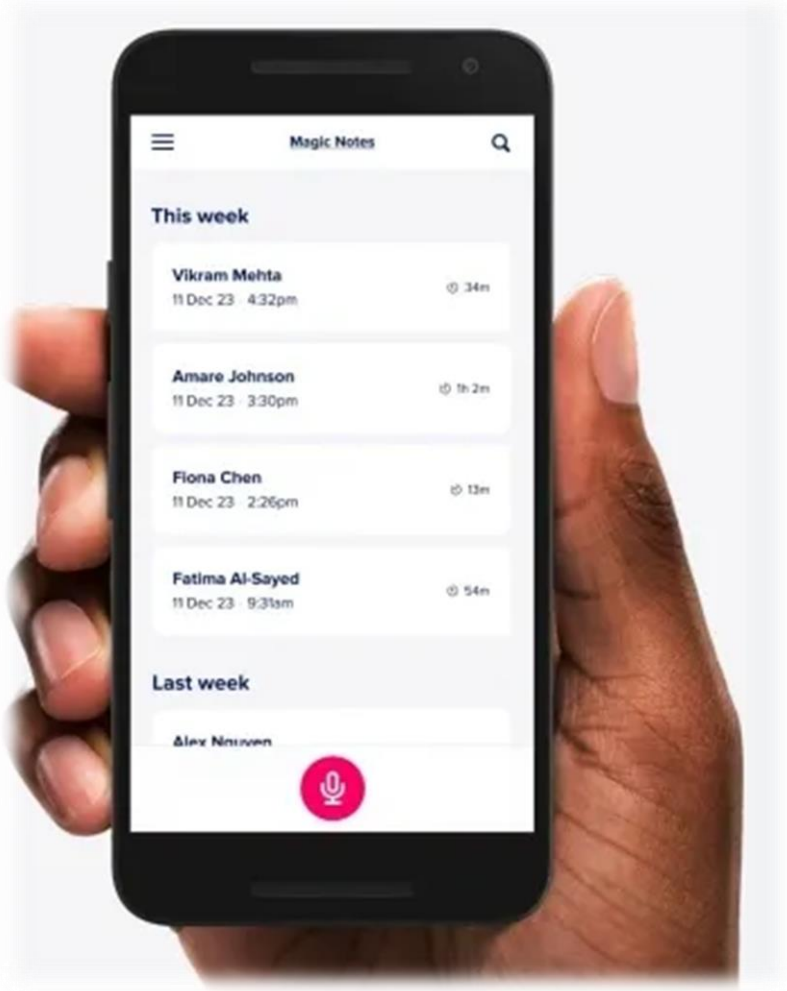
None

People Overview and Scrutiny Sub Committee 16th September 2025

Artificial Intelligence Use in social care and broader council services

Magic Notes and Co-pilot

Magic Notes - Overview and Scrutiny Presentation



- Introduction and Background
- What Magic Notes Does
- Pilot Phase – Activity & Outcomes
- Progress Since Pilot
- Report Consolidation Capabilities
- Benefits
- Staff Feedback
- GDPR and Data Protection
- Bias in Artificial Intelligence

Introduction and Background

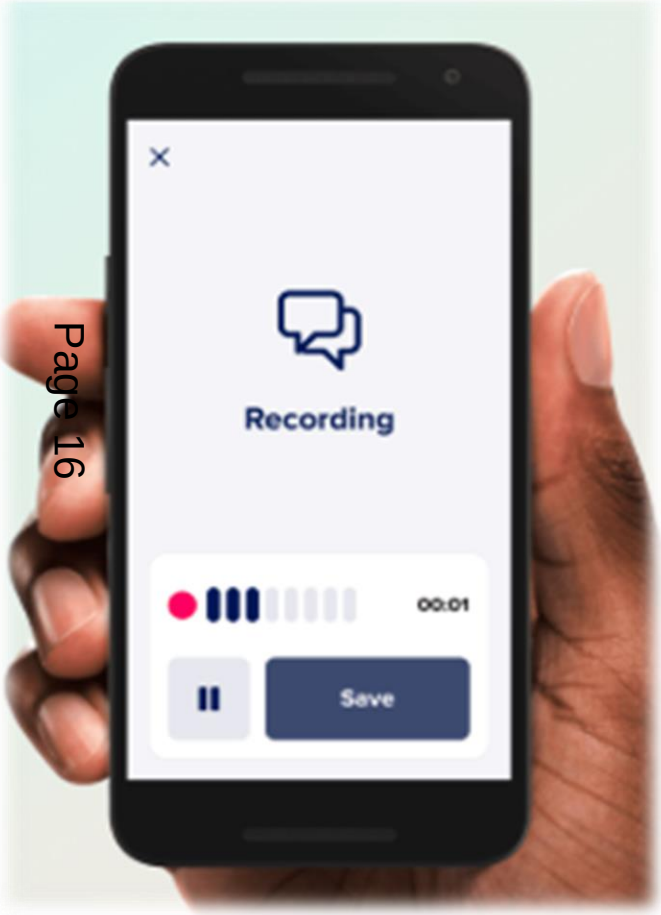
Magic Notes is an AI-powered meeting summarisation tool designed to support social care professionals.

It captures voice recordings, transcribes sessions, and generates structured summaries including suggested actions.

Enhancements now include report functionality compiling reports such as BIA & EHCP's in one click.

Developed to reduce administrative burden and improve the quality of assessments and interactions.

What Magic Notes Does



Outputs: Full voice recording, full transcription, summary with actions. Ability to add further comments and notes.

Templates: Care Act Assessment, Occupational Therapy Assessment, Supervision, 121, Homelessness Triage and more.

Reports Education and Health Care Plans (EHCP) & Best Interest Assessment (BIA).

Smart Features: Suggests actions (e.g. safeguarding concerns), compile follow up comms, referrals, translates outputs into other languages.

Pilot Phase – Activity & Outcomes

14 ASC staff participated over 6 weeks

Used Magic Notes during client visits and assessments

Evaluated time savings, report quality, and user experience

Outcomes:

- Significant reduction in time spent on admin and documentation.
- Improved quality and consistency of reports.
- Enhanced engagement between workers and clients.
- Positive staff feedback and increased interest in wider rollout.

'Improved accuracy for non-native English speakers'

'Enabled me to focus on the conversation'

'Notes were ready immediately after visits'

Progress Since Pilot

Active rollout across Starting, Living and Aging Well → August: 22,727 recordings 600 staff with access

Templates aligned with LCS roadmap where relevant → Roll out of EHCP and BIA

Ongoing training and support in place via supplier → Interest from other service areas such as HR, Legal and Audit

Report Consolidation Capabilities

- Streamlined EHCP Drafting: Consolidates multiple inputs into a single draft report.
- Efficiency Gains: Drafts generated in minutes, reducing manual effort.
- Contract Details: £10 per report but we have 1000 reports included in 2-year contract. (Comparison: EHCP Plan Writer = £130 - £240 per report)
- Cost-Effectiveness: More economical than agency staff.
- Quality Assurance: Comparable to human writers, could support annual reviews and educational psychologist reports.
- Operational Impact: Easy to use, scalable solution for EHCP backlogs.

Benefits

Efficiency: Reduced admin time and faster documentation.

Quality: More accurate and structured assessments.

Accessibility: Language translation and inclusive design.

Scalability: Flexible licensing and low-risk expansion.

Evidence Base: Staff survey - 86% staff reporting time saved on Admin.

QA: Align with existing Quality Assurance processes.

Benefits cont...

Time spent before Magic Notes

Category	Average (minutes)
Team Meetings	71.97
Client or Stakeholder Meetings	80.11
121 Supervision Meetings	74.90
General Meeting	80.34
Assessments	107.60

Time spent with Magic Notes

Category	Average (minutes)
Team Meetings	36.33
Client or Stakeholder Meetings	41.72
121 Supervision Meetings	47.25
General Meeting	39.38
Assessments	57.13

An average saving of **38.62 minutes**

Staff Feedback

Survey results – survey is still running but initial headlines:

Using the time saved:

- More quality time with service user/family.
- Able to manage more and complex cases.
- Increased productivity while maintaining work-life balance.

General feedback on the tool:

- Significant time saved on admin tasks with quicker, higher-quality completion.
- Social workers can focus on clients without note-taking distractions.
- Strong support for multiple languages.
- Overall satisfaction rated 8/10.

When asked about service users:

- Clients appreciate the fast delivery and thoroughness of assessment reports.
- Social workers engage better with service users due to increased presence.
- Some concerns remain about lack of body language cues and being recorded.

Things to address/consider:

- Notes can be repetitive and lack context — require full read-through for accuracy; increase use of “Describe a change”.
- Body language and recording concerns — consider capturing these in staff notes post-meeting.
- Reinforce service users’ choice and control.

Staff Feedback cont...

Practitioner Testimonials:

- 'If we do not keep this after the pilot, I will quit—it has saved me so much time.'
- 'It has enabled me to be fully involved in the conversation without the distraction of taking notes.'
- 'I had two assessment visits back-to-back—this ensured my notes were ready when I got back to the office.'
- 'English is not my first language, so the written notes are now more accurate and timely.'

Manager Endorsements:

- Team Manager for Children in Care: 'Magic Notes saves time and allows me to focus, reflect, and contribute meaningfully to meetings.'

Cultural Impact:

- Staff feel more connected and less burdened by admin.

GDPR and Data Protection

- Magic Notes complies with UK GDPR and the Data Protection Act 2018.
- Consent-Based Use - Staff must obtain consent before using Magic Notes.
- Retention Period - Data retained for 30 days.
- Storage - Secure UK-based cloud servers.
- Notes only accessible by staff who took recording.
- Governance and Oversight - DPIA Completed prior to pilot & updated privacy notices in place.
- Met Police issue with all AI – Loti leading on resolution.

Bias in Artificial Intelligence

A recent study found some models show gender bias when summarising social care notes- actions our supplier Beam are taking:

Beam's Mitigation Actions

- Model choice: GPT-4o for its fairness and accuracy.
- Accuracy tools: Includes ElevenLabs Scribe for better output.
- Ongoing reviews: Combines human and automated checks.
- Built-in safeguards: Templates use gender-neutral language.
- Human oversight: Practitioners verify details with citations.

Evaluation Plans

- Independent review with Kent County Council.
- Bias testing using London School of Economics methods.
- Public focus groups on artificial intelligence in care.
- Sector-wide report from 50+ pilot evaluations.

What Microsoft Copilot Does

- AI-Powered Content Creation - Drafts documents, emails, and presentations instantly
- Real-Time Data Analysis - Builds formulas, charts, and insights in Excel
- Seamless Integration Across Microsoft 365 - Embedded across Word, Excel, PowerPoint, Outlook, Teams
- Personalized Assistance - Uses Havering's data to tailor responses
- Meeting & Communication Support - Summarises meetings, tracks actions, drafts replies

Copilot Pilot Phase

150 licenses rolled out and "Community of Best Practice" setup.

Engaged with Phoenix (via Microsoft) to deliver training

Tracked time savings & efficiencies via a log

Outcomes

Uses ranged from taking meeting minutes, producing draft documents or processes and assisting with coding.

Copilot was used across the full range of Microsoft Applications.

Time savings varied, but savings of up to 48 hours per month were logged.

Training videos and information stored in the Centre of Excellence Teams area for wider rollout when/if needed

Next steps

Uses cases for trackable time and/or cost savings to be identified

The above will feed into a business case for wider rollout across the organisation (if outcomes support this)

Questions

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Health Overview and Scrutiny Committee

Subject Heading:	NHS 10 Year Plan Briefing
Board Lead:	Luke Burton, Joint Director of Partnerships, Impact and Delivery, Havering
Report Author and contact details:	Emily Plane, Head of Strategic Planning, NHS North East London e.plane@nhs.net

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

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

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SUMMARY

The NHS stands at a critical juncture with mounting pressures from population growth, an ageing population and significant financial constraints; the need for fundamental reform has never been more urgent.

In response, the government's NHS 10-Year Health Plan, titled "Fit for the Future," published July 2025, aims to fundamentally transform the healthcare system in England by shifting from hospital-centric care to community-based services, embracing digital technologies, and prioritizing preventative care. The plan outlines key changes like moving outpatient care to the community, expanding neighbourhood care, and utilising technology to improve efficiency and patient experience.

The plan also includes provision for Foundation Trusts (FTs) as part of a broader shift towards a more integrated and community-focused healthcare system; it envisions that all NHS trusts will eventually become Foundation Trusts, while also introducing the concept of Integrated Health Organisations (IHOs).

There is also provision for the most well developed NHS Foundation Trusts to become integrated health organisations (IHO), with the opportunity to hold the whole health budget for a local population. These will be foundation trusts that have shown an ability to meet core standards, improve population health, form partnerships with others and remain financially sustainable over time.

Alongside this, Integrated Care Boards across England have to deliver 50% savings against their running costs by March 2026. NHS North East London are therefore about to embark on a staff consultation that could see numbers of posts reduced by half. This will have an impact on the Havering Integrated Team at place, and has wider implications for Havering Local Authority relating to the joint work that we have been driving together.

This paper highlights the key implications of the above 10 Year Plan, and ICB running cost reduction, for Havering Local Authority.

RECOMMENDATIONS

Health Overview and Scrutiny Members are asked to note and discuss the detail of this update, setting out the key elements of the NHS 10 Year Plan, and the implications for the London Borough of Havering, and Havering Team at Place.

REPORT DETAIL

This report summarises the key elements of the NHS 10 year plan including the following key shifts and reforms:

Three major shifts:

- **From hospital to community**: More care closer to home, with Neighbourhood Health Service and co-located centres open 12 hours a

day, 6 days a week. Two-thirds of outpatient appointments (currently costing £14bn) will shift to digital alternatives, while 95% of complex patients will have universal care plans by 2027.

- **From analogue to digital:** A Single Patient Record accessible through the NHS App by 2028 will become the "front door" to the NHS, supporting AI-powered diagnostics, medicine management, and care planning. New AI tools being tested on the Federated Data Platform, which connects information across healthcare settings and links siloed sources, which can reduce the time spent on paperwork by 51.7% and allow each doctor to treat 13.4% more patients during a shift.
- **From treatment to prevention:** The plan aims to create a smoke-free generation, tackle obesity, reduce alcohol harm, and eliminate cervical cancer by 2040 while increasing access and uptake of screening services via the Neighbourhood Health Service and scaling genomic and predictive analytics to support prevention.

Five enabling reforms:

- A **new operating model**, merging NHS England with DHSC, empowering ICBs as strategic commissioners, and reintroducing earned autonomy for high-performing NHS organisations.
- **Enhanced transparency of quality of care**, publishing league tables of providers and patient experience measures, revitalising the National Quality Board as the single authority on quality, and implementing AI-led warning systems to identify at-risk services based on clinical data.
- **Workforce transformation**, focusing on AI-enabled productivity, advanced practice roles, ultra-flexible contracts, and technology to release £13bn worth of staff time.
- **Innovation and technology** with five "big bets" (AI, data, genomics, robotics, wearables) drawn from the Future State Programme, new Global Institutes, and faster clinical trial and medicine approval pathways.
- **Financial sustainability** via a value-based approach focused on getting better outcomes for the money we spend and clearing deficits through 2% annual productivity gains, multi-year budgets, and innovative capital investment models, alongside "Patient Power Payments" linking funding to patient experience.

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.

The 'Neighbourhood' footprints within Havering will likely be coterminous with the Primary Care Network Footprints, and covering three areas;

- 'North Havering' – covering Havering North Primary Care Network
- 'Central Havering' – Covering Marshall's and Crest Primary Care Networks
- 'South Havering' – Covering South Havering and Liberty Primary Care Networks.

Many services within the Borough are already configured around these footprints, and the London Borough of Havering are currently reviewing their Social Care provision to ensure that this is in line with these boundaries. This will enable local

teams of council, NELFT, BHRUT, and Primary Care staff, as well as the wider community and voluntary sector, to work closely to address the needs of the populations within those areas.

IMPLICATIONS AND RISKS

There are a number of key considerations, risks and implications for the London Borough of Havering – these are summarised below.

- With the development of Integrated Neighbourhood Teams, there is the opportunity for the London Borough of Havering to come forward as a partner in the proposed 'Integrator' function. This would enable the Local Authority to continue to drive towards closer integration and continue to directly influence the development of services going forwards. The London Borough of Havering has already initiated discussion with partners around this opportunity.
- The Havering Integrated Team at place has delivered some amazing work together that will serve as a solid foundation going forwards. It's crucial that key aspects of this such as the Live Well Havering programme (which to date has been largely funded by NHS Monies, but which LBH colleagues are seeking to progress and fund) are able to continue, alongside positions and work like the jointly funded Supported Housing role. The Live Well Havering programme has revitalised the council's relationship with the community and voluntary sector, and will be the key delivery programme for prevention into the future. There are risks that, given the council's financial constraints, programmes like this could suffer with the potential reduction in resource at the Havering team at Place.
- Relationship between the Council and NHS – as described above, the Havering Team at place has fostered ever closer relationships and working practices between NHS commissioners, providers, the Community and Voluntary Sector, and Havering Council. The Jointly appointed Havering Director of Partnerships, Impact and Delivery has spearheaded this. Given that there will be a likely reduction in the number of staff, and therefore resource at place, there is the potential that the impact / influence between the NHS and Council could be impacted.
- The London Borough of Havering is already working to mitigate the immediate implications of the NHS 10 Year Plan, that require NHS North East London to undertake a restructure within 2025/26, delivering a 50% running cost reduction. This has implications for the Havering Integrated Team at place (NHS Commissioners and LBH Commissioners from what was previously the Joint Commissioning Unit). The Team has been successfully working as a joint entity for over a year. The implications of the significant running cost reduction requirement for NHS North East London is that the resource at Havering Place will reduce significantly on the NHS side. The London Borough of Havering are responding by planning a restructure for the staff employed by the Council, to be run concurrently with the NHS consultation, to ensure that the commissioning team structure is not destabilised by the reductions within the NHS Team.

- The Havering Integrated Team at Place has led a significant amount of work, with associated investment, in addressing Health Inequalities in Havering. This has included, but not limited to, a significant amount of work around hidden Carers, including development of the Carers strategy, establishment of the Carers Board, and co-production with local carers, reducing barriers in access to care for those who are deaf or who communicate differently, a significant amount of engagement and co-production with local people, Funding for the Live Well Havering programme. The Health Inequalities Programme budget comes to an end in March 2026, and there is no indication yet of whether the Integrated Care Board, in it's new form from April 2026, will continue to fund this programme. The Havering Integrated Team at place has driven the work around this, and, with a potential reduction in the number of staff within the team relating to the restructure on the NHS side, could also significantly reduce capacity to continue to drive forward this work around addressing health inequalities.
- The Havering Integrated Team at Place is comprised of a number of experienced staff who have built a wealth of knowledge and connections over a number of years. There is a risk that we will lose some of this local knowledge and connections as a result of the ICB staff consultiation. It is crucial that we build in a transition period to the new model (post consultation), to ensure that this learning and knowledge can be shared with Local Authority staff and NHS Staff who remain working at Place.
- Co-production with local people – The Havering Integrated Team at place has driven a significant amount of co-production and engagement with local people; delivering Live Well Havering outreach evets, developing case studies to drive improvements in service delivery and integration, coproduction around the Havering Carers strategy, work with local deaf people and those who communicate differently, development with local people of the Autism strategy. This engagement has been used as evidence on behalf of the London Borough of Havering as co-production during recent CQC and OFSTED visits. There is a risk that, with reduced capacity at place, and loss of connections and knowledge from staff moving on, that the ability of partners to continue this coproduction will be reduced.
- There are financial implications for the Local Authority as the ICB becomes a 'strategic commissioner' and the new NHS landscape places more impetus on NHS Providers to deliver transformation. There have been no guarantees in the 10 year plan around continued joint funding for Prevention.
- The Better Care Fund will be restructured from 2026/27 to align with new commissioning and neighbourhood plans. Local Authorities, in particular Havering, are already face over-spending pressures on adult social care budgets, rising costs (inflation, Living Wage, NICs), and public health grant cuts. The Local Government Association has indicated that there is a need for a parallel 10-year adult social care plan, financial and systemic misalignment will undermine NHS aims.

- Potential decommissioning of Healthwatch – the government have suggested that they are in the process of streamlining oversight on Quality of health services and have indicated that this could signal the end of Healthwatch England. We're not currently sure what the implications of this are for Healthwatch Havering. Healthwatch Havering are key local partners and have worked closely with the Havering Partnership to drive improvements for local people, including a significant amount of work to improve outcomes for those who are Deaf / communicate differently, and other key initiatives. They are champions locally in terms of shining a light on the needs of local people, and working with partners to address health inequalities and barriers to care. The 10 year plan suggests that the functions of Healthwatch will be absorbed into Integrated Care Boards and other bodies, so it's essential that locally we continue to ensure that the needs of local people are championed.

- The Havering Place based Partnership Board and Partnership governance has been a key set of forums that have brought partners together locally to share resources, unblock issues, identify joint priorities, and deliver integration and improved outcomes for local people. With a reduction in resource at Havering Place and within the Integrated Care Board, and potential changes to our local landscape with Healthwatch and changes to the way our Providers operate, this governance structure will need to be reviewed and adapt, to ensure that forums remain in Havering where partners are able to come together to effect real change and champion Havering's cause within the content of North East London and wider.

- There is indication that Mayors (or their delegates) will replace local authority representatives on Integrated Care Boards (ICBs). Health scrutiny committees and Integrated Care Partnerships (ICPs) may be abolished, tightening accountability outside local authority structures. Health and Wellbeing Boards will retain advisory roles, but may have less real authority under the new model.

BACKGROUND PAPERS

Attachment 1 - NHS 10 Year Plan Briefing slides
Attachment 2 – Proposed Havering Integrated Neighbourhood Boundaries
Attachment 3 – summary of key implications for the London Borough of Havering

Further reading:
Fit for the Future: 10 Year Health Plan for England - 10 Year Health Plan for England: fit for the future - GOV.UK

North East London Health & Care Partnership

NHS North East London

Fit for the Future: 10 Year Health Plan, Changes to ICBs, and implications for LBH

Havering Overview and Scrutiny Committee Paper

September 2025

Luke Burton

Political messages

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

The Change.nhs consultation was a widespread engagement exercise that received over 250,000 public, staff and expert contributions.

The **key drivers for change** cited in the 10 year health plan are:

1. Public satisfaction with the NHS is now only 21%, down from 70% in 2010.
2. The NHS faces increasing pressure from an ageing population with long term conditions and widening levels of inequality.
3. The NHS consumes 38% of government spending, productivity is down 20% to 25% compared to pre-pandemic, the NHS is not delivering value for taxpayers.
4. Patients wait passively to receive care from an antiquated service reliant on posted letters, telephone queueing systems and convoluted access routes.
5. Centralisation of the running of the NHS, particularly because of the reforms introduced after the 2010 elections, has inhibited innovation.

The main solutions and innovations identified are:

1. A move to **patient-controlled and personalised** system with more people having instant access to healthcare and electronic care plans.
2. The transfer of care from **Hospitals to the Neighbourhood** in a way that will revitalise General Practice and provide more care closer to people's homes.
3. The NHS will undergo a **digital revolution** including more use of AI, the NHS App and centralised patient records, this will include the use of genomics data as a way to actively prevent ill health.
4. The NHS will be decentralised, frontline staff will be empowered to reshape services, and **the role of the Integrated Care Board has been reclarified as the organisation that uses strategic commissioning to improve population health.**

Our approach: 10 Year Plan engagement

The People's Panel

What we did

- The People's Panel is made up of more than 2,400 people living in north east London, who receive a monthly newsletter inviting them to participate in various engagement activities
- We invited People's Panel members to participate in a workshop to discuss the 10 Year Plan and the proposed three shifts:
    - Moving more care from hospitals to communities
    - Making better use of technology
    - Preventing sickness, not just treating it
- Our partner organisations also helped us promote the opportunity through their networks too
- We delivered 7 in person workshops at Place, with around 80 participants overall on cold winter evenings

Key learning / feedback

Hospital to community

- Moving care from hospitals to the community could have a profound positive impact in particular on waiting times and patient experience
- Potential to be more cost effective
- Could aid recovery as people are looked after in more familiar surroundings , making use of community assets and focusing on prevention
- Need to consider impact on unpaid carers who are already under pressure as well as how services would be monitored to ensure high quality

Better use of technology

- Across the groups, people could see the potential benefits for the increased use of technology, however overall, it was felt that there still needs to be options which do not exclude people who are unable to access digital tools, information or services
- Could be beneficial in enabling early diagnosis and supporting prevention of long-term conditions through empowering individuals to manage their health and wellbeing
- Need to consider digital exclusion

Preventing sickness

- People felt that focusing on prevention and early intervention, could reduce hospital admissions, improve self-management, and promote healthier lifestyles. This would not only save money but also enhance the overall well-being of individuals and communities.
- Government's focus should be on primary prevention, rather than secondary prevention
- People wanted to focus discussions on things that can have a positive influence on people's health, such as good quality housing, information about nutrition and employment

“I’m sure with a bit more information early on, half my family could have avoided getting diabetes. There was never any information about what they should be doing to stay healthy, only when it was too late”

“Why don’t different teams work together? Surely things would be a lot more efficient if everyone just talked to each other and shared information?”

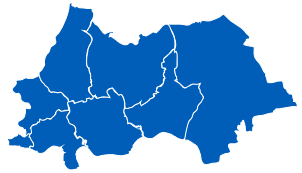
"I know what it's like, I can see where things go wrong when I'm using services, and I want to make it better for other people"

“I once had the most lovely nurse in hospital who made such a difference to my experience, I wish they could copy and paste him. A little bit of kindness makes all the difference”

From Hospital to Community

Key Concepts:

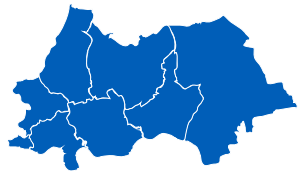
- The **Neighbourhood Health Service** will become an alternative to the Hospital based health service, bringing care into the places where people live and restoring GP access.
- Neighbourhood Health Centres will be created (that are open 12 hours a day, 6 days a week), co-located with other services and offer a one stop shop for NHS patient care, council services and voluntary services.
- More services will be provided on the high street, in patients homes, online, and very importantly more services will be provided outside of the 9 to 5.
- Two-thirds of outpatient appointments (currently costing £14bn) will shift to digital advice, while 95% of complex patients will have universal care plans by 2027.
- Two new neighbourhood provider contracts will be introduced - '**single**' and '**multi**' neighbourhood serving around 50,000 and 250,000+ people respectively – these contracts will 'encourage' GPs to work over larger geographies and lead neighbourhood providers.
- ICBs have freedom to contract with **GP federations or NHS Trusts** to provide Neighbourhood Health Services.
- Well-performing FTs will have the opportunity to become Integrated Health Organisation (IHO) with responsibility for a whole health budget for their population.
- The Neighbourhood Health Service will expand over a 3-4 year timeline which is linked to the timeline for the financial shift from Hospital to out of Hospital services, and the modernisation of Hospitals.
- Increase the number of **Mental Health Emergency Departments** co-located with A&E.



From Analogue to Digital

Key Concepts:

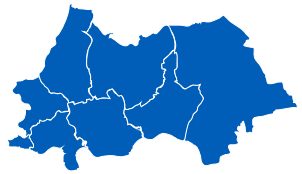
- A nationally procured **Single Patient Record** will facilitate the integrated, personalised and the predictive healthcare model.
- Patients will access the NHS via the **NHS App that will become the "front door"** to the NHS by 2028. The NHS App will support AI-powered rapid advice and diagnostics, self-referral, appointment booking, medicine management, and care planning – together these form the '**doctor in your pocket**'.
- The NHS App will be supplemented by '**HealthStore**': a marketplace for NICE approved digital health apps patients can use.
- New AI tools are being tested on the Federated Data Platform which connects information across healthcare settings, links siloed sources and can increase productivity.
- The shift to digital is citied as the clearest route to financial sustainability because it reduces duplicative efforts, reduce cost of communicating with patients, releases clinicians from pre-assessment, frees frontline staff from paperwork. A national procurement framework for AI tools will be established in 2026/27, which can be accessed by all NHS organisations so they can adopt the new technology safely.
- The key AI clinical tool will be ambient voice technology (the '**AI scribe**') which should reduce paperwork by 51% and release time to care.
- **Genomics data will be integrated into the Single Patient Record** to supplement the personalised and predictive care model approach.



From Sickness to Prevention

Key Concepts:

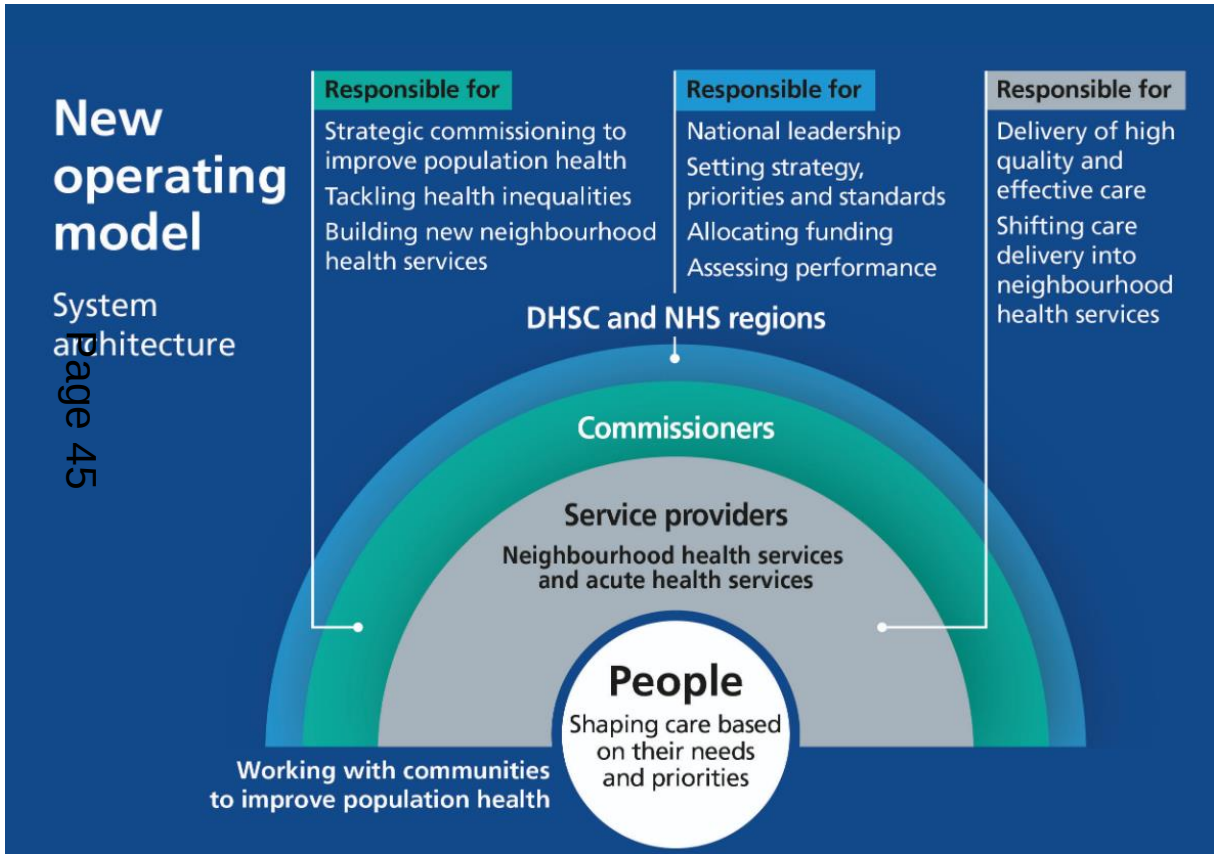
- Prevention will be how we deliver healthier, more prosperous lives for all, particularly for those suffering the consequence of widening heath inequality.
- The report talks about a lot of primary prevention initiatives like the work on smoking cessation, the Tobacco and Vapes Bill, ban on junk food advertising, energy drinks ban, alcohol health warning labels, decarbonising transport, and several other cross government initiative, however it also says…
- The new NHS role will be to use genomics, predictive analysis and AI to usher in a **new era in secondary prevention** giving us the ability to better target prevention initiatives.
- Embracing **technological advance in Vaccines, Screening and Genomics** are seen as critical to turning the NHS into a prevention service / population health service.
- NHS specific secondary prevention initiatives include:
  - Expand the Healthy Start scheme
  - Collaborate with industry to test weight loss models like GLP-1
  - Introduce digital NHS points scheme that reward people for taking healthy actions
  - Achieve national coverage of mental health support teams in schools
  - Increase update of vaccination and screening through the Neighbourhood Health Service
- As part of **the Get Britain Working White Paper** – establish 'Our Health and Growth Accelerators' to test models where NHS systems are held accountable for the impact they have on people's work status.
- **Commitment to clean air** by supporting active travel, decarbonising transport, rolling out clean technologies and tackling poor housing conditions that create damp or mould. (part of *wider government initiatives*)



New operating model

Principal Objective / Rationale

The NHS was founded on principles of universal care, publicly funded and free at the point of delivery; as well as an original ambition of patient empowerment and the distribution of power. The ambition has never been fully realised and this situation is being perpetuated by the on-going centralisation of decision making.



The Vision

- There will be a simple hierarchy of DHSC, Commissioners and Providers - all accountable to government, and with responsibilities clarified.
- The key purpose of the new Department of Health is to set strategy for the NHS and form partnerships at a national or international level with investors, industry and the rest of government.
- The key purpose of ICBs is to become strategic commissioners of local health services and to make evidence based decisions and achieve financial sustainability.
- Earned autonomy will be reintroduced to give the best performing NHS Trusts giving them the opportunity retain surpluses and use that funding to innovate. The poorest performing NHS Trusts can be put into 'administration' and then taken over by another provider.

ICBs will need :

1. Excellent analytical capability, and be guided by population health data
2. A strong strategy function and staff with good problem solving skills
3. Capability in partnership working
4. Intelligent healthcare payer understanding with the ability to develop novel payment mechanisms and strategic resource allocation
5. User involvement functions to ensure services meet the needs of the local community

(summarised from the NHS 10 Year Health Plan page 79)

New transparency on quality of care

Principal Objective / Rationale

A lack of transparency was a major contributing factor behind patient harm events not being reported then fixed.
A lack of transparency on the quality of care makes it difficult for patient to make informed decisions.

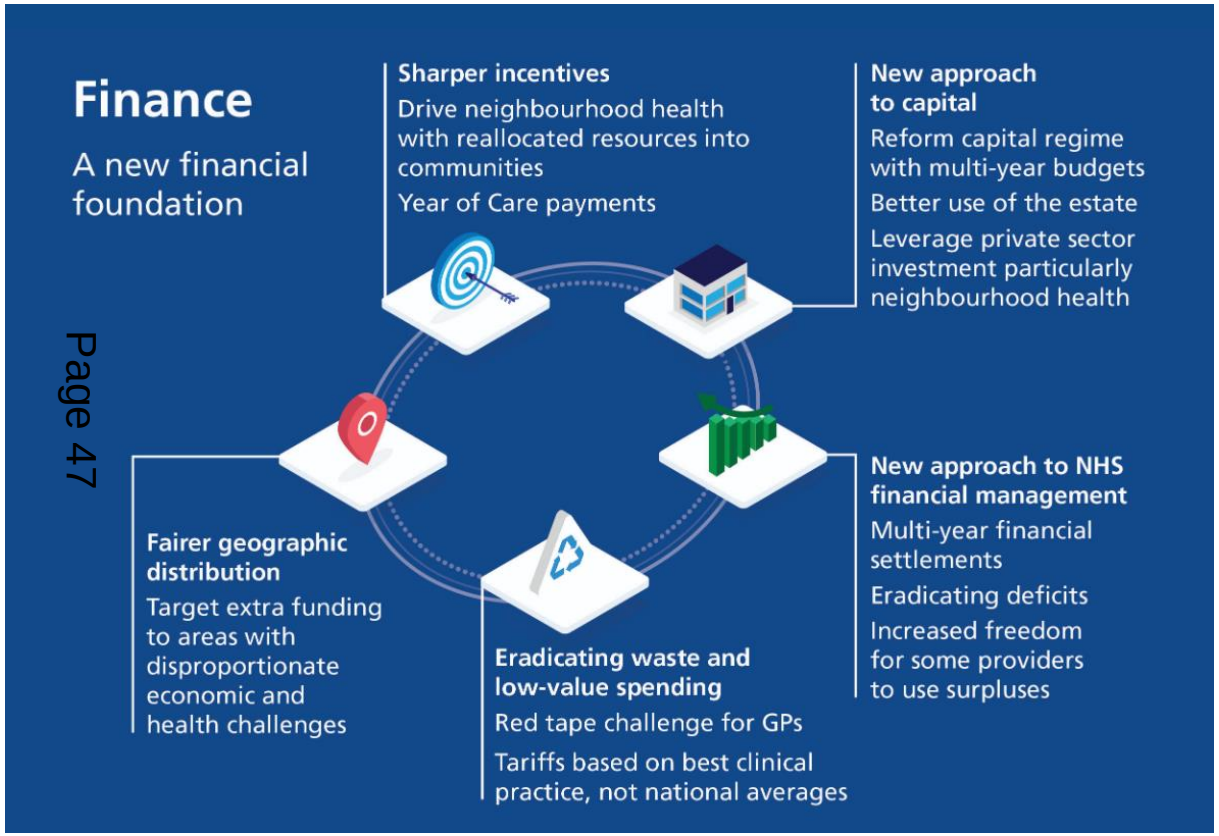
The Vision

- To empower patients to make informed decisions about their care the following needs to happen:
    1. Better data is made freely available to support patients to make choices
    2. Patient feedback is routinely and frequently collected alongside public and staff experiences
    3. Clear incentives to improve patient care will be made available to leaders and to staff to ensure they deliver the best quality care
    4. There is investment in technology to support improvement in patient care
- The National Quality Board will be revitalised and tasked with developing a new quality strategy by March 2026.
- The NQB will become the single authority on quality as recommended in the Penny Dash Report.
- The Health Services Safety Inspection Board (HSSIB) functions will transfer to the CQC and the hosting arrangements for the Patient Safety Commissioner (PSC) will transfer to the Medicines and Healthcare products Regulatory Agency. This will simplify the healthcare inspection regime.

Finance and Productivity

Principal Objective / Rationale

More funding has not always led to better care especially over the last 10 years when funding went up but outcomes and productivity declined.
The objective is to reverse the increase in NHS costs as the country deals with pressure on public finances.



The specific milestones for the delivery of NHS financial sustainability have been defined as:

- Deficit support funding will be phased out from 2026/27
- For the next 3 years there will be an NHS target to deliver a 2% year-on-year productivity gain which will return the NHS to pre-pandemic level of productivity
- Multi-year budgets for service funding will be introduced meaning commissioners can offer multi-year contracts to providers and incentivise innovation
- A minimum 3% of the budget must be set aside for service transformation
- On a trial basis “Patient Power Payments” will be introduced – this is where patients will be asked whether the full payment for the cost of their care should be released to the provider or redirected to a regional improvement fund
- The ‘majority’ of NHS providers are expected to be in surplus by 2030
- The profile of health spending is to shift over the next 3-4 years where expenditure on Hospital care will fall and there will be greater investment in out of Hospital care.
- This will be supported by a move away from national tariffs based on average costs to tariffs based on best clinical practice that maximises productivity and outcomes.
- There will be the development of ‘**year of care**’ payments starting in financial year 2026 to 2027. This will also drive the shift of activity and resource from hospital to community.
- Multi-year capital budgets will be introduced on a rolling 5 years basis, the capital approval process will be streamlined and the government will explore the feasibility of new Public Private Partnership financing options

New NHS Workforce

Principal Objective / Rationale

Many experienced staff have left the NHS because of low levels of satisfaction caused by a culture of top down working, bureaucracy and contradictory guidance. The workforce of the future will need skills to deal with the growth in the ageing population, digital technological advances and work in a flexible way.

The Vision

- Later this year a 10 Year Workforce Plan will be published setting out more details of the new workforce approach. This will create a workforce model with staff genuinely aligned with the future direction of reform.
- It is acknowledged that there will be fewer NHS Staff in the future and they will need a different set of skills and competences to work in the digital healthcare environment focussed on AI and productivity.
- There will be:
  - Support for nursing students to overcome the financial obstacles to training
  - Support for resident doctors by improving postgraduate medical training
  - More research opportunities for nurses, midwives and AHPs
  - Implementation of changes to senior leadership working in line with the General Sir Gordon Messenger's Review
- Trust will be expected to recruit locally, specifically targeting individuals who are unemployed or economically inactive, and to expand apprenticeships and accessible training programs to enable people to "earn while they learn".
- Trusts will also be expected to assist care leavers in finding employment within the NHS.

Fit for the Future will introduce a new set of standards for NHS workers which will be co-produced with staff through the Social Partnership Forum and implemented in April 2026.

The new set of standards will **make the NHS a great place to work**:

1. Nutritious food and drink at work
2. Protection from violence, racism, sexual harassment at work
3. New standards of healthy work
4. Flexible working options

NHS Employer will publish data on these standard every quarter!

Innovation and Research

Principal Objective / Rationale

The UK is a leader is life sciences, research and technology and the NHS is the holder of a powerful data set but the NHS is not effectively leveraging the competitive advantage it possesses. The objective is to position the NHS to be in the driving seat to harness technology to create the new model of care.

The Vision

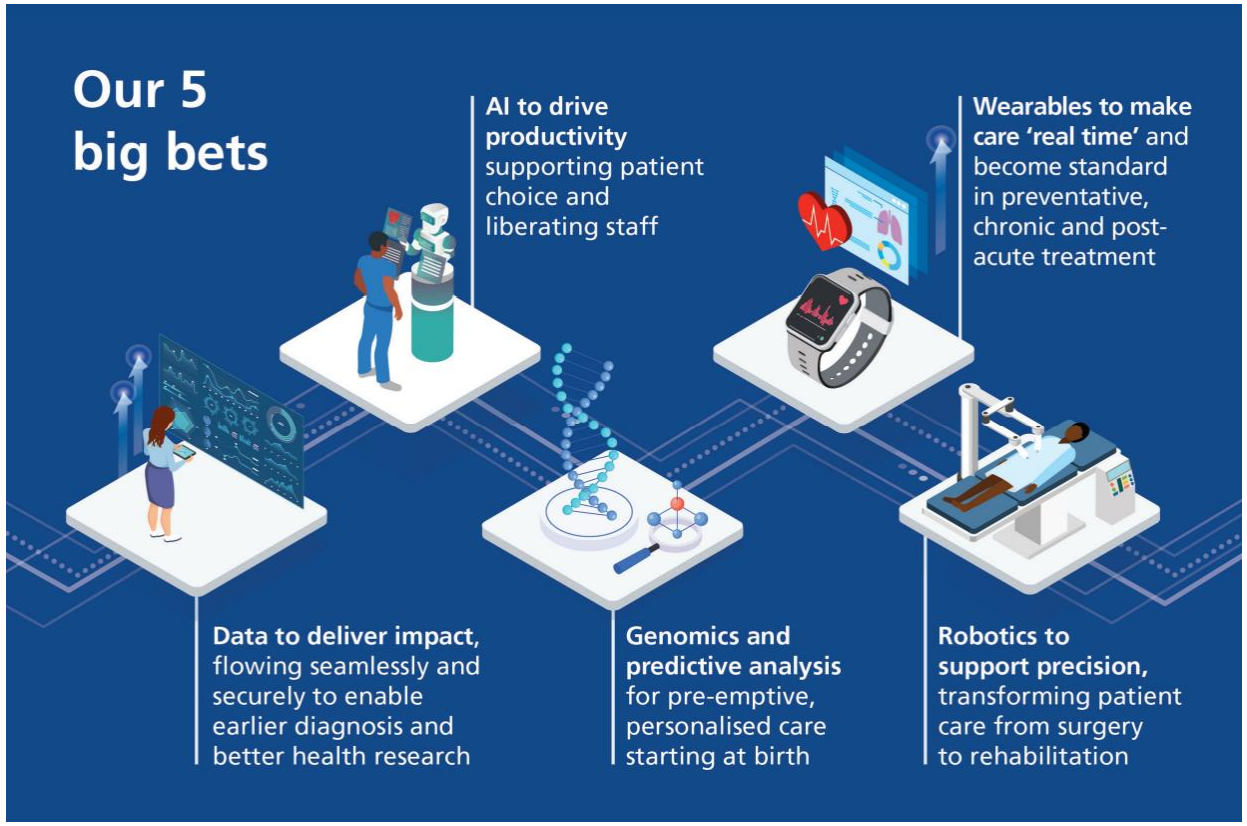
- The key technological drivers of healthcare reform will be the '**FIVE BIG BETS**' to drive healthcare reform:

    1. Interoperability of data
    2. AI empowering patients and driving productivity
    3. Predictive analysis drives prevention and personalisation
    4. Wearable technology provides real time data
    5. Increased use of robotics

- **Regional health innovation zones will bring together ICBs, Providers and Industry to drive local innovation.** The NHS can work alongside innovators to bring technology into the NHS more quickly.

- The plan sets out proposals to **increase research opportunities** for Nurses, Midwives and AHPs, and encourage skill development in research and innovation.

- Research will increasingly be done in the primary care and neighbourhood health service settings.



Summary – Fit for the future

The **New Model of Healthcare** will:

- Create a **Neighbourhood Health Service** that will bring care to the places where people live and restore GP access.
- Digitise every aspect of the NHS and create a **centralised patient record system** that NHS staff can access through a single login, and all patients will access through the NHS App.
- Increase the importance of **Patient choice and patient experience** will drive the expansion of electronic care planning and personal health budgets
- Create a system of **complete transparency on quality and performance** with published league tables.
- Move funding, activity and staff into **Neighbourhood Health Services** that are GP led. ICBs can commission NHS organisations or contractors, like a GP Federations, to run the Neighbourhood Health Service.
- **Expand NHS secondary prevention, which is supported by Genomic testing;** this is part of a cross governmental drive to get the country fit and back into work.
- Redefine the role of the ICB as the strategic commissioners of local health services that will make evidence based decisions to improve population health, tackle health inequalities and deliver financial sustainability.

North East London Health & Care Partnership

NHS North East London

Appendix 1: Infographics from Fit for the Future

Hospital to community

Bring the NHS to you In your community, including homes and high streets

Modernise hospitals
Long waits reduced and a renewed focus on world-class, life-saving care

A neighbourhood health centre
In every community, with multi-disciplinary teams working together, under one roof

Create teams that work around you
Different professions, social care and voluntary sector

A new era for general practice
End the 8am scramble and bring back the family doctor

Analogue to digital

for staff

Embrace AI to support clinicians - Using AI as part of treatment to improve clinical outcomes

Liberating staff from bureaucracy - Using AI to automate tasks. Building care plans and recording clinical information, which can save clinician time

for patients

A Single Patient Record - Giving you control over your data, accessible by all healthcare professionals, with your consent

Manage your care digitally - Book and change appointments and discuss your care all through the NHS App

Your NHS companion - By 2035, you'll have a virtual assistant - a doctor in your pocket

Sickness to prevention

Ensure people have the information they need to **make healthier choices** on alcohol

Tackle childhood obesity through **new junk food advertising restrictions** and improving food in schools

Refresh the government ambition on air quality to protect everyone from the health impacts of air pollution

Create the first smoke-free generation and crackdown on vaping amongst children

Millions more people will be encouraged to move and exercise regularly through a new national campaign

Work with businesses to help children and families make the healthy choice

North East London Health & Care Partnership

NHS
North East London

Havering Neighbourhood Boundaries

August 2025

Background: Boundaries?

National Guidance

"**System leaders** will need to **work with partners** across local communities **to define population boundaries** for neighbourhood health"

"It is essential that care is planned to meet all health and social care needs and that service boundaries do not prevent seamless, joined-up care"

London Guidance (Target Operating Model)

Working within each ICS, **place partnerships will be responsible for agreeing the footprints of neighbourhoods** based on local evidence and data, including existing capacity and demand, and mapping of local assets and needs.

INT boundaries in London will not automatically be defined by existing primary care network (PCN) footprints, **except where these boundaries align with recognisable neighbourhoods**.

It is much easier to begin by enabling people to work together differently, rather than to start with trying to reconfigure organisations.

Background: Boundaries?

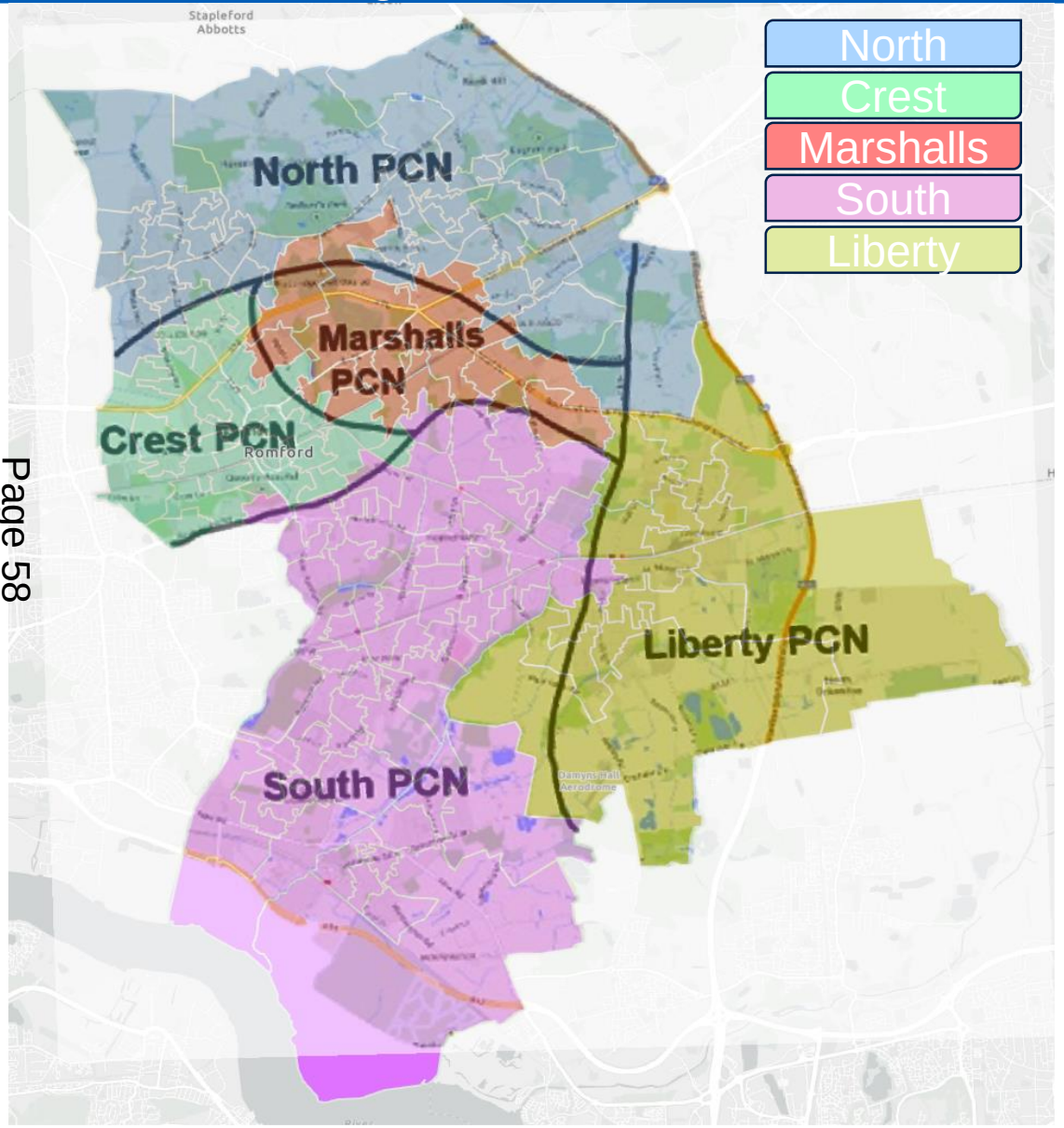
MH

North East London Guidance

Vision - Everyone in north east London lives in a neighbourhood which supports and actively contributes to their physical and mental health and wellbeing

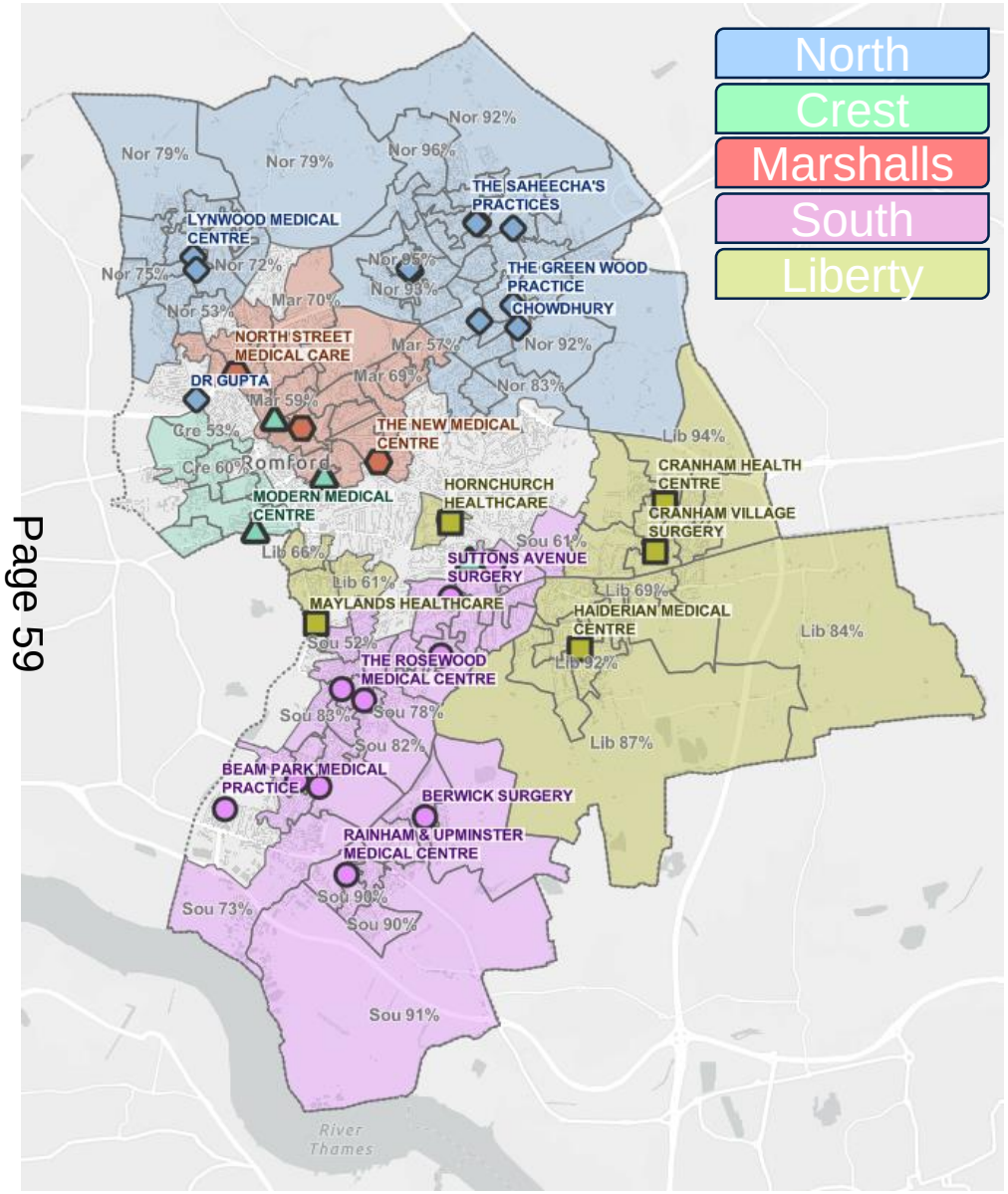
The size of the **neighbourhoods** will vary according to a number of factors, but broadly they should be small enough to resonate and reflect local communities but also large enough to be able to practically and efficiently deliver services. In our emerging north-east London landscape the **smallest neighbourhoods are around 30,000 in population, increasing to up to c. 100,000** which is very much in line with national benchmarks.

Recommendation: Initial Mapping
3 Localities & 5 Neighbourhoods



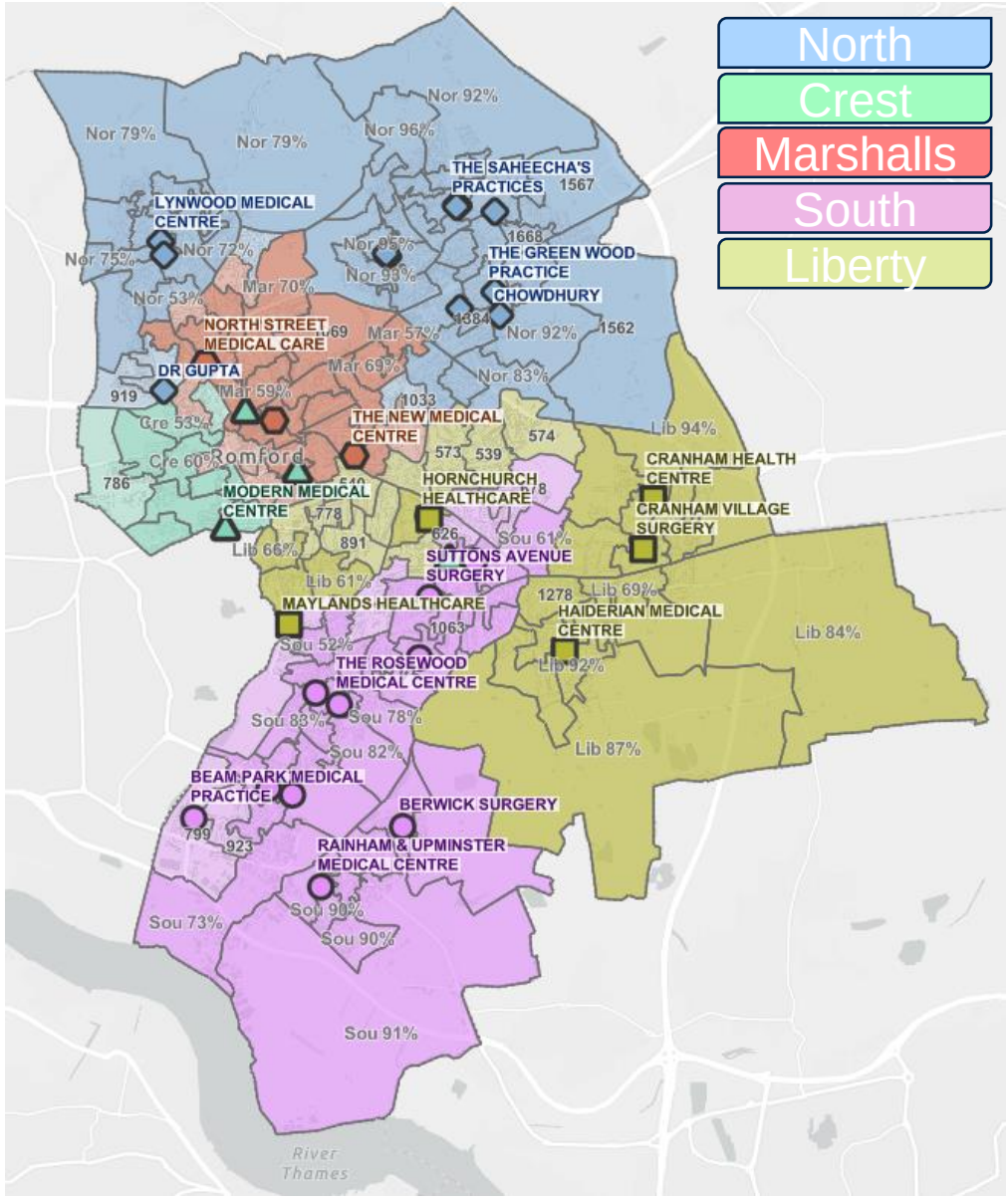
- Following initial conversations with ICB primary care colleagues, this was a rough mapping of the existing PCN boundaries
- Broadly showing where the majority of the practices within the PCNs fall under

Recommendation: greater than 50% patients in LSOA
3 Localities & 5 Neighborhoods



- Where a PCN has greater than 50% of patients in the LSOA, the LSOA has been assigned to the respective PCN
- Where there are gaps, no respective PCN has more than 50% of patients within the LSOA
- The colour-coded shapes represent GP practices and are aligned to their contractual PCN
- Some practices therefore appear to fall under the footprint of another PCN, however this is because the LSOA of the practice location has less than 50% of patients

Recommendation: greater than 50% patients in LSOA combined with patient count
3 Localities & 5 Neighbourhoods



Where no PCN has a greater than 50% of patients in an LSOA, it has been allocated to the PCN with the highest count of patients

3 Localities:

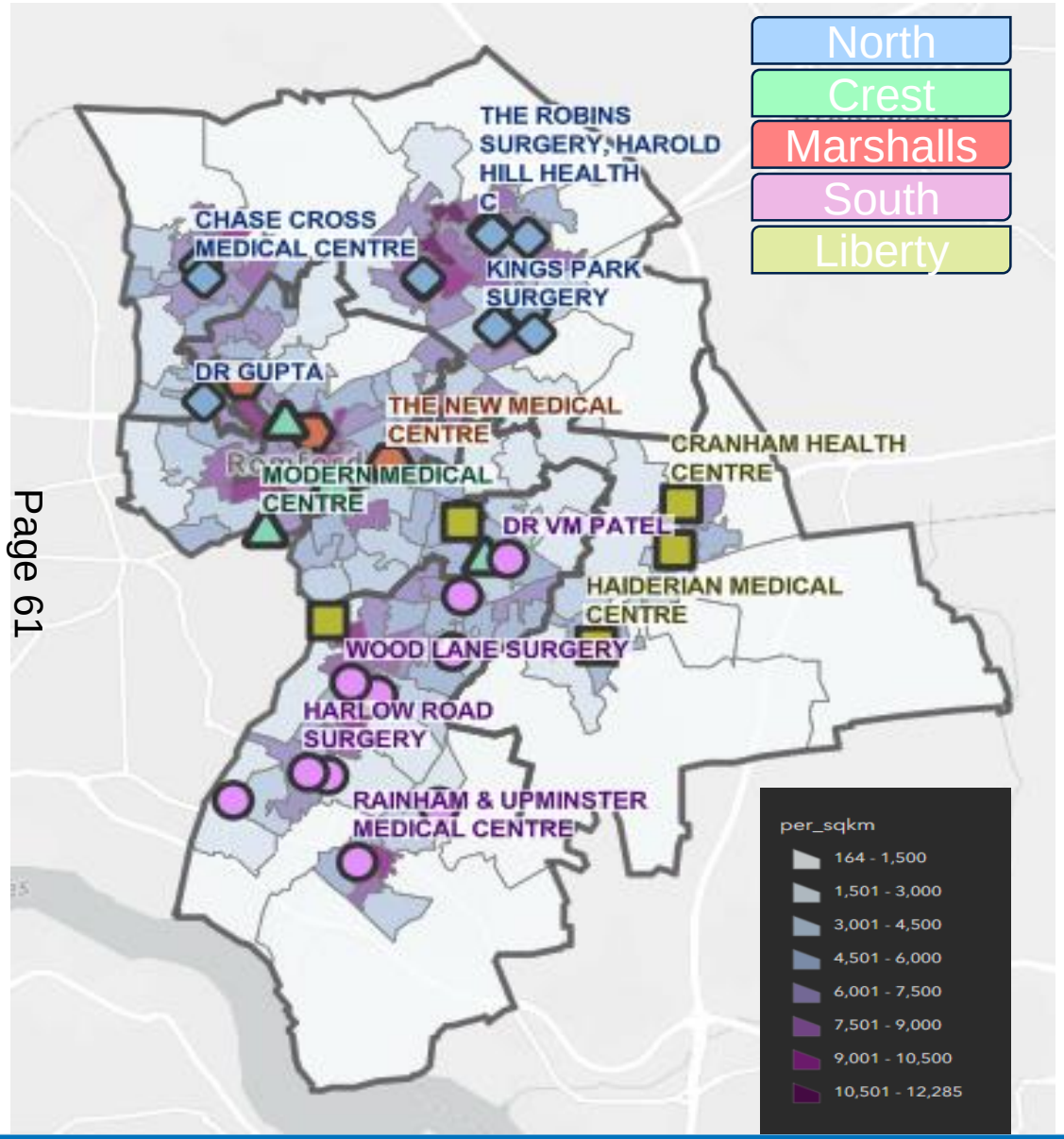
- North – covering North PCN practices
- Central – covering Marshalls & Crest PCN practices
- South – covering South & Liberty PCN practices

5 Neighbourhoods:

- North – covering North PCN practices
- Crest – covering Crest PCN practices
- Marshalls – covering Marshalls PCN practices
- South – covering South PCN practices
- Liberty – covering Liberty PCN practices

Caveat – proposed starting point which will evolve through population demand and subject to change according to INT maturity

Proposal: INT Boundaries by Population Density
3 Localities & 5 Neighborhoods



Population Density per square metre:

pcn	per_sqkm
Havering Marshall PCN	5,060.7
Havering Crest PCN	4,718.3
Havering North PCN	2,584.4
Havering South PCN	2,308.8
Havering Liberty PCN	1,474.5

Forecasted Population Growth in Havering:

- The future population of Havering is forecasted to increase with an additional 12,000 homes around central Romford over the next 10 years
- This is estimated to be an additional 30,000 residents, excluding population growth elsewhere of the borough

Rationale

- Similar set up to exemplar Neighbourhoods that already operate in other parts of the country e.g. Manchester, Cambridge & Peterborough, City & Hackney, Buckinghamshire
- Neighbourhoods would serve populations up to circa 100,000 which is in line with NEL guidance on national benchmark population sizes
- The proposal is based on mapping of existing resources as majority of teams that lend themselves to Neighbourhood working are already operating geographically based around these footprints e.g.

Teams that are currently/soon to be set up to operate from (North – North PCN, Central – Marshalls & Crest PCNs, South – South & Liberty PCNs) footprint

- NELFT - Mental Health & Wellness Teams
- NELFT - Talking Therapies
- NELFT - Community Nursing
- LBH – Adult Social Care * currently restructuring to align

Teams that are currently set up to operate from North, Marshalls, Crest, South & Liberty PCN footprint

- NELFT - Learning
- NELFT - Psychological Professions in Mental Health Wellness Team
- NELFT - Early Intervention In Psychosis Teams
- NELFT - Older Adult Mental Health Team
- NELFT - Memory Service
- NELFT - Community Cardiac
- NELFT - Community Diabetes Team
- NELFT - Community Respiratory Service
- NELFT – Integrated Community Matron
- NELFT – Community Night Service
- NELFT – Community Oncology
- General Practice – Additional Role Reimbursement Staff

- Utilising natural pre-existing structures allows ‘boundaries’ to be more easily understood by stakeholders
- In line with London Target Operating Model proposal that “It is much easier to begin by enabling people to work together differently, rather than to start with trying to reconfigure organisations”
- Meets national guidance that will allow health and social care to work together within boundaries that won’t prevent seamless joined up care – current social care teams are restructuring to support this

North East London Health & Care Partnership

NHS North East London

Implications and Risks for London Borough of Havering

September 2025

Risks / Implications

Area	Risk/Implication
Influence	With the development of Integrated Neighbourhood Teams, there is the opportunity for the London Borough of Havering to come forward as a partner in the proposed 'Integrator' function. This would enable the Local Authority to continue to drive towards closer integration and continue to directly influence the development of services going forwards. The London Borough of Havering has already initiated discussion with partners around this opportunity
Work to date and progress	The Havering Integrated Team at place has delivered some amazing work together that will serve as a solid foundation going forwards. It's crucial that key aspects of this such as the Live Well Havering programme (which to date has been largely funded by NHS Monies, but which LBH colleagues are seeking to progress and fund) are able to continue, alongside positions and work like the jointly funded Supported Housing role. The Live Well Havering programme has revitalised the council's relationship with the community and voluntary sector, and will be the key delivery programme for prevention into the future. There are risks that, given the council's financial constraints, programmes like this could suffer with the potential reduction in resource at the Havering team at Place.

Risks / Implications

Area	Risk/Implication
Relationships	Relationship between the Council and NHS – as described above, the Havering Team at place has fostered ever closer relationships and working practices between NHS commissioners, providers, the Community and Voluntary Sector, and Havering Council. The Jointly appointed Havering Director of Partnerships, Impact and Delivery has spearheaded this. Given that there will be a likely reduction in the number of staff, and therefore resource at place, there is the potential that the impact / influence between the NHS and Council could be impacted.
Integrated Care Board 50% reduction and implications for the Havering Team at Place	The London Borough of Havering is already working to mitigate the immediate implications of the NHS 10 Year Plan, that require NHS North East London to undertake a restructure within 2025/26, delivering a 50% running cost reduction. This has implications for the Havering Integrated Team at place (NHS Commissioners and LBH Commissioners from what was previously the Joint Commissioning Unit). The Team has been successfully working as a joint entity for over a year. The implications of the significant running cost reduction requirement for NHS North East London is that the resource at Havering Place will reduce significantly on the NHS side. The London Borough of Havering are responding by planning a restructure for the staff employed by the Council, to be run concurrently with the NHS consultation, to ensure that the commissioning team structure is not destabilised by the reductions within the NHS Team.

Risks / Implications

Area	Risk/Implication
Progress in reducing Health Inequalities	The Havering Integrated Team at Place has led a significant amount of work, with associated investment, in addressing Health Inequalities in Havering. This has included, but not limited to, a significant amount of work around hidden Carers, including development of the Carers strategy, establishment of the Carers Board, and co-production with local carers, reducing barriers in access to care for those who are deaf or who communicate differently, a significant amount of engagement and co-production with local people, Funding for the Live Well Havering programme. The Health Inequalities Programme budget comes to an end in March 2026, and there is no indication yet of whether the Integrated Care Board, in it's new form from April 2026, will continue to fund this programme. The Havering Integrated Team at place has driven the work around this, and, with a potential reduction in the number of staff within the team relating to the restructure on the NHS side, could also significantly reduce capacity to continue to drive forward this work around addressing health inequalities.
Experience and Knowledge loss	The Havering Integrated Team at Place is comprised of a number of experienced staff who have built a wealth of knowledge and connections over a number of years. There is a risk that we will lose some of this local knowledge and connections as a result of the ICB staff consultation. It is crucial that we build in a transition period to the new model (post consultation), to ensure that this learning and knowledge can be shared with Local Authority staff and NHS Staff who remain working at Place.

Risks and Implications

Area	Risk/Implication
Co Production	Co-production with local people – The Havering Integrated Team at place has driven a significant amount of co-production and engagement with local people; delivering Live Well Havering outreach evets, developing case studies to drive improvements in service delivery and integration, coproduction around the Havering Carers strategy, work with local deaf people and those who communicate differently, development with local people of the Autism strategy. This engagement has been used as evidence on behalf of the London Borough of Havering as co-production during recent CQC and OFSTED visits. There is a risk that, with reduced capacity at place, and loss of connections and knowledge from staff moving on, that the ability of partners to continue this coproduction will be reduced.
Financial / Resource	There are financial implications for the Local Authority as the ICB becomes a ‘strategic commissioner’ and the new NHS landscape places more impetus on NHS Providers to deliver transformation. There have been no guarantees in the 10 year plan around continued joint funding for Prevention.
	The Better Care Fund will be restructured from 2026/27 to align with new commissioning and neighbourhood plans. Local Authorities, in particular Havering, are already face over-spending pressures on adult social care budgets, rising costs (inflation, Living Wage, NICs), and public health grant cuts. The Local Government Association has indicated that there is a need for a parallel 10-year adult social care plan, financial and systemic misalignment will undermine NHS aims.

Risks and Implications

Governance and Democratic Oversight

Potential decommissioning of Healthwatch – the government have suggested that they are in the process of streamlining oversight on Quality of health services and have indicated that this could signal the end of Healthwatch England. We're not currently sure what the implications of this are for Healthwatch Havering. Healthwatch Havering are key local partners and have worked closely with the Havering Partnership to drive improvements for local people, including a significant amount of work to improve outcomes for those who are Deaf / communicate differently, and other key initiatives. They are champions locally in terms of shining a light on the needs of local people, and working with partners to address health inequalities and barriers to care. The 10 year plan suggests that the functions of Healthwatch will be absorbed into Integrated Care Boards and other bodies, so it's essential that locally we continue to ensure that the needs of local people are championed.

The Havering Place based Partnership Board and Partnership governance has been a key set of forums that have brought partners together locally to share resources, unblock issues, identify joint priorities, and deliver integration and improved outcomes for local people. With a reduction in resource at Havering Place and within the Integrated Care Board, and potential changes to our local landscape with Healthwatch and changes to the way our Providers operate, this governance structure will need to be reviewed and adapt, to ensure that forums remain in Havering where partners are able to come together to effect real change and champion Havering's cause within the content of North East London and wider.

There is indication that Mayors (or their delegates) will replace local authority representatives on Integrated Care Boards (ICBs). Health scrutiny committees and Integrated Care Partnerships (ICPs) may be abolished, tightening accountability outside local authority structures. Health and Wellbeing Boards will retain advisory roles, but may have less real authority under the new model.

Havering
LONDON BOROUGH

PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE – 16th SEPTEMBER 2025

Subject Heading:	Pre-Decision Scrutiny: Permission To Award The Ageing Well Community Wellness And Empowerment Service
Report Author and contact details:	Sophie Barron, Senior Commissioner
Policy context:	Members to discuss areas relating to People

SUMMARY

The attached exempt report is regarding the Executive Decision (ED) by Cabinet to award the ageing well community wellness and empowerment service

RECOMMENDATIONS

That the Sub-Committee scrutinises the reports and agree any recommendations or comments for consideration by Cabinet.

REPORT DETAIL

The attached presentation provides members with the upcoming ED for cabinet approval on the permission to award the ageing well community wellness and empowerment service. As the outcome of the tender has not been signed off, the decision and appendices have been made exempt from the public and press.

IMPLICATIONS AND RISKS

Financial implications and risks: None for this covering report

Legal implications and risks: None for this covering report

Human Resources implications and risks: None for this covering report

Equalities implications and risks: None for this covering report

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS
None for this covering report

BACKGROUND PAPERS

None

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