



Havering

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

PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE AGENDA

7.00 pm

Tuesday
13 January 2026

Appointment Centre
Room 7 & 8, Town Hall,
Romford

Members 9: Quorum 3

COUNCILLORS:

Conservative Group (3)

Jason Frost (Chairman)
Judith Holt
Jacqueline McArdle

Havering Residents' Group (4)

Sarah Edwards
Robby Misir
Christine Smith
Jacqueline Williams

Labour Group (1)

Frankie Walker (Vice-Chair)

East Havering Residents Group (0)

Vacancy

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@havering.gov.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.

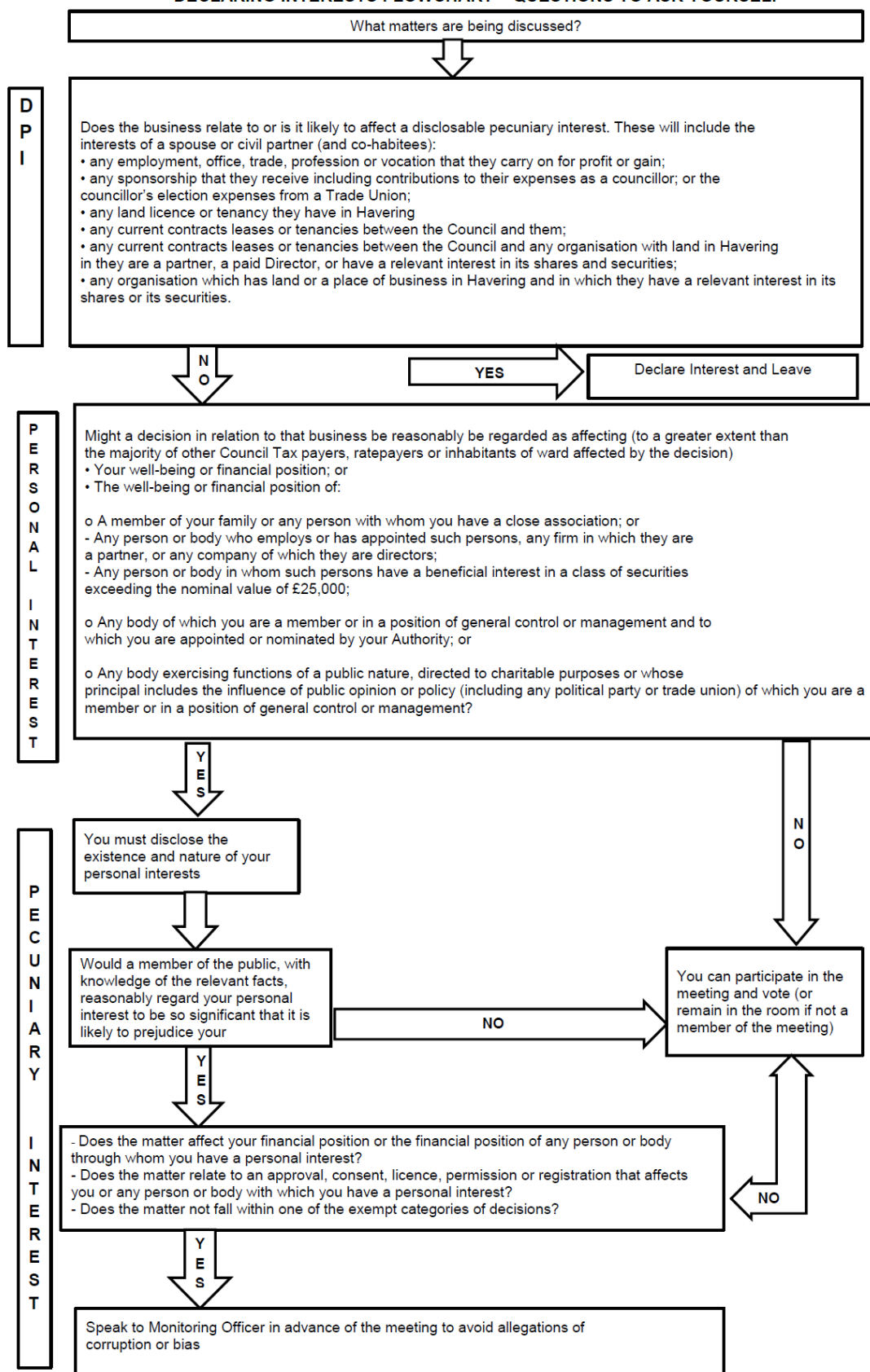
Terms of Reference

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



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 - 12)

To approve as a correct record the Minutes of the meetings of the Committee held on 16th September 2025 and authorise the Chairman to sign them

5 BHRUT WINTER DEMAND MANAGEMENT (Pages 13 - 20)

6 HEALTHWATCH HAVERING ANNUAL REPORT & SAME DAY ACCESS REPORT (Pages 21 - 72)

Documents attached

7 ADOPTION OF THE NEW EDUCATION & EMPLOYMENT SKILLS STRATEGY - PRE-DECISION (Pages 73 - 102)

Documents attached

8 APPROVAL OF THE HAVERING COMMUNITY SAFETY PARTNERSHIP PLAN 2026-29 - PRE-DECISION (Pages 103 - 172)

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 7 & 8, Town Hall, Romford
16 September 2025 (7.00-9.20pm)**

Present:

COUNCILLORS

Conservative Group	Jason Frost (Chairman), Judith Holt and Jacqueline McArdle
Havering Residents' Group	Sarah Edwards, Robby Misir, Christine Smith and Jacqueline Williams
Labour Group	Frankie Walker (Vice-Chair)

East Havering Residents Group

1 CHAIRMAN'S ANNOUNCEMENTS

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

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

No apologies were received. Luke Burton attended via zoom. Cllr Judith Holt and Cllr Frankie Walker arrived during the meeting.

3 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

4 MINUTES

The minutes of the meeting held on 3 April 2025 were agreed as a correct record and signed by the Chairman.

5 ARTIFICIAL INTELLIGENCE: USE IN SOCIAL CARE AND BROADER COUNCIL SERVICES

The report presented to the Committee was the Artificial Intelligence: Use in Social Care and Broader Council Services.

Officers explained that Magic Notes was developed to reduce administrative burden and enhance assessment quality. Members were informed that its meeting summarisation tool now includes one-click report generation for documents like Education and Health Care Plans (EHCPs) and Best Interest Assessments (BIAs).

Members welcomed the tool's progress since the pilot, noting key benefits: 86% of staff reported reduced admin time, faster and more accurate assessments, language translation, inclusive design, flexible licensing, low-risk scalability, and alignment with Quality Assurance processes. Members noted an average time saving using Magic Notes of 38.62 minutes across various meetings and assessments.

Members noted ongoing staff feedback, including survey results, practitioner testimonials, manager endorsements, and cultural impact.

Members noted that Magic Notes complies with UK GDPR and the 2018 Data Protection Act. Officers explained that the system requires resident consent for AI-generated assessments; if consent is refused, traditional note-taking is used instead.

It was explained that while Magic Notes retains data for 30 days, in emergencies where access is unavailable, a designated senior officer can retrieve the data and continue the report.

Officers also highlighted an existing gender bias in AI-generated social care summaries and outlined Beam's (Havering's supplier) mitigation measures and evaluation plans.

Members questioned the potential for future biases. Officers acknowledged this risk and confirmed ongoing monitoring and evaluation.

Officers gave a five-minute demonstration of a resident–social worker conversation generating a Magic Notes EHCP report. Members questioned its clarity and were satisfied with the outcome. Officers agreed to review Magic Notes' capabilities next year after gaining more experience with the tool.

Officers outlined Co-pilot's functions and shared pilot phase results, noting time savings of up to 48 hours per month.

Officers explained that measurable time and cost savings from pilot users will inform a business case for potential wider rollout.

No recommendations were made.

The report updated the Committee on the impact of the NHS 10-Year Plan and ICB (Integrated Care Boards) running cost reductions on Havering Local Authority.

Members discussed the update, noting key considerations, risks, and implications for Havering.

No recommendations were made.

**7 PRE-DECISION SCRUTINY: PERMISSION TO AWARD THE AGEING
WELL COMMUNITY WELLNESS AND EMPOWERMENT SERVICE**

Exempt discussion.

Chairman

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PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 13TH JANUARY 2026

Subject Heading:

BHRUT Winter Demand Management

Report Author and contact details:

Luke Phimister, Committee Services Officer

Policy context:

To enable the Council to scrutinise its People policy area

SUMMARY

The attached report provides the Committee with BHURT's winter demand management plans.

RECOMMENDATIONS

That the Sub-Committee scrutinises the report and agrees any recommendations it deems relevant and necessary.

REPORT DETAIL

NHS colleagues from BHRUT will provide detail on the trusts management of winter demand and other key elements facing the NHS this winter.

IMPLICATIONS AND RISKS

Financial implications and risks: None for this cover report

Legal implications and risks: None for this cover report

Human Resources implications and risks: None for this cover report

Equalities implications and risks: None for this cover report

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS
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None.

BACKGROUND PAPERS

None

Winter demand management

People Overview &
Scrutiny Sub Committee

Page 15
Tuesday 13 January 2026

Benjamin Conway,
Director of Performance



Winter picture

- We are continuing to see record numbers of patients coming into our hospitals. We're under significant pressure, with many patients being brought in from nursing and care homes.
- In November we had our highest ever number of attendances per day (1,003).
- Performance for all types was 70.7%, having been impacted by the launch of our EPR go-live; until that point, we've been routinely in the upper quartile nationally.

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It's particularly challenging at Queen's, where our A&E was only designed for 325 a day. We see more than double this every day in a badly laid out, overcrowded department.

This has meant some A&E patients are unfortunately receiving care in our corridors.

- While not ideal, we would rather bring patients into hospital to be treated than have them wait outside in ambulances.
- It's why we're campaigning for £35m to redevelop the department.
- Our staff are prioritising patients who are the most unwell, so people who aren't acutely unwell have very long waits.



Additional challenges

Electronic patient record launch

- In November, we launched our new electronic patient record (EPR).
- It holds all patient information including medications, test results, and treatment plans in one secure digital medical record.
- Staff are taking time to get used to the new system and a new way of working, which is impacting our performance.

Increase in flu cases

- Hospitals across the country are seeing increased numbers of patients presenting with flu symptoms.
- We had 33 patients in beds due to flu across both hospitals, as of 31 December 2025.

Discharge delays

- Discharge delays for medically fit patients while ongoing care is arranged.
- This is approx. 80-100 people per day which equates to 10% of beds occupied by patients who no longer need acute care.

Patients with mental health needs

- Our A&Es are becoming the default place of safety for those with mental health needs.
- In October, 399 patients with mental health needs attended our A&Es.

Addressing the challenges

- A new Medical SDEC (same day emergency care) has been introduced at Queen's which has had a significant impact in keeping patients out of the corridor. Senior doctors assess, diagnose and treat patients so they can go home that same day, if clinically safe to do so, rather than be admitted to a ward.
 - Clinical teams are making decisions earlier to reduce unnecessary waiting in A&E.
 - Patients who stay longer than expected on assessment units are being reviewed to identify and address delays that could be avoided.
- Ongoing work with PELC, who run our urgent treatment centres, to make the patient experience smoother from start to finish.
- Collaboration with London Ambulance Service
 - developing a Single Point of Access (SPoA)
 - seeking to increase uptake of the Frailty Advice Line,
 - working to improved utilisation of the Ageing Well Centre at St George's Health and Wellbeing Hub

Addressing the challenges

- At KGH, patients with mental health needs are now assessed in our urgent treatment centre (where our less seriously ill, Type 3 patients are cared for) with support from NELFT, our mental health provider. They only come into A&E if they need emergency care.
 - We're setting up monthly meetings with the police, social services and the ambulance service to agree a strategy to respond appropriately to children and young people who end up in our A&Es when they are in crisis, or their placement has broken down.
 - Review of discharge processes to reduce unnecessary extra inpatient stays overnight and help patients leave hospital as soon as it is safe for them to do so.
- Operational staff involved in bed and ward rounds to help identify and prevent potential delays in patient discharges.
- Working collaboratively with the ICB and other system partners – demand management cannot be managed in isolation.

Key takeaways

- We apologise to our patients and their families for long waits and for being cared for in corridors
- Please encourage residents to have their flu vaccination this winter to protect themselves and the reduce pressure on our hospitals.
- Please remind residents to go to the most appropriate setting for their condition, including GPs, pharmacists and walk-in centres, to ensure they receive the right treatment as quickly as possible and emergency resources are available for those who need them most.

PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 13TH JANUARY 2026

Subject Heading:

Healthwatch Havering Annual Report & Same Day Access Report

Report Author and contact details:

Luke Phimister, Committee Services Officer

Policy context:

To enable the Council to scrutinise its People policy area

SUMMARY

The attached report provides the Committee with a number of reports from Healthwatch Havering.

RECOMMENDATIONS

That the Sub-Committee scrutinises the report and agrees any recommendations it deems relevant and necessary.

REPORT DETAIL

Healthwatch Havering colleagues will provide detail their annual report and on their recent report on same day access..

IMPLICATIONS AND RISKS

Financial implications and risks: None for this cover report

Legal implications and risks: None for this cover report

Human Resources implications and risks: None for this cover report

Equalities implications and risks: None for this cover report

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS
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None.

BACKGROUND PAPERS

None



Annual Report 2024–2025

Unlocking the power of people-driven care

Healthwatch Havering

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"The impact that local Healthwatch have is vitally important. Healthwatch are empowering their communities to share their experiences. They're changing the health and care landscape and making sure that people's views are central to making care better and tackling health inequalities.

The feedback local Healthwatch hear in their communities and share with us at Healthwatch England is invaluable, building a picture of what it's like to use health and care services nationwide. Local people's experiences help us understand where we – and decision makers – must focus, and highlight issues that might otherwise go unnoticed. We can then make recommendations that will change care for the better, both locally and across the nation."

Louise Ansari, Chief Executive, Healthwatch England

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A message from our Chair

Welcome to our Annual report for 2024-2025, Our role as a Healthwatch is to support Havering residents, by being their independent champion when using health and social care services in Havering.

We are a small organisation and recognise the importance of working in partnership and collaboration with the all organisations that residents rely upon to achieve successful outcomes for their health and social care needs.

This year has been particularly busy, with significant challenges facing both the health and social care system and our residents. It is also important to recognise that there have been some amazing opportunities for Havering, such as the opening of St George's Health and Wellbeing Hub and the new Country Park GP practice: as the year closed, Transport for London announced plans for introducing a new Superloop Bus service, SL12, which we have suggested could serve St George's Hub to ease access to it.

With the many changes happening in GP/Primary care, the introduction of greater use of the Pharmacy services for residents, has caused confusion and anxiety. We have recently carried out a visit to two local pharmacies and our reports can be found on our website

We have continued with our Enter and View programme, visiting Queens A&E department, GP practices, Residential Care homes and the Walk-in services in Queens and Harold Wood Polyclinic; reports on all of these organisations are available on our website.

Working with other Healthwatch, Havering Council, Havering Place Based Partnership, the Integrated Care Board and other stakeholders is essential to ensuring that we can influence decisions taken on residents' behalf.



It is my privilege to introduce the Healthwatch Havering Annual report and sharing the work we have been doing to ensure that your views on health and social care are heard. The achievements we have made this year and the positive impact on health and social care have been achieved by the co-operation of HPBP team and our staff team and our amazing team of volunteers

**Anne-Marie Dean, Chair,
Healthwatch Havering**



About us

Healthwatch Havering is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



Our vision

To bring closer the day when everyone gets the care they need.



Our mission

To make sure that people's experiences help make health and care better.



Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Our year in numbers

We've supported more than 1,250 people to have their say and get information about their care. We currently employ 4 staff and our work is supported by 17 volunteers.

Reaching out:



1,155 people shared their experiences of health and social care services, helping to raise awareness of issues and improve care.

103 people came to us for clear advice and information on topics such as GP and hospital appointments, dental care and problems they had experienced in health and social care.

Championing your voice:



We published **10** reports about health and social care services and the improvements people would like to see.

Our most popular report was **Long COVID syndrome – the continuing effects**, highlighting people's struggles with Long COVID and exploring what is needed to help them overcome their difficulties.

Statutory funding:



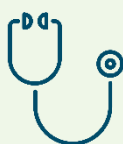
We're mainly funded by Havering Council. In 2024/25 we received **£117,359** from them, which was the same amount as last year.

A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Havering. Here are a few highlights.

Spring

A survey asking about patients' understanding of the role of Allied Healthcare Professionals (AHPs) in GP surgeries showed that most respondents were unaware of AHPs



A series of focus groups for people living with Long COVID, showed support for the establishment of peer support groups for them



Summer

We carried out an Enter and View visit to both branch surgeries of the Greenwood GP practice in Harold Wood and Hornchurch



We met the Havering Safeguarding Adults Board to explain the importance of urging pharmacies and others not to ask patients to reveal personal details when proving their identity



Autumn

In conjunction with the Havering Children's Safeguarding Network, we promoted the NSPCC's PANTS campaign to alert children, their parents and grandparents to the dangers of child sexual abuse



St George's Health and Wellbeing Hub in Hornchurch, development of which we have actively supported since 2013, opened



Winter

Visits to Accident & Emergency services at Queen's Hospital Romford culminated in an Enter & View visit to the three centres – Urgent Treatment Centre, Emergency Department and Ambulance Reception



We promoted the **Veteran Friendly Framework** to care homes, to encourage them to recognise and value the service given by those of their residents who are former members of the armed forces



Working together for change

We've continued to work with neighbouring Healthwatch to ensure people's experiences of care in North East London are heard at the Integrated Care System (ICS) level, and influence decisions made about services by NHS North East London ICB and the East London Partnership for Health and Social Care, as well as the NHS locally and Havering Council.

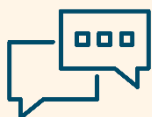
This year, we've worked with Healthwatch across **North East London** to achieve the following:

Turning community insight into system change



The 8 Healthwatch continue to develop the Community Insights Programme with NEL ICB. We've processed the experiences of 162,365 people, identifying 536,048 issues. On GP and hospital services alone, we've produced 623 reports and 305 dashboards. The system tracks care trends, highlights what works, and pinpoints areas for improvement—creating a shared evidence base to make services more responsive.

What good care looks like to local people



In 2023, we heard from over 2,000 residents about what good care means to them. They told us it should be accessible, competent, person-centred, and trustworthy. These principles are now embedded in the Integrated Care Board's strategy through our partnership work. Together with the ICB, we will measure partners' success and track progress against these standards through our Community Insights system.

Maternity Equality



Our 2023 maternity report helped shape the NEL Maternity Equity and Equality Strategy, leading to commitments on trauma-informed care, cultural competency, multilingual advocacy, and improved communication. Its impact continues through work on interpreting services and a proposed 24/7 helpline. All 3 hospital Trusts are improving access for non-English speakers—introducing new clinical processes and bilingual advocates to deliver more inclusive, responsive maternity care.

We've also summarised some of our other outcomes achieved this year in the Statutory Statements section at the end of this report.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time.

Here are some examples of our work in Havering this year:

Creating empathy by bringing experiences to life



Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.

Deaf patients in Havering using GP or hospital services are now guaranteed a British Sign Language (BSL) interpreter if they ask for one, so they can make informed decisions about their care. After we shared experiences of people who had been refused an interpreter with primary care commissioners, GP surgeries and hospitals now have inclusive policies in place. We will be exploring how effective this has been during coming visits.

Learning Disability & Autism report



Liberty PCN shaping services for people with Learning Disability and Autism based on our report.

The Liberty PCN team are doing a piece of quality improvement work around learning disability annual health checks and health action plans, and the ongoing support people get to complete their action plans through the year.

Improving care over time - Over Fifties Forum



We have attended this monthly forum for over 12 years, engaging with over 70 resident members. Updating and investigating on their behalf e.g.

Examples are: Blood Test Booking service, GP reception services, COVID 19 boosters, St Georges Health and Wellbeing development. We also engage with issues such as Neighbourhood Policing, Homelessness and access to clinical services.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time.

Here is another example of our work in Havering this year:

St George's Health and Wellbeing Hub



St George's Hub in Hornchurch has been built on part of the site of the historic St George's Hospital, which was at one time part of the historic Battle of Britain air base, RAF Hornchurch. It is one of the few hospital projects of the previous government to have come to fruition..

We have been involved in the development of St George's Hub in one way or another since our foundation in 2013 and it is pleasing to be able to report that the Hub opened for business in November 2024.

The Hub includes a GP practice (which moved there from premises in Upminster), a Kidney Dialysis Unit, a Blood Test centre, Community Diagnostic Centre and other health facilities, and a Community Café.

We are playing an active role in the Management Board for the Hub.

Our involvement with the Hub has been informed by the wide range of feedback we get from service users about the needs they see for health and wellbeing facilities in the community.



Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.



Listening to your experiences

Queen's Hospital: Streaming & Urgent Treatment, Ambulance Reception and the Emergency Department

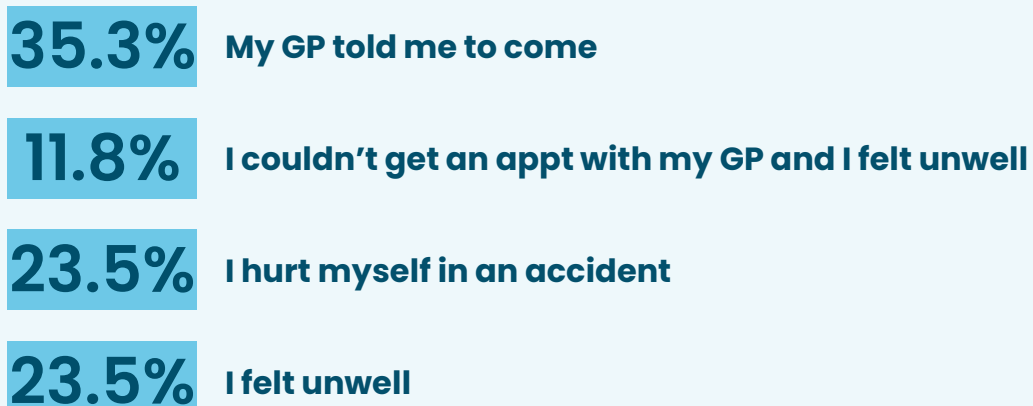
Queen's Hospital, Romford has been under considerable pressure continually since last summer. With patients' numbers attending in summer as high as they do in winter, the hospital has had no respite.

With no evidence that this pressure would steady and improve from a patient's perspective, we decided to carry out a series of Enter & View and less formal visits.

What did we do?

In discussion with Queen's Hospital, we arranged for an Enter and View visit. Our trained team of Volunteer members developed a plan which would explore three separate care areas, plus a survey with patients, to understand some of the reasons for attending.

Key things we heard from patients about why they had gone to A&E:



Our work shows that potentially these patients could have been treated with a different and more appropriate service model.

What difference did this make?

This information helped us to share and discuss with the Hospital Trust and Commissioners the need to design different service models and with the future proposals regarding Same Day Access this could have a very positive impact on Queen's Hospital.

Listening to your experiences

Living with Long COVID

In 2022, jointly with our Healthwatch colleagues in Barking & Dagenham and Redbridge, we surveyed people living with Long COVID, a debilitating and potentially life-changing consequence of being infected by COVID.

This led to a further survey of people affected by Long COVID living in Havering, undertaken with the support of a working group comprising Public Health Havering, NEFLT (the local community health trust) and a Havering Primary Care Network. This led to a series of focus groups that took place in May 2024.

What did we do?

We held four focus groups, attended by 21 people with experience of Long COVID, two of which were held online (and included by people who were bedridden as a result of Long COVID). This produced a rich account of their – mainly negative – experiences of seeking support for their illness..

Key things we learned from patients:

Patients need prompt medical care but find many healthcare professionals fail to recognise Long COVID as a debilitating condition or take it seriously. The process of diagnosis was over-long and cumbersome.

Patients need targeted therapies, as referral to traditional talking therapies is not appropriate for dealing with Long COVID. Recognition of Long COVID as potentially disabling would also help. Mental health support alone is not enough.

They also told us that they felt dismissed and ignored by some healthcare professionals.

Many participants told us that the availability of Peer Support Groups would be helpful.

We reported the findings of our focus groups to the Havering Place-based Partnership, which supported the establishment of Peer Support Groups.

What difference did this make?

We began working with the Peer Partnership, a specialist third sector organisation that provides training for peer support group facilitators to identify a training programme and participants in our focus group who were interested in facilitating the groups.

Hearing from all communities

We're here for all residents of Havering. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Connecting with professional teams and working with the Traveller community
- Developing links to enable us to help to support the Veteran community
- Working with Havering Safeguarding team on the Suicide Prevention Stakeholder Group



Hearing from all communities

HaVering Community Chest Fund

The Fund was devised by HaVering Council and the NHS to support small and medium-sized local organisations with projects aimed at addressing health inequalities. As a member of the panel that awards grants from the Fund, we use our insights to influence decision-making positively for patients. The following examples show what has been done this year:

Providing hearing loop facilities for users of hearing aids

What difference did this make?

A grant from the Fund enabled the installation of a hearing loop in the Urgent Treatment Centres at Queen's Hospital, Romford and Harold Wood Polyclinic for the benefit of patients who are deaf or hard-of-hearing (an issue identified as part of our review of Services for the Deaf).

Improving health and wellbeing within local Asian communities

What difference did this make?

HaVering Asian Social and Welfare Association – Funding was awarded for equipment for Chair Yoga, providing a gentle and accessible way to practice yoga that includes seated and standing poses using the chair for balance and support to improve flexibility, reduce stress and improve mental health.

Reducing health inequalities for Refugees and Asylum Seekers

What difference did this make?

Over the past three years HaVering has seen a significant increase in refugees and asylum seekers as a result of world events. Following workshops, mental health support was identified as a key need.

HaVering has addressed the barriers which were driving the health inequalities experienced by the asylum seekers and refugees through providing a dedicated Psychologist Support Service for this cohort.

Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us. This year, over 100 people have reached out to us for advice, support or help finding services.

This year, we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services



Access to services for people with Autism

We shared and discussed widely our report "Services for people living with learning disability and autism", which was published in 2023 but continues to reverberate across the local health and social sector for people living with Autism.

One correspondent told us "I am an adult with Autism, and I get a dreadful service from both (NHS and social care). I would like a social worker who is qualified to do a full assessment under the Care Act and not pick and choose and to stop coming up with excuses. As for (the NHS), it is ring-a-ring let's all go around in circle; do you know what this does someone with Autism?"

I feel that as an adult with Autism trying to make changes, I am coming up against a brick wall. Yes, I am the lone voice on the Havering Autism Partnership".

Our report was one of a number of reports by local Healthwatch that paved the way for the Healthwatch England report "Recognising ADHD: How to improve support for people who need it" (published May 2025)

Empowering children who can hear but have deaf parents and/or siblings

Our report "Deafness is not a barrier – It only becomes a barrier if there is a lack of accessibility" has also had a major effect locally.

One correspondent asked: "Can you please give me all the information for support of a hearing child in a deaf family. She's a young girl who is lonely and has asked for help and support. She is in primary school and her brother is deaf and so are both parents"

We were able to refer both to a local voluntary service specialising in supporting deaf people, and to the statutory service provide by our local Council.

As a direct result of our report, the local Place-based Partnership has established a working group to identify where improvements in local services for deaf people are needed – both NHA and social care – on which we are represented by our Chair.

Showcasing volunteer impact

Our fantastic volunteers have given over 800 hours between them to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Carried out six formal Enter and View Visits and four less formal visits to follow-up previous Enter and View visits
- Collected experiences and supported their communities to share their views
- Represented us at various community events and meetings



Showcasing volunteer impact

At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

“My career as a teacher of children with challenging behaviours was followed by a spell with a VSC. I have been volunteering with Healthwatch for over ten years and have been an Elected Member of the Governance Board for over six years.

For me, it is important that hospital care is compassionate and flexible. This year I have focused on the delivery of care in A & E. When we undertake a visit, we publish a report which is shared with the organisations being visited. It is gratifying when the hospital authorities act on our recommendations for improving the service. ”

Dawn



“Having retired after many years of working in the Home Care sector, being a Volunteer with Healthwatch Havering has given me an opportunity to continue my passion about how important the role of Caring is and how Carers can make a positive impact on the lives of our residents. The values of Healthwatch have given me a sense of purpose to continue to contribute to the Care sector and to give a voice to residents and their families that is expressed in our reports. Visiting care homes and seeing how our elderly are looked after is a pleasure.”

Mary



Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.



www.healthwatchhaverling.co.uk



01708 303300



enquiries@healthwatchhaverling.co.uk

Finance and future priorities

We receive funding from Havering Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£117,359	Expenditure on pay	£88,458
Additional income	£5,671	Non-pay expenditure	£14,257
		Office costs	£24,671
Total income	£123,030	Total Expenditure	£127,386

Additional income is broken down into:

- **£5,000** received from NHS North East London for work supporting them *
- **£500** received from a local Primary Care Network for joint work on the project about services for people living with Long COVID
- **£171** interest from our bankers

* Integrated Care System (ICS) funding:

The eight Healthwatch across North East London receive funding from our Integrated Care System (ICS) – NHS North East London – to support collaborative work at this level. As part of this commitment, Healthwatch Havering represents all North East London Healthwatch at meetings of the ICB Finance, Performance and Investment Committee to ensure that the patient perspective is taken into account when financial decisions are made.

Finance and future priorities

Next steps:

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences. Our Enter & View programme will continue to focus on care homes, GP practices and Queen's Hospital.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our other key priorities for the next year include:

- 1) **Primary Care: GPs** – working with primary care practitioners to improve patients' access, including the development of Patient Participation Groups
- 2) **Primary Care: Community Pharmacies** – promoting the development of the Pharmacy First initiative in Havering
- 3) **Development of A&E services** at Queen's Hospital, LAS and Urgent Care there and at Harold Wood Polyclinic – monitoring changes
- 5) **Long COVID** – supporting the development of Peer Support Groups for people living with Long COVID
- 6) **Working with the Deaf community** – to continue supporting Havering Council on its developments to empower the Deaf community.
- 7) **St George's Hub Development** – participating in the development of this vital community facilities
- 8) **Care Quality Commission** – working with the CQC to improve inspection and reporting of local health and social care facilities
- 9) **NSPCC: PANTS campaign** – supporting initiatives to improve safeguarding of children

Statutory statements

Healthwatch Havering is the operating name of Havering Healthwatch CIC, a Community Interest Company limited by guarantee (registered in England, no. 8416383)

Queen's Court, 9-17 Eastern Road, Romford RM1 3NH

Healthwatch Havering uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Board consists of 10 members who provide direction, oversight, and scrutiny of our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. The Board members are the three company directors, two staff and five volunteers elected annually from among our membership.

Throughout 2024/25, the Board met 10 times and made decisions on matters such as priorities for our Enter and View programme and Public Engagement projects, and our relationship with Havering Council, the ICB and the Place-based Partnership.

We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services, including participation in the Healthwatch North East London Community Insights System and feedback from individuals via the Healthwatch England webform system..

During 2024/25, we have been available by phone and email, provided a webform on our website and through our weekly Friends' Network news bulletin, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and send it to a wide range of stakeholders.

Statutory statements

Responses to recommendations

No providers failed to respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resultant reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, we take information to the Health and Wellbeing Board, Health Overview & Scrutiny Committee, Outer North East London Joint OSC and Havering Place-based Partnership Board, as well as less formal forums such as the Havering Live Well Network and the Havering Integrated Care and Social Prescribing Network.

We also take insight and experiences to decision-makers at North East London ICB. For example, we meet regularly with senior staff at Barking, Havering and Redbridge University Hospitals Trust as well as the North East London ICB. We represent all Healthwatch in North East London at the ICB Finance, Performance and Investment Committee and we also share data with Healthwatch England to help address health and care issues at a national level.

Our Non-Executive Director, Ron Wright, sits as a patient representative on both the Board of Barking, Havering and Redbridge University Hospitals Trust and the Council of the Partnership of East London Cooperatives (PELC) a GP-led organisation providing streaming/triage at Queen's Hospital, Urgent Treatment Centres and out-of-hours GP services.

Volunteers represent us at meetings such as the North East London Local Quality & Surveillance Group, the Havering Quality and Safeguarding Group and the Havering Drug and Alcohol Partnership.

Statutory statements

Healthwatch representatives

We are represented on the Havering Health & Wellbeing Board and the Havering Place-based Partnership Board by Anne-Marie Dean, our Chair, who attends the monthly Partnership Board and quarterly Health & Wellbeing Board meetings.

Our Executive Director, Ian Buckmaster, represents us at meetings with the North East London ICB and East London Health and Care Partnership; he also attends the ICB Finance, Performance and Investment Committee.

We are also represented on a range of official and community bodies including:

- Barking, Havering & Redbridge University Hospitals Trust – Board
- Havering Adult Safeguarding Board
- Havering Children's Safeguarding Board
- Havering Combatting Drugs Partnership
- Havering Community Safety Partnership
- Havering Health Overview & Scrutiny Committee (OSC)
- Havering integrated Care & Social Prescribing Network
- Havering Live Well Partnership
- Havering Over Fifties Forum
- Havering Quality & Surveillance Team meeting
- Havering Volunteer Managers' Forum
- Havering Combatting Drugs Partnership
- London Ambulance Service Public & Patients Council
- North East London Local Quality & Safeguarding Group
- Outer North East London Joint Health OSC
- Partnership of East London Cooperatives – Council
- St George's Health & Wellbeing Hub Management Board

In addition, we have regular meetings with the Chairs and senior leaderships of local commissioner and provider bodies, including:

- Barking, Havering & Redbridge University Hospitals Trust
- Havering Place-based Partnership
- NHS North East London ICB

Statutory statements

2024-25 Enter and view

Location	Reason for visit	What you did as a result
GP Practice – Greenwood (two branch surgeries: Ardleigh Green and Harold Wood)	The next call in our continuing series of visits to GP practices to observe their day-to-day operation. We visited both branches.	We suggested that: <ul style="list-style-type: none"> • Hearing loops be installed for the benefit of patients with hearing impairments • Staff training be improved for triaging and prioritising appointments • Observance of patient confidentiality be improved in open areas • The premises' appearance be improved
Queen's Hospital – inpatients' mealtimes	We carried out a series of similar visits in 2016, 2017 and 2018. This was the first opportunity post-COVID to continue the series. Our purpose was to observe how meals were delivered and served to patients.	We made a range of recommendations for improvements in the system. In response, the hospital prepared and executed an action plan.
Residential Care Homes – Cherry Tree, The Farmhouse, and The Paddocks (three care homes co-located on one site)	The provider organisation for these three homes had recently changed. We had visited them when under previous management and so we wished to observe their operation in the new circumstances.	The visiting team made only one recommendation: that blinds be provided in the conservatory of The Farmhouse. We will be re-visiting later in 2025 to see what progress has been made.

Statutory statements

2024-25 Enter and view *continued*

Location	Reason for visit	What you did as a result
Pharmacies – two Boots pharmacies in Central Romford (The Brewery and The Liberty)	We have started a programme of visits to pharmacies to observe them in operation as Pharmacy First is introduced. Visiting these two large Boots stores was the next in series.	We recommended that: <ul style="list-style-type: none"> • The two branches liaise to ensure patients can obtain prescriptions • Translation services be provided • Staff be trained in mental health first aid • The vacant post of manager be filled at the Liberty pharmacy as soon as possible
Queen's Hospital – A&E Services – Emergency Department, Urgent Treatment Centre and Ambulance Reception (both formal Enter & View visits and informal visits all combined in a single report)	We had previously observed the operation of A&E services at the hospital. Following significant increases in patient attendances, extensive reconfiguration of accommodation and changes in operational procedures, we wanted to observe the current arrangements.	The report set out a range of recommendations for the providers of the services (the Hospital Trust, the UTC operator and the Ambulance Service). In response, the Hospital Trust prepared and executed an Action Plan to address the suggestions we had made

Statutory statements

2024–25 Outcomes

Project/activity	Outcomes achieved
Joint projects with other Healthwatch	
Big Conversation: what does good care look like? Creating a Good Care Framework	The framework developed has four principles: Accessible, Person-Centred, Competent and Trustworthy. The Framework can be used by stakeholders to develop their own success measures and evaluation tools. NHS North East London has endorsed the Good Care Framework for use by NHS providers across North East London.
North East London Integrated System Research Engagement Network	The aim was to understand people's willingness to take part in research on health and social care services. The top three research topics were mental health, diabetes and cancer. The top three topics identified were: engage with diverse populations; continue participants' involvement in projects; and build trust through honest dialogue.
Care Homes Direct Enhanced Service (DES) – commissioned by NHS North East London	The aim was to find how DES was working between GPs and care homes. The findings were that GPs were in regular contact with homes, supporting and visiting as required and that additional services such as chiropody, physiotherapy, optometry and dentistry were available to residents

Statutory statements

2024–25 Outcomes *continued*

Project/activity	Outcomes achieved
Healthwatch Havering projects from previous years	
Long COVID (Post-COVID syndrome): the continuing effects –	Following up previous work on Long COVID, four focus groups were held, attended by 21 people living with Long COVID. The resultant feedback was presented to various stakeholders and funding identified to set up Peer Support Groups to assist people living with Long COVID.
Services for people living with learning disability and Autism	Our report on service for people with a learning disability or Autism, published in 2023, continues to be influential. We identified areas where improvement was needed, and the NHS and social care services continue to address those needs for improvement
Services for people who are deaf	This report, also published in 2023, continues to have an effect too. The local NHS and the council have established a joint working group – on which we are represented – that is examining in depth the improvements in service that are needed.
Healthwatch Havering Friends' Network (HHFN)	Our HHFN bulletins continue to be published weekly, passing on to readers various messages from local NHS and social care authorities and providers and other organisations who might not otherwise find out about them

Statutory statements

2024–25 Outcomes *continued*

Project/activity	Outcomes achieved
Healthwatch Havering projects	
George's Health and Wellbeing Hub	<p>Virtually since the beginning of Healthwatch, we have supported the development of a Health and Wellbeing Hub on the site of the former St George's Hospital in Hornchurch.</p> <p>The Hub opened in October 2024. We have continued our involvement with the project as it continues to grow in importance to the local community</p>
Defibrillators	<p>As a result of a report from Healthwatch Manchester, we decided to review the availability of defibrillators (assisted by the London Ambulance Service).</p> <p>The project continues into 2025/26 but, as a direct result of it, a new defibrillator has been installed at one church in the borough and plans are well-advanced for the installation of one at another church.</p>
Superloop Bus route SL12	<p>Towards the end of the year, Transport for London announced a new bus route for Havering, SL12. We have proposed an alternative for part of the route to enable the buses to serve the new St George's Health and Wellbeing Hub (which is not well served by buses at present).</p> <p>Our proposal has been strongly supported by the constituency MP, GLA Member and local councillors, among others.</p>

Statutory statements

2024–25 Outcomes *continued*

Project/activity	Outcomes achieved
Healthwatch Havering projects (continued)	
Veteran Friendly Framework for residential care homes and GP practices	Having become aware of this initiative by Royal Star and Garter and the British Legion to provide support to residents of care homes who have served in the armed forces, we decided to support it by promoting to local care and nursing homes and GP practices. This project continues into 2025/26., when will be exploring how many homes and GP practices are developing their service as “veteran friendly”.
Same Day Access to GP hubs	NHS North East London has asked for a survey of people’s understanding of the availability of Same Day Access for patients unable to see their own GP. The project continues into 2025/26.

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Community Engagement

Same Day Access to GPs

Survey of use in Havering

June/July 2025



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your voice, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

*'You make a living by what you get,
but you make a life by what you give.'*

Winston Churchill

Community engagement

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has a statutory duty to ascertain the views of health and social care services and to make them known to the commissioners and providers of those services so that they can be taken into account in the development, commissioning and delivery of services.

We do this in a variety of ways, such as surveys, interviews and focus groups.

We also participate, with other Healthwatch organisations across North East London, in the Community Insights System, which gathers views and comments on health and social care from people across the area.

Intelligence gained from Community Insights is used directly in, or to inform, many of the surveys and other public engagement events that we carry out.

The results of our community engagement are shared with Havering Council, NHS North East London, NHS and other provider organisations and Healthwatch England.

Introduction

North East London ICB – Havering Place asked us to carry out a survey of patients in Havering to understand better what people knew about the Same Day Access service for GPs (out of hours and at weekends and bank holidays).

We conducted the survey over the six weeks from the beginning of June to mid-July 2025. 121 respondents provided information from which we have been able to prepare this report.

Charts derived from selected responses are set out in Appendix 1 to this report.

The respondents came from the whole of Havering, although two areas – Hornchurch and Elm Park, and Romford and Mawneys – predominated. Of those who told us, most respondents were female (78); 18 males also responded but 34 respondents declined to indicate their gender. Most respondents (52) were aged 65 or older, but 32 were in the age range of 50–65 and 12 were in the 26–49 range. 89 respondents were white British, with 2 Irish, 1 from another white background, 1 of white/Indian heritage and 1 Indian; 36 respondents declined to provide details of their ethnicity. Of those who replied, 27 told us they had a chronic illness or long-term condition, 6 had a hearing impairment, 2 had a sight impairment and 1 had a learning disability.

We asked respondents whether they had used the Same Day Access service (formerly often referred to as the GP hubs service). There are Same Day Access hubs operating from GP surgeries at

- Haiderian Medical Centre – 181 Corbets Tey Road, Upminster RM14 2YN
- Lynwood Practice – 2a-6 Lynwood Drive, Romford RM5 3QL
- Petersfield Surgery – 70 Petersfield Avenue, Romford RM3 9PD
- Raphael House – Victoria Centre, Pettits Lane, Romford RM1 4HP¹
- Rosewood Practice – 30 Astra Close, Hornchurch RM12 5NJ
- Rush Green – 261 Dagenham Road, Romford RM7 0XR

Hubs generally operate from 6.30pm to 10pm weekdays and at weekends and on public holidays.

We asked patients whether they had USED the service – and, depending on the answer to that question, others relating to their experience of using it, or not.

49 respondents had used the service, but 72 had not.

¹ This hub replaced a hub previously operating at North Street Medical Centre, North Street, Romford

Patients who had not used the service

Of the respondents who had not used the service, 37 (51%) did not know that it was available and 26 (36%) told us that they had not needed Same Day Care. 6 had preferred to wait for an appointment at their own GP practice, 2 did not want to go the location offered and 1 declined to say why they had not used the service.

It is interesting to note that NHS data indicates that some 94% of available consultation slots at all Hubs are booked; this suggests that sufficient patients are aware of, or are made aware of, the Hubs to make their continued provision justified and viable.

Patients who had used the service

Although all the Hubs had been used by respondents, only two had been used by relatively large numbers of them:

Petersfield Surgery Hub – had been used by 15 respondents

Rosewood Practice Hub – had been used by 24

None of the other hubs had been used by more than 3 respondents.

There did not appear to be any particular preference for the use of particular Hubs.

In most cases, the respondents had been seen by a clinician in person but 6 had been spoken to over the telephone.

Most respondents had found the location of the Hub convenient but for 6 it had been inconvenient: for 4 of them, it was too far from home and the other 2 found it difficult to get to the hub by public transport. For more information about the accessibility of Hubs, see Appendix 1.

Again, the time of the appointment (which varied from same day to several days later) and the day (again varying throughout the week), was convenient for most respondents. For the 5 who found the time inconvenient, in one case it was because the appointment was almost too quickly available but the rest found the time later than they would have liked.

In most case, unsurprisingly, the Hub appointment was made by the respondent's own GP practice but in 8 cases the appointment was made by NHS 111, in one case it was made by an Urgent Treatment Centre (UTC) and 6 made the appointment themselves.

25 respondents had sought an appointment for an urgent consultation; 31 had done so as no appointments were available

at their own GP practice. 6 had not wanted to go to a UTC or Hospital Emergency Department (A&E).

18 respondents told us that, had they not been able to have a Hub appointment, they would have contact NHS 111 for advice; 10 said they would have awaited an appointment at their GP practice; 9 would have visited a UTC and 7 would have gone to A&E. Only one respondent would have gone to a prescribing pharmacy.

Interestingly, two respondents said they would have “suffered in silence” or “suffered until I got a GP appointment”.

Conclusion and recommendations

A total of 130 people responded to the survey, of whom 121 provided useable data. Although this is not a large sample of respondents, it does provide some helpful pointers to the demand for Same Day Access.

The key observation is that only about 40% of those responding had used Same Day Access, and that 21% of respondents had not needed to make use of the service but 31% (almost one-third) of respondents were not aware that it was available.

Given the low number of respondents using most of the Hubs it is difficult to draw any conclusions about the spread of Hubs

across Havering although comments by those respondents who found the Hub location inconvenient suggest that care is needed to ensure that their locations are easily accessible for those using public transport (and it must be borne in mind that not everyone has access to a car or other personal transport, and many people cannot afford a taxi/minicab fare) – see Appendix 2 to this report for more detail of the accessibility of each of the Hubs.

The relatively large number of respondents claiming to be unaware of the existence of Same Day Access reinforces anecdotal evidence available through calls made to us about GP appointment arrangements, in which many callers allege that the GP practice had not offered them any alternative to waiting for an appointment, in some cases for several weeks. This suggests that not only are some practice staff not signposting patients to the service but that such staff may be unaware of it themselves.

There does appear to be a need to mount an information campaign aimed at both patients and practice staff, especially receptionists answering calls for appointments, to ensure that they are aware of Same Day Access appointment opportunities.

There does not appear to be a major problem for patients accessing the existing Hubs but it would be sensible to ensure

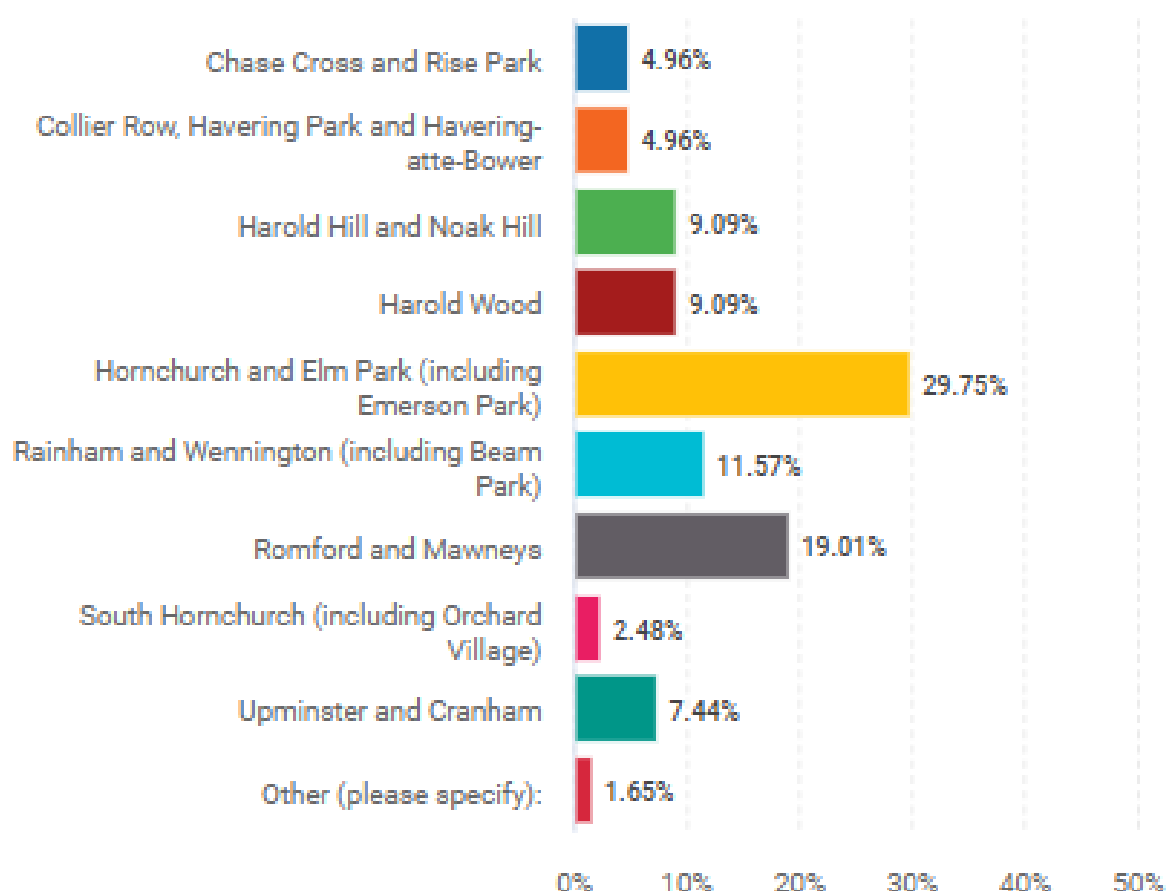
that any premises selected as a Hub are within reasonable distance of bus services, and that car parking is available (not necessarily on the premises, but in the vicinity – ideally off-street).

APPENDIX 1

Selected charts

The following charts are extracted from the survey. Please note that not every respondent answered each question and so the numbers displayed may not always add up to 121.

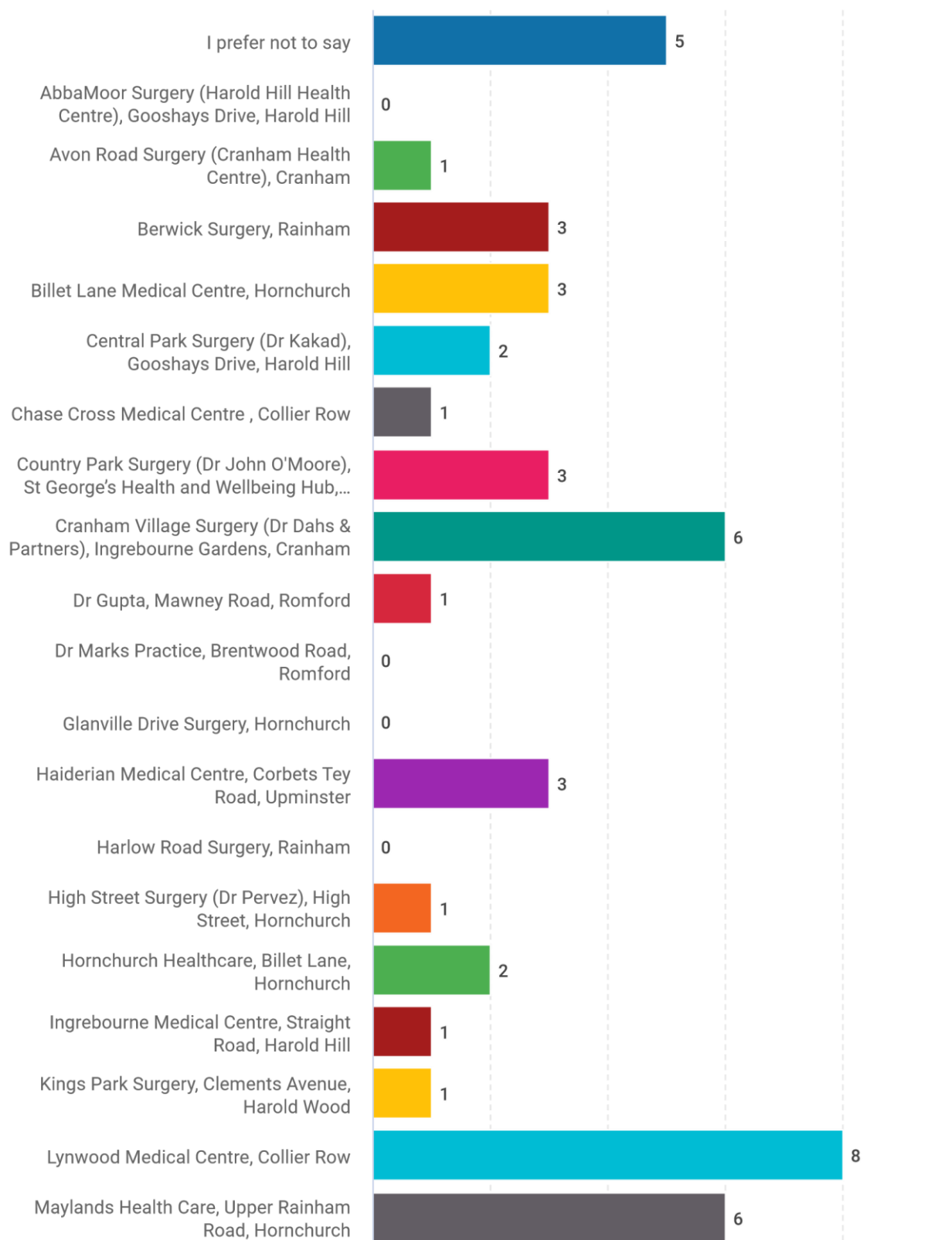
Location of residence

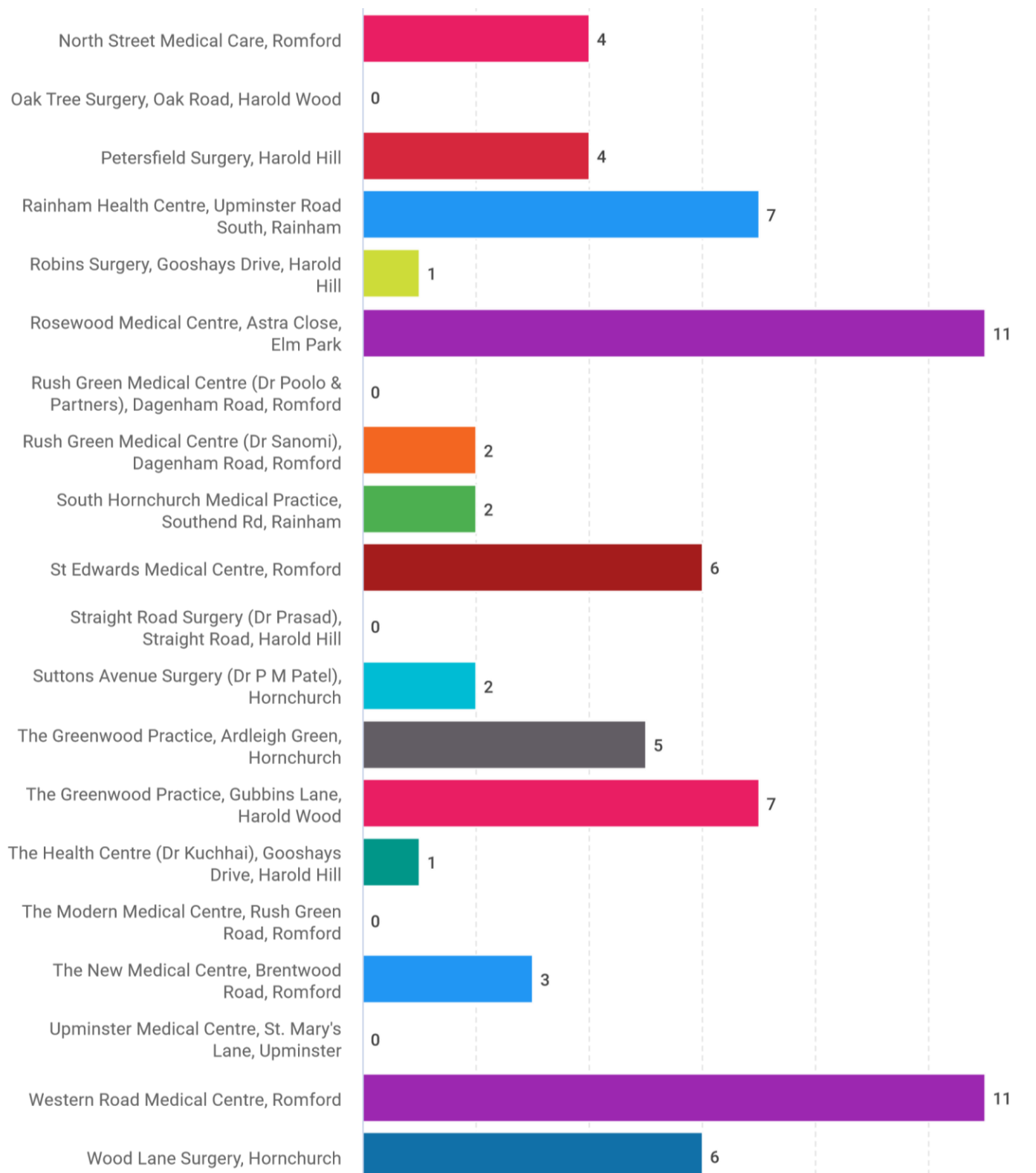


The locations of those responding "Other" were Rush Green (2 people) and 1 preferred not to say

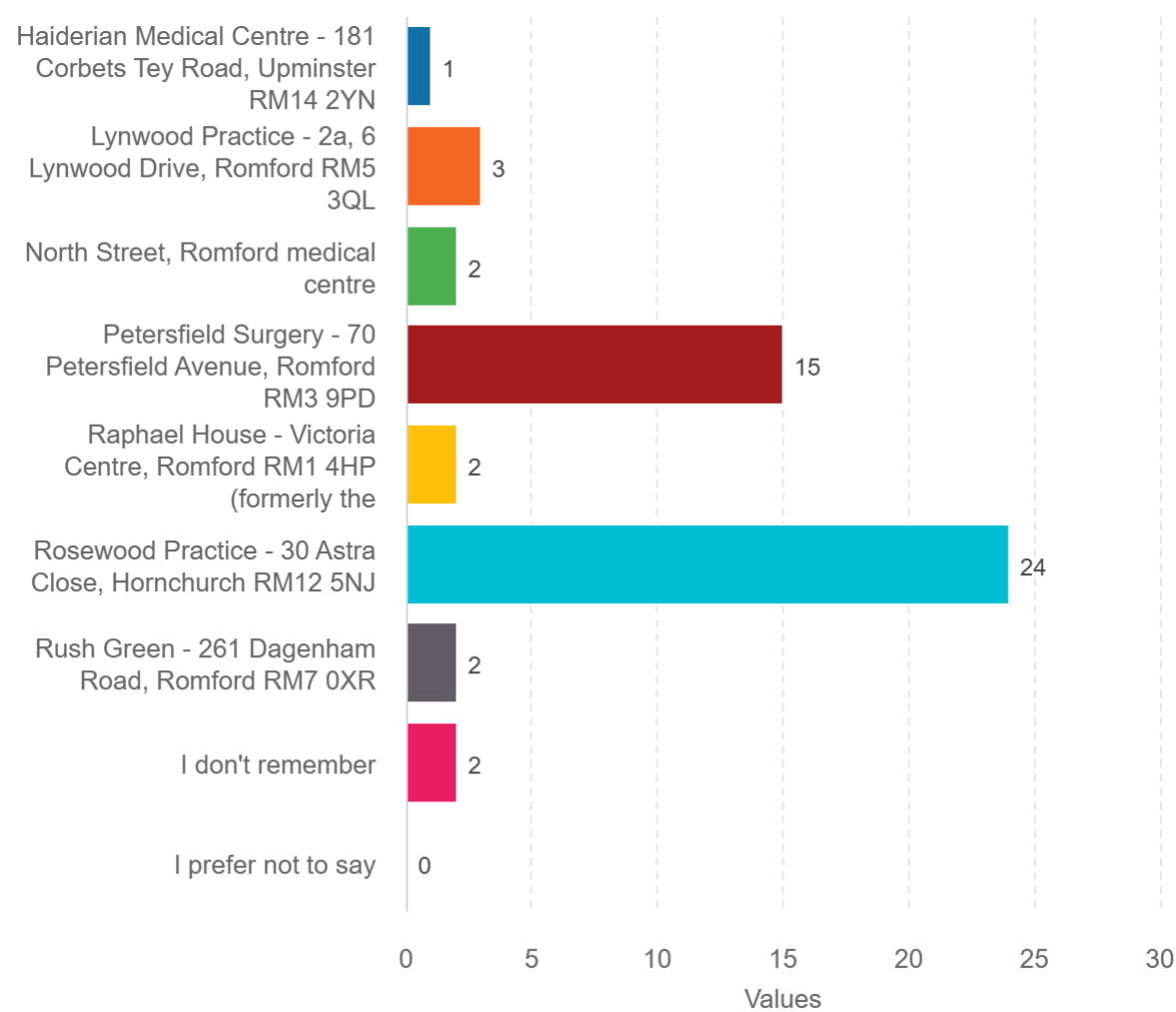
Respondents' GP practices

The following chart – split over two pages – shows at which practices the respondents to the survey are patients:

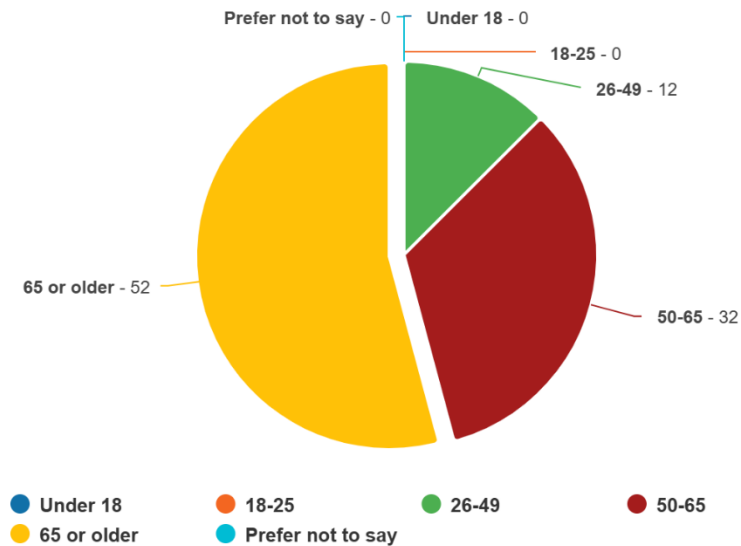




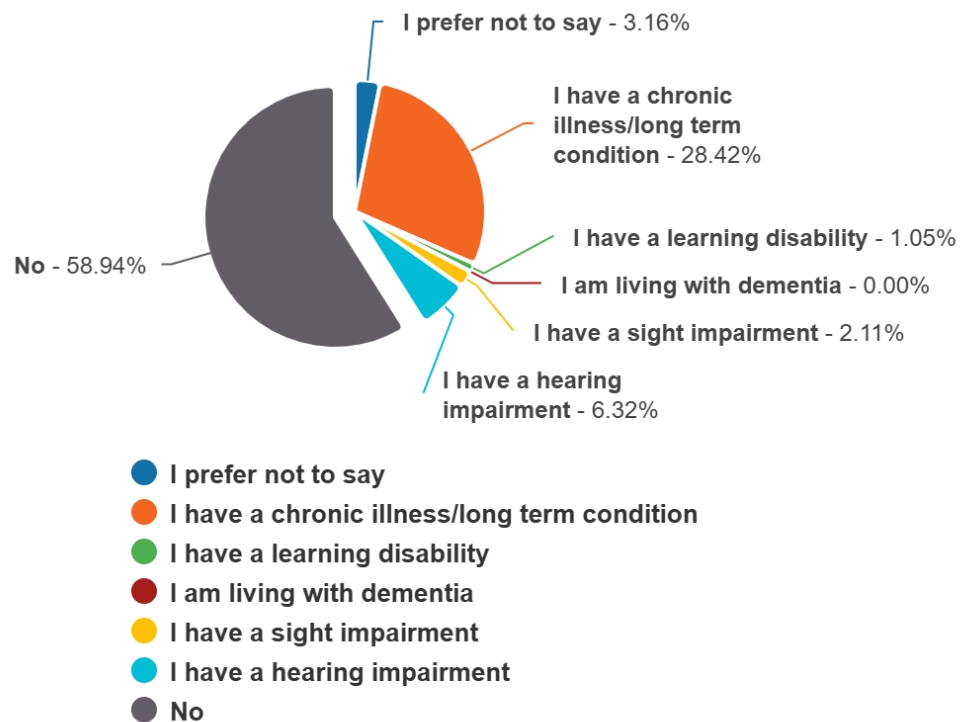
Locations of Hubs to which respondents were referred



Respondents' age groups

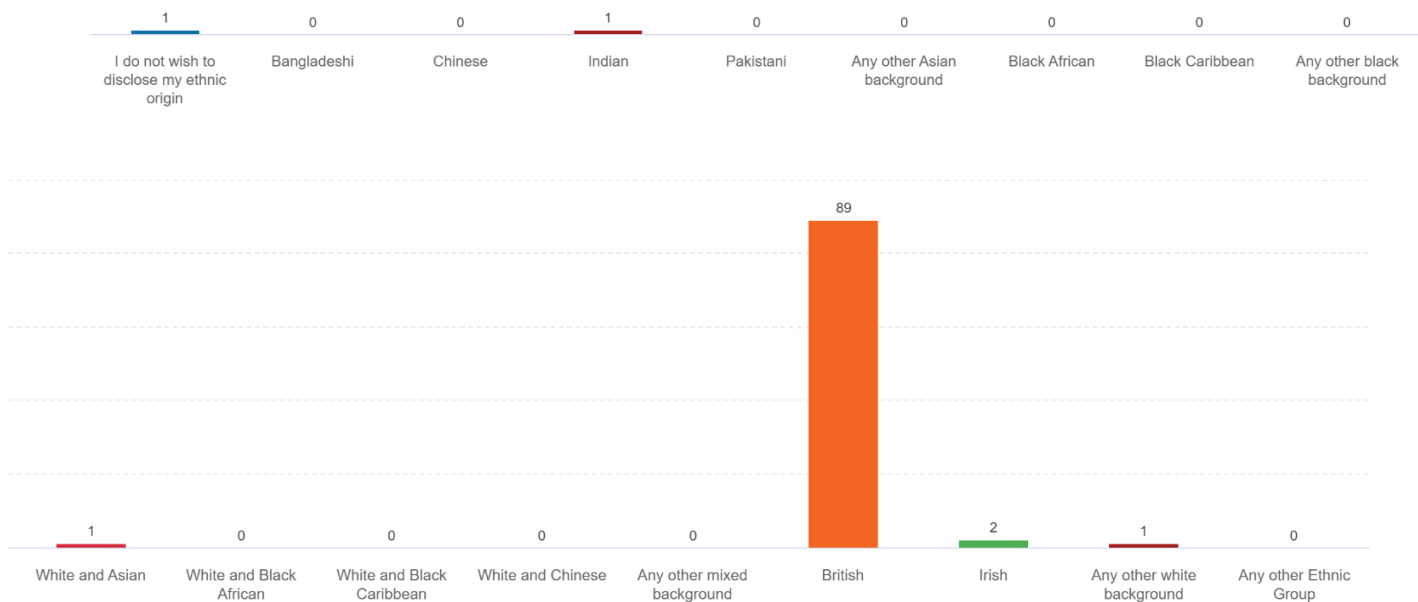


Respondents with special needs



Respondents' ethnicity

Not every respondent chose to answer the ethnicity question; those who did responded as follows:



APPENDIX 2**Hub accessibility**

One issue identified in this report is the proximity (or otherwise) of Hubs to public transport links and on-street car parking facilities.

In this Appendix, each hub is listed with details of public transport links (mainly bus services) and car parking facilities.

Although at least one bus route passes near to each of the Hubs, many of those routes are effectively local and do not serve all areas from which people are likely to come. In many cases, patients travelling to a Hub may, therefore, have to change buses enroute.

Haiderian Medical Centre – Corbets Tey Road, Upminster

Bus services – route 370 passes nearby

Car parking – limited on-site parking; limited on-street parking available nearby (with yellow-line restrictions applying at certain times)

Lynwood Practice – Lynwood Drive, Romford

Bus services – route 365 passes nearby; routes 247, 252 and 294 serve Collier Row Town Centre about 350 metres distant

Car parking – no on-site parking; limited on-street parking available nearby

Petersfield Surgery – Petersfield Avenue, Romford

Bus services – route 496 passes nearby; routes 256 and 294 pass about 400 metres distant

Car parking – no on-site parking; limited on-street available nearby

Raphael House – Victoria Centre, Pettits Lane, Romford

Bus services – route 499 passes nearby; routes 174 and 496 pass along Main Road, about 300 metres distant

Car parking – limited on-site parking; limited on-street parking available nearby (yellow line restrictions apply 8.30am-6pm in Pettits Lane and in nearby streets)

Rosewood Practice – Astra Close, Hornchurch

Bus services – route 252 passes nearby

Car parking – limited on-site parking; limited on-street parking available nearby

Rush Green – Dagenham Road, Romford

Bus services – routes 5, 103, 128 and 174 pass nearby

Car parking – no on-site or street parking available in vicinity

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face-to-face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at

<https://www.healthwatchhaverling.co.uk/advice-and-information/2022-06-06/our-friends-network-archive>



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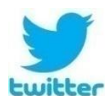
Telephone: 01708 303300



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email enquiries@healthwatchhavering.co.uk



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PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 13TH JANUARY 2026

Subject Heading:

Education & Employment Skills Strategy
Pre-decision scrutiny.

Report Author and contact details:

Luke Phimister, Committee Services Officer

Policy context:

To enable the Council to scrutinise its
People policy area

SUMMARY

The attached report provides the Committee was the upcoming Cabinet decision relating to the Education & Employment Skills Strategy.

RECOMMENDATIONS

That the Sub-Committee scrutinises the decision and agrees any recommendations it deems relevant and necessary.

REPORT DETAIL

This strategy is an integral strategy for the Borough's working age population. The Committee is therefore asked to scrutinise the decision and formulate any responses or recommendations for Cabinet to consider.

IMPLICATIONS AND RISKS

Financial implications and risks: None for this cover report

Legal implications and risks: None for this cover report

Human Resources implications and risks: None for this cover report

Equalities implications and risks: None for this cover report

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS
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None.

BACKGROUND PAPERS

None



CABINET

Subject Heading:

Adoption of new Education & Employment Skills Strategy

Cabinet Member:

Councillor Oscar Ford

ELT Lead:

Tara Geere, Director for Starting Well

Report Author and contact details:

Darren Purdie, Head of Education Provision & Inclusion, 01708 434940
darren.purdie@havering.gov.uk

Policy context:

The proposed Education & Employment Skills Strategy outlines the context of line-of-sight challenge for young people and residents to opportunities to upskill, enter the workforce, and the proposed strategic approach to supporting the residents of the Borough

Financial summary:

Currently, all of the proposed activity is covered by the existing provision of secured external grants covering Adult Education, Connect to Work and Trailblazer programmes, for example, rather than core Council budgets. These funds have been secured for the duration of this iteration of the Strategy.

Is this a Key Decision?

Significant effect on two or more Wards

When should this matter be reviewed?

At the earliest opportunity.

Reviewing OSC:

People

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

- X 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

This report presents to Cabinet for adoption the draft Education & Employment Skills Strategy.

RECOMMENDATIONS

Cabinet is recommended to adopt the draft Education & Employment Skills Strategy

REPORT DETAIL

The previous Employment & Skills Strategy was designed to expire in 2022. In 2014, Havering commissioned “*A Research Study into Skills and Employment in Havering*” to provide a comprehensive understanding of Havering’s workforce. This was to help inform the Council’s future projects and strategy in the key areas of skills, training and employment, and to identify the skills and employment needs of local and regional employers, and to assist training providers to develop responsive, employer led courses in the future.

The appointed consultants produced a report providing a comprehensive local labour market assessment for Havering, which acted as a baseline for a Havering Employment and Skills Plan - the aim of which was to identify where, why and how the Council can support a more effective labour and skills market in the borough.

The study was required to support Havering Council in its development of practical approaches that:

- addressed weaknesses and enhanced strengths of the boroughs working age population,
- identified relevant funding opportunities,
- identified specific projects and strategies for Harold Hill that reflect its individual issues when compared to the rest of Havering; and
- aligned delivery of skills to the needs of local and regional employers.

However, the recommendations were not implemented at that time; this was due to a lack of resources being available to allocate to the Employment and Skills Team. Following a restructure in November 2024, the Employment & Skills Team (predominately funded through external grants and not by core Council funding) was repositioned within the Education Provision & Inclusion Team. This situated the team alongside a range of educational teams who work across several phases of education to create a continuum providing a line of sight to aspiration and opportunity. Teams include the Young People’s Education & Skills team (who work pro-actively within schools and with school leavers to support them and increase

awareness of post-compulsory pathways into employment via further, higher or work-based education routes). Also in the service area is Havering Adult College, who hold the Adult Education budget that supports the provision and delivery of both vocational skills courses and employability support programmes. Additionally, the Virtual School sits within the service area, and this affords those most at risk and vulnerable of our young people greater opportunities to access longer term support into credible pathways.

This alignment was a strategic decision to allow for the development of clear lines of sight for young people and residents who may otherwise feel a lack of ambition or aspiration, and therefore not be motivated to fulfil their potential due to a range of factors (generational, socio-economic, etc). The Employment and Skills Team has secured £3.3m over the 5-year duration of this strategy for the Connect to Work initiative, which will cover the proposed staffing requirements and resources/materials to deliver on the prescribed outcomes. Similarly, the Trailblazers project has attracted £354k for 25/26, with a similar amount projected for 26/27, for ring-fenced use in the delivery of innovative employment and skills activity.

Given the refreshed work on the Inclusive Growth and Social Value Strategies at this time, it was logical to incorporate an Education & Employment Skills Strategy that laid out the intention of the combined education services to work within the available resource to provide a comprehensive range of engagement opportunities. These start with in-reach activities to inspire and engage school age pupils to ignite their ambition, and follow this through with the information, advice, guidance and practical developmental support available through the continuum of local education and employability services. This includes expanding opportunities for people with SEND and additional needs through employment forums and supported pathways, and the effective deployment of Havering Works and Havering Adult College, This can include Local London, Lower Thames Crossing, New City College, Ford Motor Company and so on. This allows for sufficient flex within the Strategy to respond as needed to evolving local skills needs as new employers are brought into the borough through the delivery of the Inclusive Growth and the Social Value strategies, which cover the regeneration aspects of this work.

All of this can then link into the deliverable objectives of both the Inclusive Growth and Social Value Strategies, to give residents within Havering – irrespective of their ages, socio-economic status or perceived disadvantage – opportunities to progress, grow and contribute as valued members of society and the community. This draft of the strategy for Education & Employment Skills, therefore, should be read in conjunction with those documents.

Once the Strategy is approved, a multi-agency and departmental action and implementation plan will be drawn up to cover the deliverables funded via the external grants. While presented as a 5 year strategy, the commitment to keep the Education & Employment Skills Strategy under continuous review is a given, to ensure it can flex to respond to changes in demographics, funding and emerging priorities.

REASONS AND OPTIONS

There is no statutory requirement for any local authority to adopt an Education & Employment Skills strategy. It is evident, however, that should the Council wish to prioritise both the economic health of its borough as well as ensure sufficient and appropriate pathways via education and training to support a work-ready population, it should make tactical decisions in pursuit of such an objective in the context of a deliverable strategy. It should also be noted that there are practical wider health (both mental and physical) benefits widely associated with improved access to, and engagement with, high quality education and training, especially where this supports personal ambition to engage with sustainable employment.

Reasons for the decision:

The adoption of a refreshed strategy would allow project investment decisions to be made in their proper strategic context, and allow for suitable flexibility to respond to intrinsic and extrinsic factors and demands.

Other options considered:

There are four options for consideration:

1. To decide that an Education & Employment Skills Strategy is unnecessary
2. To adopt the refreshed strategy as drafted
3. To require minor changes to the refreshed strategy
4. To require a comprehensive reworking of the refreshed strategy

The first option is not recommended as it would lead to sub-optimal decision making without strategic context, and increase the risk of a negative impact on the local economy and resident workforce.

The second option is recommended as the most proportionate to the need and the opportunities available within the current funding window.

The third option can be recommended if members feel that amendment is required, when looked at in conjunction with the Inclusive Growth and Social Value Strategies.

The fourth option could bring with it an un-resourced cost, as any ground-up reworking may require externally commissioned input once again without a guaranteed return on the investment (or available resource to fund such a commissioned piece of work).

IMPLICATIONS AND RISKS

Financial implications and risks:

Currently, all of the proposed activity is covered by the existing provision of secured external grants covering Adult Education, Connect to Work and Trailblazer programmes, for example, rather than core Council budgets.

Connect to Work grant funding has been agreed as follows:

2025/26	2026/27	2027/28	2028/29	2029/30	Total
£433,978	£818,995	£889,422	£825,558	£329,000	£3,296,953

Trailblazer grant funding of £354,290 has been agreed for 25/26. No funding has been confirmed beyond 25/26, although it has been indicated that a similar sum will be available in 26/27.

Both of these grants are based on reimbursing eligible expenditure, so the actual grant claimed could be less than the agreed maximum.

Adult Education courses linked to employability are currently wholly funded by Government grant.

If the level of grant funding reduces in future years, expenditure on the Strategy would need to be revised accordingly.

Legal implications and risks:

There are no immediate legal implications arising out of the recommendations in this report.

Reviewed by Gavin Milnthorpe

Human Resources implications and risks:

There are no HR implications and risks associated with this strategy

Reviewed by Jennifer Barnor

Equalities implications and risks:

No response received by deadline.

As this related to the introduction of a new strategy, and the adoption of same is not likely to adversely impact on some residents or staff, no EqHIA is required according to the official corporate guidance.

[EqHIA Process Chart](#)

Health and Wellbeing implications and Risks

Havering Council is committed to protecting and promoting the health and wellbeing of residents. Increasing the aspirations, skills and employability throughout the life-course offers a significant opportunity to improve the health and wellbeing of local residents. These improvements can be realised both directly, through the mental, social and physical benefits that can be associated with engaging in good quality work and education/training, and indirectly, by increasing earning potential and employability and in doing so improving the financial circumstances of residents.

The adoption of the Havering Education, Employment and Skills strategy offers an important opportunity to drive forward improvements across these areas of work, and in turn maximise the associated health and wellbeing benefits. The strategy acknowledges the importance of assessing and responding to the needs of residents who face additional barriers to accessing education and employment, many of whom will face multiple forms of disadvantage and inequality. On-going monitoring throughout strategy implementation should seek to identify any groups that continue to face undue disadvantage with respect to education, employment and skills, with a view to ensuring that appropriate support can be put in place to address this.

Reviewed by Emily Grundy

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

The Strategy poses no material impact on the environment directly, but positive engagement with training providers and employers (both anchor and SMEs) will see the development and promotion of Green industries and training to access Green Industries.

Aspects of post-compulsory education and training can also be delivered remotely without compromising guided learning hours, and as such can reduce direct impact on congestion, and fuel emissions, due to reduced need to travel. Where travel is unavoidable, public transport links are good to the vast majority of providers thus reducing the need for additional traffic.

BACKGROUND PAPERS

There are no background papers

The proposed revised Education, Employment & Skills Strategy is appended.

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Havering
LONDON BOROUGH

Education & Employment Skills Delivery Strategy for Havering (2025–2030)

*Compiled by Darren Purdie on behalf of Education
Provision, Inclusion & Skills*

Darren Purdie
darren.purdie@havering.gov.uk

DRAFT

Abstract

This strategy draws upon the existing and potential work of the teams within the Education Service with responsibility for discharging grant and bid-funded employability development for the residents of Havering, starting within their education and beyond.

This Strategy refers to the contribution of the education and skills components, and it is expected to be read in conjunction with both the Inclusive Growth and the Social Value Strategies, as these deliver on key strands around local employment markets and associated regeneration activity.

Education & Employment Skills Strategy for Havering (2025–2030)

DRAFT V5

1. Vision, Mission & Ambition

Vision: To ensure all Havering residents—regardless of age, background, or ability—can access high-quality education and employment pathways that promote lifelong learning, economic inclusion, and social mobility through high quality compulsory, further and higher education.

Mission: To create a responsive, inclusive, and collaborative ecosystem that connects education providers, employers, and support services to deliver meaningful outcomes across all life stages.

Ambition: To work collaboratively with local stakeholders to create a vibrant local employment environment, working in tandem with the Inclusive Growth and Social Value strategies to ensure education, training and employability support pathways are in place to provide young people and residents with the best opportunities to be successful and prosperous in Havering. Specifically, to support residents into secure, sustainable employment as a pathway out of poverty with an emphasis on financial independence and wellbeing, particularly for those facing socio-economic disadvantage.

This Strategy sits within Havering's corporate ambition for the "[Havering you want to be part of](#)" for residents, our vision for children, young people and families to live [happy, healthy lives](#), and links to the Education Strategy for young people to thrive and achieve through accessing high quality education. It is Havering's ambition to not only provide the highest quality education, but also one that best equips our young people for the future, as aspirational, resilient and with clear lines of sight to economic stability whilst becoming the valued members of the community they have the potential to be.

For local context, Havering needs to align its targeted actions to ensure that children, young people and adult residents are presented with the best education and training opportunities to prepare them for life, work and independence. The development of the triad of Inclusive Growth, Social Value and Education & Employment Skills Strategies seeks to address this through clarity around the local regeneration of the borough's employment infrastructure, through securing new anchor employers in a borough that has many small/medium enterprises (SME), and limited scope for a specialised and highly skilled workforce. Whilst Havering sees a large migration into the borough for housing, this is also in part for residents to manage housing costs. They may retain their employment outside of Havering, and a 'travel to work' analysis would inform the Inclusive Growth Strategy and support the need to stimulate local employment opportunities given the Council's commitment to the London Living Wage, improving working conditions and as part of its poverty reduction efforts.

Positive engagement with education, training and, ultimately, sustainable employment are widely acknowledged to be significantly contributory factors to fostering a positive community as well as underpinning strong mental and physical health and wellbeing, something that not only benefits Havering and supports it to be a prosperous borough, but also can alleviate pressures on public health services as an extended outcome. This is something a future analysis would be able to substantiate. The Council's own role as an anchor employer would play no small role in this, and significant funding challenges notwithstanding, is well placed to lead by example with job opportunities for vulnerable and target groups, as the Inclusive Growth Strategy will explore. This could see recruitment targets set to have at least one apprenticeship role in each corporate team, and support care experienced and those with special educational needs into first line employment.

This Strategy seeks to provide a top-level presentation of the delivery of local education and employability skills to meet the evolving local Havering context. This will similarly flex to respond as the Inclusive Growth Strategy delivers on its attraction of local employers and stimulation of the local employment market,

whilst the Social Value Strategy ensures positive investment through local contract agreements for the provision of opportunities (including training/apprenticeships etc) via Section 106 agreed clauses.

The Strategy will take account of skills shortages identified through published mapping exercises undertaken by Local London and the GLA and seek to address these through raising the ambitions and aspirations of residents and providing skills training with a clear focus on new careers (such as green industries, artificial intelligence and others).

2. Strategic Pillars

A. Education Provision & Inclusion

- Embed inclusive practices across all phases of education, from early years to post-16 including care experienced children, children open to Child Protection and Child in Need plans, Travelling communities, children of Armed Forces personnel, and into adult learning.
- Implement the refreshed Havering Strategic Education Vision to promote leadership, aspirations, inclusion and system-wide improvement, ensuring our youngest residents benefit from Good Levels of Development in line with the aspirational targets set by the Department for Education for Havering, and create a positive learning trajectory.
- Strengthen the Virtual School's role in supporting children in care and care experienced/care leavers, with enhanced tracking and transition planning into further education and employment, developing 'lines of sight' to ambitious workforce engagement.
- In-reach activities for Key Stage 2 and Key Stage 4 provided through the Young People's Education & Skills (YPES) Team, along with the provision of borough-wide events throughout the year to promote and support onwards vocational engagement, developed and delivered with stakeholders including local further and higher education providers and employers.
- Joint working to provide effective vocational profiling at Year 9 via the Special Educational Needs & Disabilities & Alternative Provision (SEND & AP) Team to project and plan for the need for Supported Internship Programmes (SIP) in conjunction with the National Development Team for Inclusion (NDTI). This ensures meaningful learning pathways for learners with Special Educational Needs and Disabilities are available to pipeline young people into work-based learning and subsequent employment (or additional employability training support as required).
- Ensure the continued promotion and support of apprenticeships through established and increased engagement with stakeholders; including the building of further Council based apprentice-linked posts, monitoring local success and direct impact on entry into employment, including the development of self-sustaining social enterprise opportunities to target local residents and support them into skills developing employment.
- Work with partners and other agencies to appropriately target young people not in education, employment or training (NEET), long-term unemployed, over 50s, and

those currently lacking qualifications and skills best suited for the local labour market and skills shortages. The partners and other agencies would include Local London, New City College and key employers within the borough.

- Continue to strengthen established partnership work with Access to HE to continue to promote vocationally valuable Higher Education routes in the absence of a Havering-based stand-alone University, and embracing the locally based HE provision through New City College, and the co-location of Coventry University at Rush Green, affording local HE provision for residents to access. In addition, and in line with encouraging personal independence for working skills, Stratford is within the Department for Work & Pensions' acceptable commuting time and is home to several HE institutions, including UEL and Arden University. The East Bank Development (based at the former Olympic Park) features other higher education and cultural institutions, such as the University College London (UCL) and the London College of Fashion, UAL. Additionally, to cater to one of the growing priority sectors, UEL is developing a significant Health Campus, which includes the Neighbourhood Health Hub, the Hospital and Primary Care Training Hub, and the forthcoming Academic Health Building. A new primary care-focused medical school is planned for the site, subject to GMC approval, within easy reach of Havering.

- Achieving Havering-valued outcomes using Section 106 Agreements on major planning applications to facilitate skills development and employment opportunities for local people, and support business in Havering. This will include the securing of an Employment & Skills Plan as part of each Section 106 Agreement on relevant schemes in line with other Local London partners. This will provide funding/training opportunities that transparently contribute to the local employment infrastructure, reducing funding pressures on the Local Authority, and rigorously monitored as underpinned by the Social Value Strategy, where accountability for this sits.

- Instill resilience in children and young people for the challenges that living and working in the 21st Century can present, making them more emotionally robust and supporting the work of health professionals already under strain from the pressures of local families affected by poor mental health, anxiety and similar.

The following data tables demonstrate the three-year trend as captured for Havering's performance taken from the statutory duty activities, as well as the Not in Education, Employment or Training (NEET)-preventative and aspiration raising work, undertaken by the Young People's Education & Skills Team, underpinning the direction of work detailed in this aspect of the Strategy:

<u>Annual NEET & Not Known Scorecard performance (Statutory)</u>				
	2022/23	2023/24	2024/25	NEET & Not Known scorecard is the government's tool that helps local authorities track and compare their performance regarding young people not in education, employment, or training (NEET). Havering remains in quintile 1 with a performance of 2.8% in 2024/25
Havering	2.4%	2.8%	2.8%	
London	3.4%	3.4%	3.3%	
England	5.2%	5.4%	5.6%	

<u>September Offer performance (Statutory)</u>				
	2022	2023	2024	September Guarantee is where the LA ensures that every young person who finishes Year 11 (and sometimes Year 12) has an appropriate offer for post-16 education, employment, or training by the end of September. This data is reported back to the DfE annually. Havering's performance of 98.5% in 2024 which is above our statistical neighbour Bexley and the Sub-regional average of 97.6%
Havering	98.1%	98.3%	98.5%	
Bexley	98.1%	98%	98.3%	
Sub-region	97.3%	97.7%	97.6%	

<u>Activity Survey (Statutory)</u>				
	2022	2023	2024	Activity Survey is where the LA ensures that all young people in years 12 and 13 who live in the Havering are in education or employment with training and offer support to those not participating. The destinations of all 16-18 resident learners are reported back to the DfE annually. Havering's performance of 96.9% in 2024 is slightly below our statistical neighbour Bexley and the sub-regional average.
Havering	97.3%	96.8%	96.9%	
Bexley	97.5%	97.7%	97.5%	
Sub-region	97.9%	97.8%	97.5%	

<u>Targeting Toolkit Programme</u>				
<u>Learner numbers</u>	2023/24	2024/25	2025/26	The Targeting Toolkit is a 'risk of NEET' Indicator tool, a data-driven system used by the LA to identify young people at risk of becoming NEET (Not in Education, Employment, or Training). It works by analysing year 11 data from various sources, such as attendance, exclusions, and care status, to generate a risk score for each student. The local authority uses this information to provide targeted support and interventions to help these young people stay in education or training. This is some of our preventative work to reduce young people becoming NEET at post -16
Total	255	184	168	
High	32	36	27	
Medium	101	30	66	
Low	122	118	75	

Participation, Education & Employment Panel (PETE)				
Number of hard-to-reach referrals	2022/23	2023/24	2024/25	<p>The Participation, Education, Training, Employment Panel (PETE) is an operational partnership of local education providers and support services for young people aged 16-19 (up to 25 for young people with learning disabilities). The group engages with all partners to make use of initiatives and support available to better provide access to Employment Education & Training (EET) outcomes to Havering's young people. Making use of data to identify and engage potential NEET and those at risk of becoming NEET learners in Havering.</p> <p>This panel meets every six weeks to progress some of our complex and hard to reach learners.</p> <p>The number of young people requiring this support is on the rise.</p>
	37	61	52	

Raising the Participation Age				
	2022/23	2023/24	2024/25	<p>The two open evening events hosted by the YPES team aim to provide impartial information, advice & guidance about post-16 opportunities to young Havering residents and their parents and carers.</p> <p>This work supports high learner participation and low NEET numbers in Havering.</p>
RPA (Moving On Event)	500	500	700	
Apprenticeship Week Event	500	500	500	

Raising Aspirations to Higher Education & Enterprise Skills				
Number of schools worked with	2023	2024	2025	<p>The YPES team works with several primary, secondary & specials schools including Alternative Provisions.</p> <p>The events are aimed at raising aspirations amongst the learner cohort, bringing the world of Higher Education & Employment to Young Havering residents</p>
Primary Futures	8	11	14	
Futures Week (Secondary)	11	7	10	
Social Enterprise	10	9	12	

All 18 secondary schools in Havering, along with the local Further Education and Sixth Form Colleges, four Special Schools, and the Alternative Provisions are actively engaged with the Local London Careers Hub East. This partnership supports a wide range of career education, information, advice, and guidance (CEIAG) activities for young people. The Careers Hub facilitates impactful events such as mock interviews, "meet the employer" sessions, and taster days, connecting schools with employers and training providers. It also provides funding to enhance career-related activities across the borough.

The Hub also offers training and support to schools to embed careers education within the curriculum, helping them meet the Gatsby Benchmarks and comply with the statutory requirements outlined in the Department for Education's guidance on Careers Guidance and Access for Education and Training Providers.

In addition, the London Borough of Havering commissions the Shaw Trust to deliver careers advice and guidance to young people aged 16–19, and up to 25 for those with additional needs and disabilities. Additional in-reach activity is also undertaken with a few Primary schools to ignite ambition and aspiration, and whilst there is limited funding to expand this work, it is our own ambition to do so.

B. Adult Learning & Lifelong Skills

- Deliver the updated Havering Adult College Adult Learning Delivery Plan (2025–2028) focused on:

- Priority sectors and skill shortage areas as outlined through Local London: specifically Health & Social Care, Green Construction, Digital & AI, and Education (including Early Years).

- “Skills on Demand” initiative for employer-responsive short courses.

- Inclusive outreach for disadvantaged groups (e.g. adults with sensory disabilities, carers, learners for whom English is not their first language, economically disadvantaged, homeless and those recovering from poor mental or physical health, drug and alcohol dependencies).

- Initiate the development of Sector Based Social Enterprises to create pathways through local employment and service provision (such as commercial Creative & Digital Production Design) providing skills-orientated work-based training allowing for transferable skills development and real-world work experience opportunities.

- Make strategic use of Tailored Learning funding to support re-entry into education pathways. Utilising more informal learning and to bolster local ambition and esteem through development of a range of transferable life skills that can represent career path jumping on points (such as culinary skills, linguistics, craft skills), for the development of both employability skills as well as the stimulation of entrepreneurship skills.

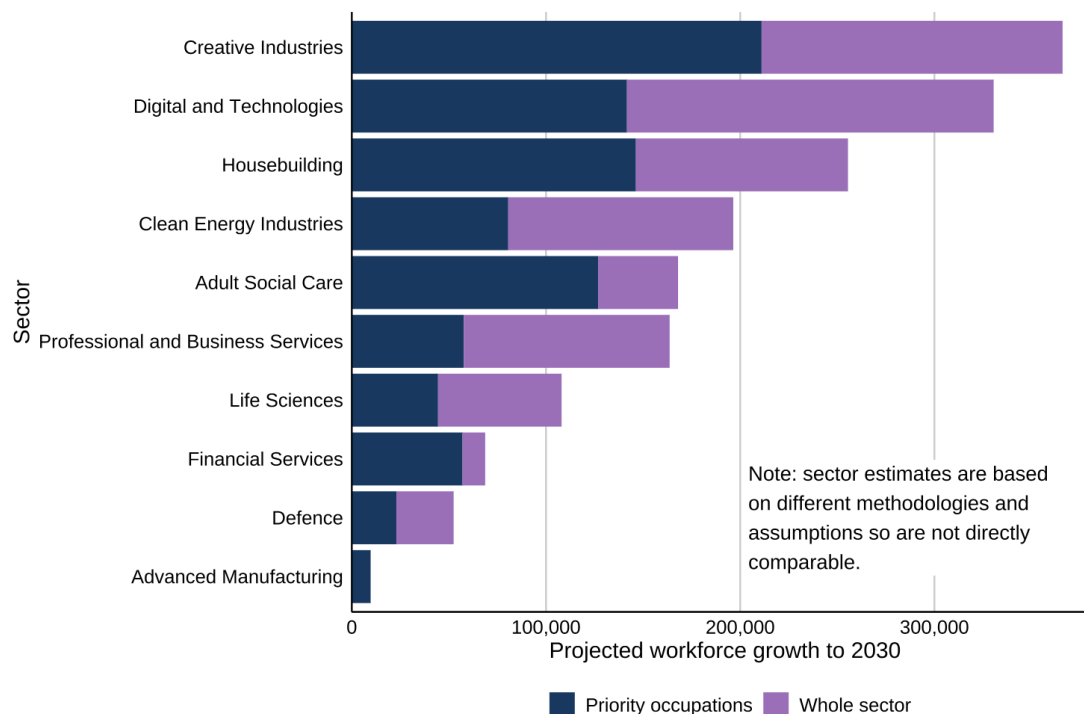
- Ensure that the positive re-enforcement of learning is used to nurture self-esteem and, in turn, positive mental wellbeing to strengthen individual resilience both within life and when in work.

- Retain local flexibility to adapt the use of the grant-funded adult education budget to respond to the evolving local demographics and workforce demands, including, although not exclusively, work undertaken through the Inclusive Growth Strategy.
- Build upon stakeholder engagement with local employers, charitable organisations and the voluntary sector to explore and provide extended services for residents (including through Family Hubs and similar initiatives).

Skills England Assessment of Priority Skills to 2030 outlines future employment demand across 10 key sectors important for delivering the Government's Industrial Strategy and Plan for Change priorities.

The chart below shows the projected workforce growth of each sector by 2030. These align with the sectors outlined as priorities within the Havering Adult Learning Strategy to ensure the local delivery plan maps to both the local and national priority areas:

Figure 1: Contribution of each sector to overall additional employment demand between 2025 and 2030



Source: Skills England planning scenarios based on sector-level projections.

The table below shows the percentage of learners entering priority occupations by qualification level. This supports the Adult College's strategic focus of prioritising Level 2 and 3 in these sectors, with progression pathways to Level 4+ at partner organisations.

Level	Number of learners	Share of learners
Level 2/3	101,000	35%
Level 4/5	19,000	7%
Level 6+	165,000	58%
Total	285,000	100%

Source: Skills England estimates.

Non-vocational programmes are designed to support learners in achieving personal development goals as per the Tailored Learning (TL) grant introduced in 2023/24.

Havering Adult College Tailored Learning Outcomes 2024/25

Description	Number of Delivery Aims	Percentage
Not assigned	48	7%
Increased Confidence	219	34%
Improved skills for progressing to further learning	158	24%
Improved Skills for Work	43	6%
Improved Essential Skills	90	14%
Improved ability to support a child's learning	41	6%
Improved physical health	3	0%
Improved mental health and well being	35	5%
Improved skills to participate in community life	6	1%
Improved skills for independent living	1	0%
No outcome area 1-10 achieved	9	1%
Total:	653	

The table below shows the number of accredited aims delivered at Havering Adult College in academic year 2024/25. Level 2 and above qualifications made up 20% of all accredited aims. In 2025/26, this is projected to increase to 27%. However, overall accredited aims are projected to decrease as we reach our funding limit quicker through higher-level drawdown, illustrating the need for additional accredited funding or the signposting to other local provision (which for adult learners is limited).

This reinforces the need for stronger school age/FE level engagement for children and young people through effective careers guidance and planning, to ensure the provision of adequately funded opportunities remain for those most in need.

2024/25 Accredited Aims by Level – Havering Adult College

<i>Aim Level</i>	<i>Number of Aims</i>	<i>Percentage %</i>
Entry Level (generic, non-reg)	45	5%
Entry Level 1	97	11%
Entry Level 2	79	9%
Entry Level 3	208	24%
Level 1	264	30%
Level 2	149	17%
Level 3	26	3%
	868	

2025/26 Projected Accredited Aims by Level – Havering Adult College

<i>Aim Level</i>	<i>Number of Aims</i>	<i>Percentage %</i>
Entry Level (generic, non-reg)	42	5.82%
Entry Level 1	36	4.99%
Entry Level 2	43	5.96%
Entry Level 3	153	21.19%
Level 1	234	32.41%
Level 2	196	27.15%
Level 3	18	2.49%
	722	

There is a local need that exceeds the capacity of the Adult Education Budget grant awarded to the Adult College. Working with other partners/employers to increase the reach and capacity to deliver essential provision to meet the projected growing demand in areas of local need. This engagement can be better tailored through the adoption of the triad of strategies (Inclusive Growth, Social Value and Education & Employment Skills).

C. Employment & Economic Inclusion

- Launch of “Connect to Work” and extension of “Trail Blazers” to support disabled and economically inactive residents (including the disadvantaged groups above including those over 50, returners to the labour market and people with potential health barriers) utilising the ring-fenced external grants for the designated period and delivering innovative engagement activity to stimulate local workplace engagement. This will see the majority of the team members, resources/materials and activities funded directly from the awarded Connect to Work allocation of £3.3m over the lifetime of this Strategy, and the grant awarded to deliver the Trail Blazers initiative (£354k for 25/26, with a similar amount projected for 26/27).
- Support people with physical and mental health conditions to access good quality employment with the support they need.
- Integrate and implement the priorities of the Learning Disabilities Employment Steering Group.
- Utilize funding opportunities to include provision of key technology to eligible participants to close the IT poverty gaps and support Havering residents into work-readiness behaviours.
- Employment Charter to embed inclusive hiring and progression practices across Havering Council and partners.
- Expand supported internships and employer engagement via the Internships Work Action Plan, linked to the SEND Employment Forum.
- Identify and respond to Havering strategic priorities for any extended work in terms of employment and skills linked to the evolution of local need and opportunity. This would include, although not exclusively, planned engagement with Lower Thames Crossing, Ford Motor Company and other external partners engaging in the process through the Inclusive Growth Strategy.

Whilst the remit for developing the local employment market sits outside of the scope and influence of this Strategy, local workforce and unemployment factors are a consideration to underpin the targeted planning work this Strategy will deliver.

For local context, the following information fed into the awarding of the Trailblazer and the Connect to Work funds, which are targeted at the economically inactive. According to the 2017 ONS Annual Population Survey, 19% of working-age people living in Havering have disclosed they had a disability or long-term illness. The estimated number of people in Havering aged 18-64 living with moderate or serious

physical disabilities was 11,870 in 2017 – a rate of 7,865 per 100,000 population aged 18-64 years. This rate is one of the highest among London local authorities. It is statistically similar to England, but significantly higher than the London average.

More recently, unemployment in Havering more than doubled during the pandemic with 10,090 residents claiming out of work benefits in January 2021 which was a 142% increase from February 2020 (4175) pre-COVID. 5 The unemployment rate in October 2021 is 4.8%, still higher than pre-pandemic levels. This provides an overview of Havering, in comparison with London and the UK overall:

Unemployment Rate

	Havering (level)	Havering (%)	London (%)	Great Britain (%)
Aged 16+	7,645	4.7	5.9	4.0
Aged 16 to 17	5	0.1	0.1	0.2
Aged 18 to 24	1,315	6.8	6.7	5.7
Aged 18 to 21	785	7.6	7.1	6.2
Aged 25 to 49	4,615	5.2	6.0	4.6
Aged 50+	1,710	3.5	6.1	2.9

Economically Inactive Residents

All People	Havering (level)	Havering (%)	London (%)	Great Britain (%)
Total	32,600	19.7	20.4	21.5
Student	13,200	40.4	33.1	26.9
Looking after family/home	6,600	20.3	21.9	18.4
Temporary sick	x	x	1.6	2.2
Long-term sick	#	#	22.1	28.2
Discouraged	x	x	#	0.3
Retired	#	#	7.1	12.8
Other	#	#	13.7	11.4
Wants a job	#	21.7	20.8	19.0
Does not want a job	28,800	88.3	79.2	81.0

ONS Key: x= data not publishable as sample size is disclosive; #= sample size too small for estimating

Below is the data illustrating the outputs and outcomes for the People & Skills Strand of the United Kingdom Shared Prosperity Fund (UKSPF), prior to the enactment of the Trailblazer and Connect to Work programmes:

UKSPF - People and Skills 24/25					
Section 1: Contractual outputs & outcomes Please provide output and outcome actuals in-period and forecast in future quarters		2023-24 Totals	2024-25 Totals	Overall totals	Contract Target
Outputs	number of starts	20	231	251	200
	Number of economically inactive people engaging with keyworker support services	20	231	251	200
	Number of people receiving support to gain employment	0	0	0	0
Outcomes	Number of people engaged in job-searching following support	0	124	124	54
	Number of people in employment, including self-employment, following support	0	37	37	30
	Number of people reporting increased employability through development of interpersonal skills funded by UKSPF	0	87	87	31
	Number of 'good work' jobs	0	15	15	7

Both programmes are now for economically inactive, but we can use a softer definition for Trailblazers, which is now those 'out of work for 4 weeks and/ or cannot start work for 2 weeks.' Additionally, they must be in one of our supported groups (health concerns- including mental health, care leaver, homeless, refugee etc) to qualify.

Trailblazers KPI Overview:

Local London - Performance		Targets
Strand 1 - Output/Outcome indicators		
Number of economically inactive people engaged local support services		60
Number completing training/upskilling		23
Number of people engaged in job-searching following support		18
Number of people in employment, including self-employment, following support		18
Number of 'good work' jobs		4

Connect To Work KPI Overview:

Summary	Total volume s	24/25	25/26	26/27	28/29	29/30
Total volumes	881	98	217	266	207	93

3. Key Objectives (2025–2030)

Objective	Description
Inclusive Education	Ensure all children and young people thrive through high quality, inclusive provision that builds in access to 'lines of sight' to employment opportunities.
Skills for Growth	Align adult learning with local labour market needs and emerging sectors, utilising local stakeholders and partners to inform and co-produce local training opportunities.
Employer Partnerships	Co-develop training and job pathways with anchor employers and SMEs, making effective use of the SEND Employment Forum, the Chamber of Commerce and other mechanisms such as the use of Section 106 Agreements on major planning applications to facilitate skills and employment opportunities for local people and support businesses in Havering.
SEND Employment	Sustain and expand SEND employment forums and supported pathways, drawing on the Year 9 vocational profiling work undertaken by the SEND & AP Team as well as the work of the Learning Disabilities Employment Steering Group.
Data & Impact	Strengthen learner tracking and outcome measurement across all programmes, and report progress and outcome achievement through Quarterly Returns to funding agencies (such as the DfE/GLA/NDTI etc) to ensure funding is continued. Internal reporting to the CP Education Sub-Group, which reports into the Corporate Performance Improvement Board. Key Performance Indicators (KPIs) for externally funded work are set to align with delivery targets and are by contract; internal KPIs will reflect the support for the Inclusive Growth and Social Value Strategies.

4. Policy Alignment

This strategy draws on:

- Curriculum Strategy & Future Vision
- Adult Learning Delivery Plan
- National and regional frameworks:
 - UK Gov: Get Britain Working White Paper (2024)
 - London Growth Plan (2025)
 - HOLEX: Reimagining Adult Education (2025)
 - Business LDN: LSIP (2023)

In addition, and specifically, this Strategy forms one third of a triad of strategic documents anticipated to be read in conjunction, namely the Inclusive Growth Strategy and the Social Value Strategy, developed within the Place Directorate.

Please note, key aspects, such as workforce stimulation, employer acquisition, contract negotiation and agreement and other regeneration and employer engagement activity sit outside of the remit of this Strategy and the teams delivering it. As stated earlier, this Strategy can flex to meet the evolving demands of the workforce to match and prioritise alternative training approaches in conjunction with incoming employers or other partners as identified through Inclusive Growth and Social Value.

5. Delivery & Governance

Lead Team: Education Provision & Inclusion, reporting into the Corporate Parenting Education Subgroup and into the Performance Improvement Board.

Delivery Partners: Young People's Education & Skills, Havering Adult College, Havering Works, SEND Employment Forum, Virtual School, Havering schools, New City College, local education and training providers, local employers and similar, the voluntary sector.

Monitoring: Quarterly reviews via the Education Strategic Partnership (ESP) as directed, and Corporate Parenting Education Sub-Group. Additionally, the delivery provided by Havering Adult College is subject to Ofsted inspection and DfE & GLA audit and oversight, allowing for additional scrutiny and quality assurance.

Upon approval, the Draft will move to the Delivery & Implementation Planning stage, which will result in a clear action plan detailing activity, timeframes and milestones to deliver on the identified strategic outcomes, with built in points for review and adaptation to reflect evolving local priorities and needs.

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PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 13TH JANUARY 2026

Subject Heading:

Havering Community Safety Partnership (HCSP) Plan Pre-decision scrutiny.

Report Author and contact details:

Luke Phimister, Committee Services Officer

Policy context:

To enable the Council to scrutinise its People policy area

SUMMARY

The attached report provides the Committee was the upcoming Cabinet decision relating to the HCSP Plan.

RECOMMENDATIONS

That the Sub-Committee scrutinises the decision and agrees any recommendations it deems relevant and necessary.

REPORT DETAIL

The HCSP strategy is an integral strategy for the safety of Havering's residents. The Committee is therefore asked to scrutinise the decision and formulate any responses or recommendations for Cabinet to consider.

IMPLICATIONS AND RISKS

Financial implications and risks: None for this cover report

Legal implications and risks: None for this cover report

Human Resources implications and risks: None for this cover report

Equalities implications and risks: None for this cover report

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS
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None.

BACKGROUND PAPERS

None



CABINET

Subject Heading:

Approval of the Havering Community Safety Partnership, Partnership Plan 2026 to 2029

Cabinet Member:

Councillor Barry Mugglestone, Cabinet Member for Environment

ELT Lead:

Helen Oakerbee, Director of Planning and Public Protection

Report Author and contact details:

Diane Egan

diane.egan@haverling.gov.uk

01708 432 927

Policy context:

Havering Community Safety Partnership Plan: People will be safe, in their homes and in the community.

The Council has a statutory duty under the Crime and Disorder Act 1998 to produce an annually refreshed community safety plan

Financial summary:

There are no direct cost associated with the adoption of the Partnership plan. The costs of individual projects within the plan will be met through existing external funding streams.

Is this a Key Decision?

(c) Significant effect on two or more Wards

When should this matter be reviewed?

October 2026

Reviewing OSC:

People

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

SUMMARY

The Havering Community Safety Partnership has a statutory responsibility to produce a 3 year partnership plan which sets out how the partnership will tackle Crime and Disorder within Havering.

RECOMMENDATIONS

To agree the revised Havering Community Safety Partnership Plan 2026-29 set out in Appendix 1

REPORT DETAIL

1. The Havering Community Safety Partnership (HCSP) conducted its annual strategic assessment (SA) of crime and disorder in the calendar year of 2024 over the summer of 2025. As part of the SA the HCSP also conducted a public survey of resident's experience and views of crime in Havering. 385 residents participated, with 95% living or working in Havering, providing vital community insights.
 - 43% of residents are satisfied with their neighbourhood (↓5% from 2024).
 - 49% feel fairly or very safe (↑17% from 2024); 35% feel unsafe (↓14%).
 - 42% say crime is high / very high (↓8% from 2024).
 - 74% believe crime increased in the last year (↓7%).
 - 73% cite personal or close contacts' experience.
 - 67% influenced by social media and news.
2. Key areas of concern remain Violence, Acquisitive crime and ASB. This has informed the priority area of Improving Feelings of Safety within the Partnership Plan (see priorities set out below) and a comprehensive Community Engagement plan will be developed.
3. A multi-agency workshop was held on the 6th of October, attended by over 60 representatives from statutory partners of the HCSP (council, Police, Fire Brigade, Probation and Health) and the voluntary sector. The workshop considered the findings of the annual strategic assessment 2025 and then a table top exercise was conducted to develop future priorities and key themes for the 3 year partnership plan. The recommendations from the workshop were presented to the HCSP board on the 5th of November and the following strategic priorities were agreed:-
 1. **Reducing Violence** – In 2024, violence against the person accounted for just over 30% of all total notifiable crimes in Havering, making it a

significant factor driving demand across Council departments and partner agencies. Although there was a 6.9% decrease in violent offences compared to the previous year, the majority of the 6,074 recorded incidents occurred in St Edward's ward (755 offences, 12.6% of all violent offences) and Heaton ward (595 offences, 9.9%). These figures highlight both the scale of the issue and the concentration of violence in specific areas, reinforcing the need for targeted partnership responses. This category includes serious youth violence, with Havering ranking 15th out of 32 London boroughs for combined offences of possession of weapons, robbery, sexual offences, and violence against the person where suspects were under the age of 25.

2. **Tackling Violence against Women and Girls** - Remains a critical priority in Havering, as these offences experience the highest rates of repeat victimisation, with domestic abuse alone accounting for 12% of all total notifiable crimes in 2024. Confidence among affected groups in the Criminal Justice System and support networks remains low. For analytical purposes, VAWG figures are drawn from sexual offences, violence against the person, and public order offences where the victim self-identified as female, together representing 26% of notifiable offences in 2024. The Home Office defines VAWG as a range of serious crimes - including rape, stalking, domestic abuse, 'honour'-based abuse, and others - that disproportionately affect women and girls. This definition shapes both national policy and London's public-health approach, which emphasizes prevention, victim support, perpetrator accountability, and rebuilding trust in policing. Notably, in 2024, St Edward's ward ranked joint 14th among all 686 London wards for VAWG offences, highlighting the need for targeted action in specific areas.
3. **Reducing reoffending, especially substance misuse and group related** – A small number of offenders are responsible for a large share of solved crimes, with alcohol and drugs often contributing to violence and serious acquisitive offences. Close-knit groups of offenders tend to commit fewer but more serious crimes. In 2022/23, 21% of offenders in Havering reoffended - a rate unchanged from the previous year but higher than in 2020/21. While the proportion of reoffenders has stabilised, those who do reoffend are committing more crimes on average, rising from 2.7 to 3.3 offences per person over two years. Persistent theft-related offending remains a key concern, making it essential to focus on this small group of repeat offenders to reduce overall reoffending.
4. **Tackling ASB** – In 2024, Havering experienced an 8% increase in anti-social behaviour (ASB) calls to police, reaching the highest level in three years. This rise was not uniform across the borough; fourteen of twenty wards saw increases, with the most dramatic surges in Cranham, South Hornchurch, and Rush Green & Crowlands - areas that contributed significantly to the overall increase, with Cranham alone seeing calls rise by nearly 80%. The growth in ASB is particularly concentrated in certain communities and during peak times, especially in smaller wards with

disproportionately high rates. This uneven and intensifying pattern means ASB is becoming more disruptive and damaging to local quality of life. Without targeted prevention and enforcement, the harm and impact of ASB will continue to grow, further undermining public confidence and community wellbeing.

5. **Tackling Acquisitive Crime** - Acquisitive crime remains a significant concern in Havering, accounting for 6,543 incidents in 2024 and continuing to drive a large share of overall crime. Theft is the most common offence, with 4,761 incidents and clear seasonal peaks, while robbery is on the rise - driven by repeat offending and emerging hotspots—and personal robbery reports have steadily increased over recent years. Burglary, though showing some stabilisation and even decline in recent quarters, has continued an upward trajectory since 2022, with 1,230 offences recorded in 2024. These trends reveal that acquisitive crime is both persistent and dynamic, with certain periods and locations at higher risk. Without sustained and targeted prevention - especially around theft in spring and summer, and focused interventions for robbery and burglary - the harm and disruption caused by these offences will continue to impact communities and undermine public confidence.
 6. **Improving feelings of safety** – Fear of crime is disproportionately high in Havering and impacts on the quality of life of those who live and work in the Borough. We aim to tackle this through improved communications particularly around awareness of crime prevention and self-awareness regarding safety.
4. The Priorities were also presented to the public at the Annual Crime Summit on the 10th of November.
 5. The Cabinet Report includes the following appendices:

Appendix 1 Havering Community Safety Partnership, Partnership Plan 2026 to 2029
Appendix 2- EQIA

REASONS AND OPTIONS

Reasons for the decision:

The reason for the decision is to respond to the Crime and Disorder Act 1998 which places obligations on Community Partnerships to produce a three-yearly (or rolling annual) Community Safety Plan. This also responds to the Mayor of London's statutory obligation for Community Safety Partnerships to produce a Police and Crime Plan. The Community Safety Partnership Plan (also referred to as a Crime

and Disorder Reduction Plan) is a statutory document, as set out under Part 2, Articles of the Constitution.

Other options considered:

The only remaining option is not to respond, or to respond as a council without the input of partners who have a role to play in policing and crime issues (and a statutory obligation to be involved in the development of a Community Safety Plan). The latter was rejected on the basis that multiple items of the community safety plan require a joint response.

IMPLICATIONS AND RISKS

Financial implications and risks:

This report seeks approval to adopt the Havering Community Safety Partnership Plan 2026–2029. There are no immediate financial implications associated with its adoption. Delivery will be managed within existing budgets and external funding streams already secured by partner agencies.

Legal implications and risks:

This Strategy has been devised by the Havering Community Safety Partnership. It sets out the plans and actions that the Partnership aspires to as a result of this year's Strategic Assessment, which is an analysis of the crime and disorder trends in Havering over the last twelve months. This approach is in line with the Crime & Disorder Act 1998, Police and Justice Act 2006 and Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007/1830.

Regulation 10 provides:—

- (1) The strategy group shall prepare a partnership plan for the area.
- (2) Before the start of each year the strategy group shall revise the partnership plan.
- (3) When revising the partnership plan the strategy group shall consider the strategic assessment and community safety agreement produced during the year prior to the year referred to in paragraph (2).

Regulation 11 provides.—

- (1) The partnership plan shall set out—
 - (a) a strategy for the reduction of re-offending, crime and disorder and for combating substance misuse in the area;
 - (b) the priorities identified in the strategic assessment prepared during the year prior to the year referred to in regulation 10(2);
 - (c) the steps the strategy group considers it necessary for the responsible authorities to take to implement that strategy and meet those priorities;

- (d) how the strategy group considers the responsible authorities should allocate and deploy their resources to implement that strategy and meet those priorities;
- (e) the steps each responsible authority shall take to measure its success in implementing the strategy and meeting those priorities; and
- (f) The steps the strategy group proposes to take during the year to comply with its obligations under regulations 12, 13 and 14.

12.—

(1) For the purposes of preparing the strategic assessment and preparing and implementing the partnership plan the strategy group shall make arrangements for obtaining the views of persons and bodies who live or work in the area about—

(a) the levels and patterns of re-offending, crime and disorder and substance misuse in the area; and

(b) The matters which the responsible authorities should prioritise when each are exercising their functions to reduce re-offending, crime and disorder and to combat substance misuse in the area.

(2) The arrangements under paragraph (1) shall, so far as is reasonable, provide for consultation with—

(a) persons who appear to the strategy group to represent the interests of as many different groups or persons within the area as is reasonable; and

(b) Persons who appear to the strategy group to represent the interests of those groups or persons within the area likely to be particularly affected by the implementation of the partnership plan.

(3) In making the arrangements under paragraph (1) the strategy group shall have regard to any other consultation with persons who live or work in that area that is undertaken by the responsible authorities in relation to the matters specified in subparagraphs 1(a) and (b) other than under these Regulations.

(4) The arrangements made under paragraph (1) shall provide that—

(a) the strategy group hold one or more public meetings during each year;

(b) that such meetings are attended by persons who hold a senior position within each of the responsible authorities;

(c) the strategy group shall take steps as it considers appropriate to bring to the attention of persons who live or work in the area, or who might otherwise be interested, information about

(i) when such meetings are held; and

(ii) What was discussed at such meetings.

Whenever a public body consults it must do so meaningfully, in other words it must consult before any final decisions have been taken, give enough time and information to consultees and then conscientiously take into account the responses to the consultation before making a final decision.

Accordingly, provided that the plan addresses each of the points in Regulation 11 and the consultation under Regulation 12 has been undertaken meaningfully and the decision maker takes into account the responses to the consultation there do not appear to be any legal risks in approving the plan.

Human Resources implications and risks:

There are no HR implications in this decision.

Equalities implications and risks:

The Equalities Impact Assessment for the Havering Community Safety Partnership has been completed and is an appendix within the Havering Community Safety Partnership Plan.

Health and Wellbeing implications and Risks

The proposed activities within the plan covers a range of services from prevention violent crime, reducing reoffending, rehabilitation to protecting people from exploitation and violence and supporting victims. The activities have been evidence based or will produce evidence to effectively implement local intervention. The funding came from a number of external grants but the local partners will apply local insights and evidence to implement the plan to deliver the priorities identified for Havering.

Anti-social behaviour, violence, criminal activities and hate crime have wider impacts to health via its impacts on safety, wellbeing, quality of life, physical activity, education and social activity.

The plan will continue to improve coordinated efforts by the partner agencies in community safety and will impact positively on health and wellbeing of the residents in both short-term and long-term.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

None identified

BACKGROUND PAPERS

HCSP annual strategic assessment of Crime and Disorder for Havering 2025

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Havering

LONDON BOROUGH

Havering Community Safety Partnership Strategic Assessment 2025

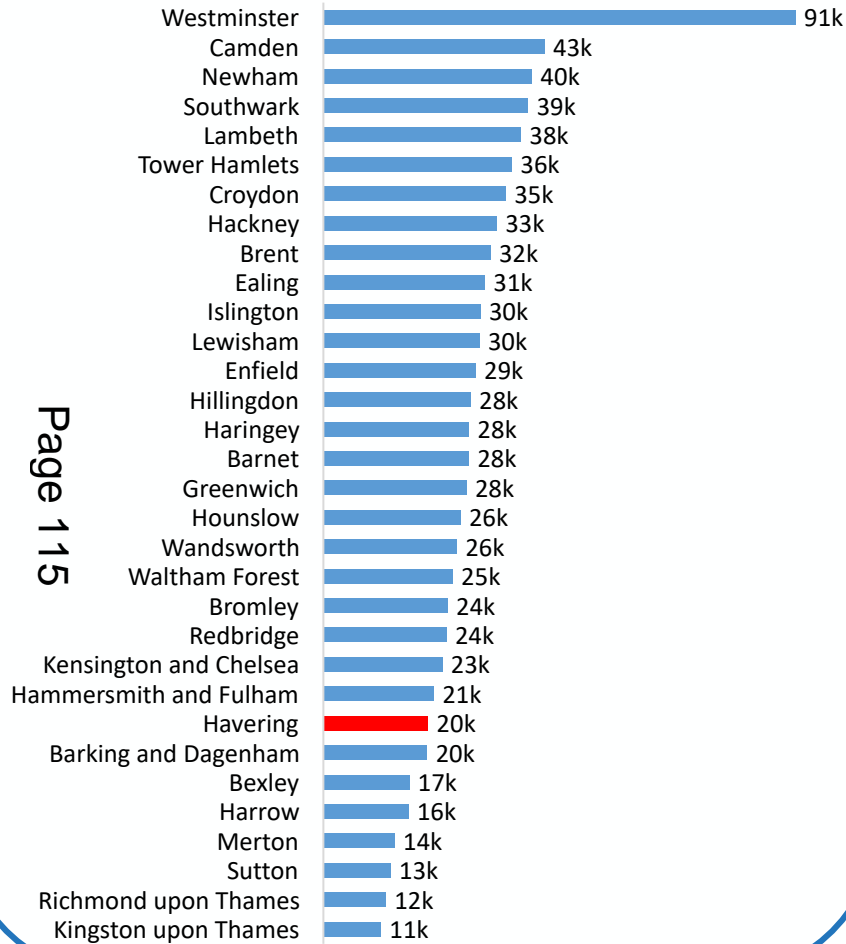
Author	Charlotte Dervish
Unit	Havering Community Safety Partnership
Protective Marking	Restricted
Date Created	August 2025

OFFICIAL - **RESTRICTED**

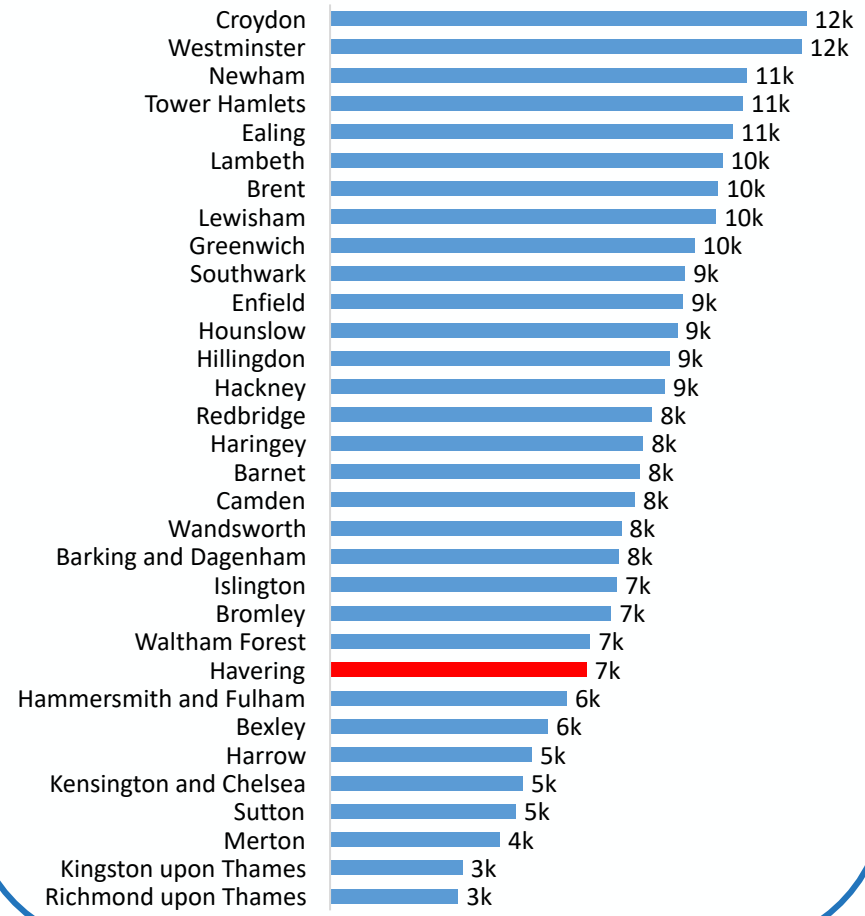
- **Annual statutory requirement for Community Safety Partnerships in England and Wales**
- **Summarises crime, disorder, and community safety data for Havering**
- **Highlights trends and residents' perceptions over time**
 - **Supports strategic priority setting for future actions**
- **Informs commissioning of intelligence and problem profiles**
- **Focuses on problem measurement rather than detailed analysis**

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TNO's Committed by Borough (2024)

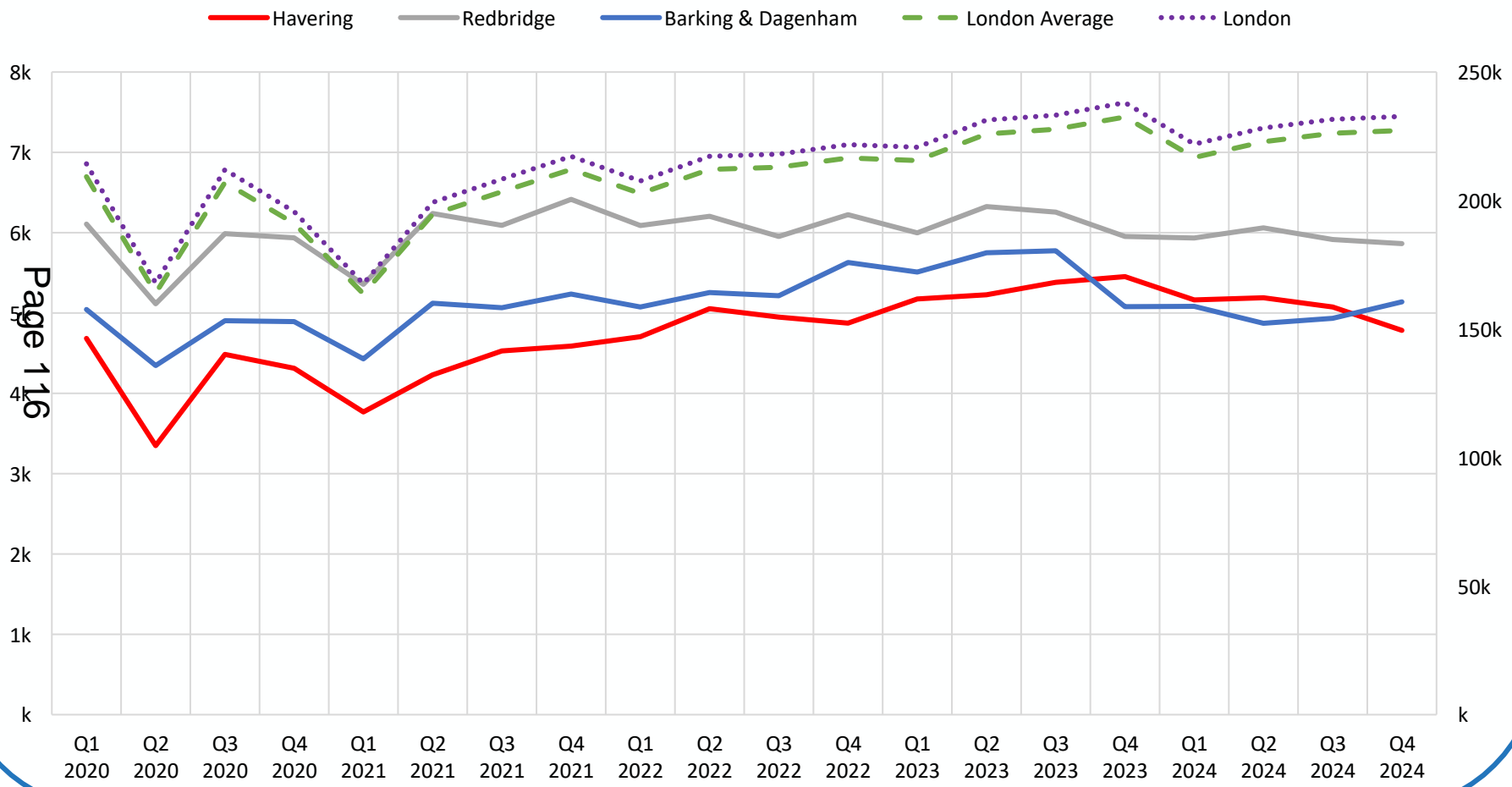


All Violent and Sexual Offences Committed by Borough (2024)



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All TNO's Committed in BCU vs London as a Whole (2024)



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Borough	2023	2024 ▼	% change 23/24
Westminster	92,911	91,027	-2.0%
Camden	40,068	42,658	6.5%
Newham	38,911	40,244	3.4%
Southwark	38,136	39,488	3.5%
Lambeth	36,093	38,106	5.6%
Tower Hamlets	37,250	36,382	-2.3%
Croydon	34,275	35,198	2.7%
Hackney	32,165	33,469	4.1%
Brent	31,408	32,245	2.7%
Ealing	32,532	31,184	-4.1%
Islington	28,882	30,317	5.0%
Lewisham	29,920	30,107	0.6%
Enfield	29,960	29,386	-1.9%
Hillingdon	25,254	28,403	12.5%
Haringey	30,436	28,111	-7.6%
Barnet	29,051	28,067	-3.4%
Greenwich	29,236	27,624	-5.5%
Hounslow	27,786	26,462	-4.8%
Wandsworth	26,730	25,741	-3.7%
Waltham Forest	23,165	24,967	7.8%
Bromley	23,801	23,990	0.8%
Redbridge	24,461	23,773	-2.8%
Kensington and Chelsea	23,392	22,958	-1.9%
Hammersmith and Fulham	23,108	21,326	-7.7%
Havering	21,182	20,212	-4.6%
Barking and Dagenham	22,037	20,028	-9.1%
Bexley	16,672	16,594	-0.5%
Harrow	16,533	16,433	-0.6%
Merton	13,951	13,773	-1.3%
Sutton	13,178	13,016	-1.2%
Richmond upon Thames	12,108	12,089	-0.2%
Kingston upon Thames	12,802	11,135	-13.0%
London Total	917,394	914,513	-0.3%

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Types of Crime in the London Borough of Havering

Havering TNO's	2022	2023		2024		% of all crime 2023	% of all crime 2024 ▼	% change 22/23	% change 23/24
Violence Against the Person	6,094	6,521 ▲		6,074 ▼		30.8%	30.1% ▼	7.0%	-6.9%
Theft	3,740	4,648 ▲		4,852 ▲		21.9%	24.0% ▲	24.3%	4.4%
Vehicle Offences	3,152	3,271 ▲		2,499 ▼		15.4%	12.4% ▼	3.8%	-23.6%
Arson and Criminal Damage	1,455	1,512 ▲		1,589 ▲		7.1%	7.9% ▲	3.9%	5.1%
Public Order Offences	1,273	1,376 ▲		1,360 ▼		6.5%	6.7% ▲	8.1%	-1.2%
Burglary	1,090	1,212 ▲		1,248 ▲		5.7%	6.2% ▲	11.2%	3.0%
Drug Offences	962	1,135 ▲		1,007 ▼		5.4%	5.0% ▼	18.0%	-11.3%
Sexual Offences	591	551 ▼		614 ▲		2.6%	3.0% ▲	-6.8%	11.4%
Robbery	328	476 ▲		555 ▲		2.2%	2.7% ▲	45.1%	16.6%
Miscellaneous Crimes Against Society	300	275 ▼		283 ▲		1.3%	1.4% ▲	-8.3%	2.9%
Possession Of Weapons	188	205 ▲		130 ▼		1.0%	0.6% ▼	9.0%	-36.6%
Total	19,173	21,182 ▲		20,211 ▼		100%	100%	10.5%	-4.6%

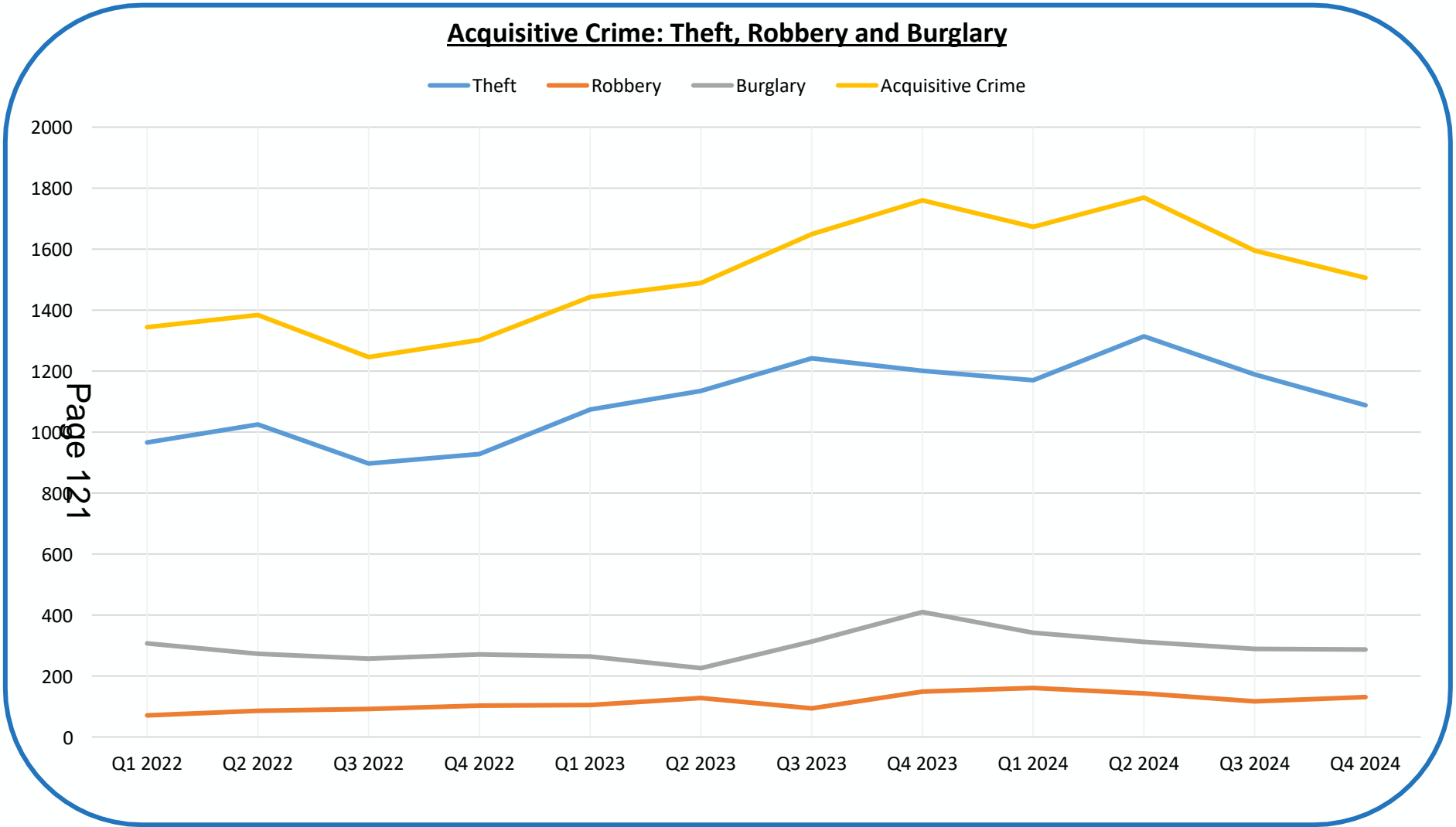
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Ward Analysis – London Borough or Havering

Ward Rank	Ward	Borough	Borough Rank	Count of Offences ▼
1 st	West End	Westminster	1 st	35,634
2 nd	St James's	Westminster	1 st	22,709
3 rd	Bloomsbury	Camden	2 nd	7,058
4 th	Holborn & Covent Garden	Camden	2 nd	6,008
5 th	Waterloo & South Bank	Lambeth	5 th	4,634
6 th	Heathrow Villages	Hillingdon	14 th	4,319
7 th	Stratford Olympic Park	Newham	3 rd	4,241
8 th	Camden Town	Camden	2 nd	4,039
9 th	Borough & Bankside	Southwark	4 th	3,951
10 th	Hoxton East & Shoreditch	Hackney	8 th	3,888
11 th	Fairfield	Croydon	7 th	3,864
12 th	London Bridge & West Bermondsey	Southwark	4 th	3,795
13 th	North Walworth	Southwark	4 th	3,622
14 th	Marylebone	Westminster	1 st	3,601
15 th	Stratford	Newham	3 rd	3,508
16 th	Hyde Park	Westminster	1 st	3,429
17 th	Spitalfields & Banglatown	Tower Hamlets	6 th	3,384
18 th	Finsbury Park	Islington	11 th	3,328
19 th	Kingston Town	Kingston upon Thames	32 nd	3,286
20 th	Noel Park	Haringey	15 th	3,116
21 st	Shepherd's Bush Green	Hammersmith and Fulham	24 th	3,035
22 nd	Ilford Town	Redbridge	22 nd	3,013
23 rd	Uxbridge	Hillingdon	14 th	2,968
24 th	Bromley Town	Bromley	21 st	2,882
25 th	King's Cross	Camden	2 nd	2,881
26 th	St Edward's	Havering	25 th	2,871

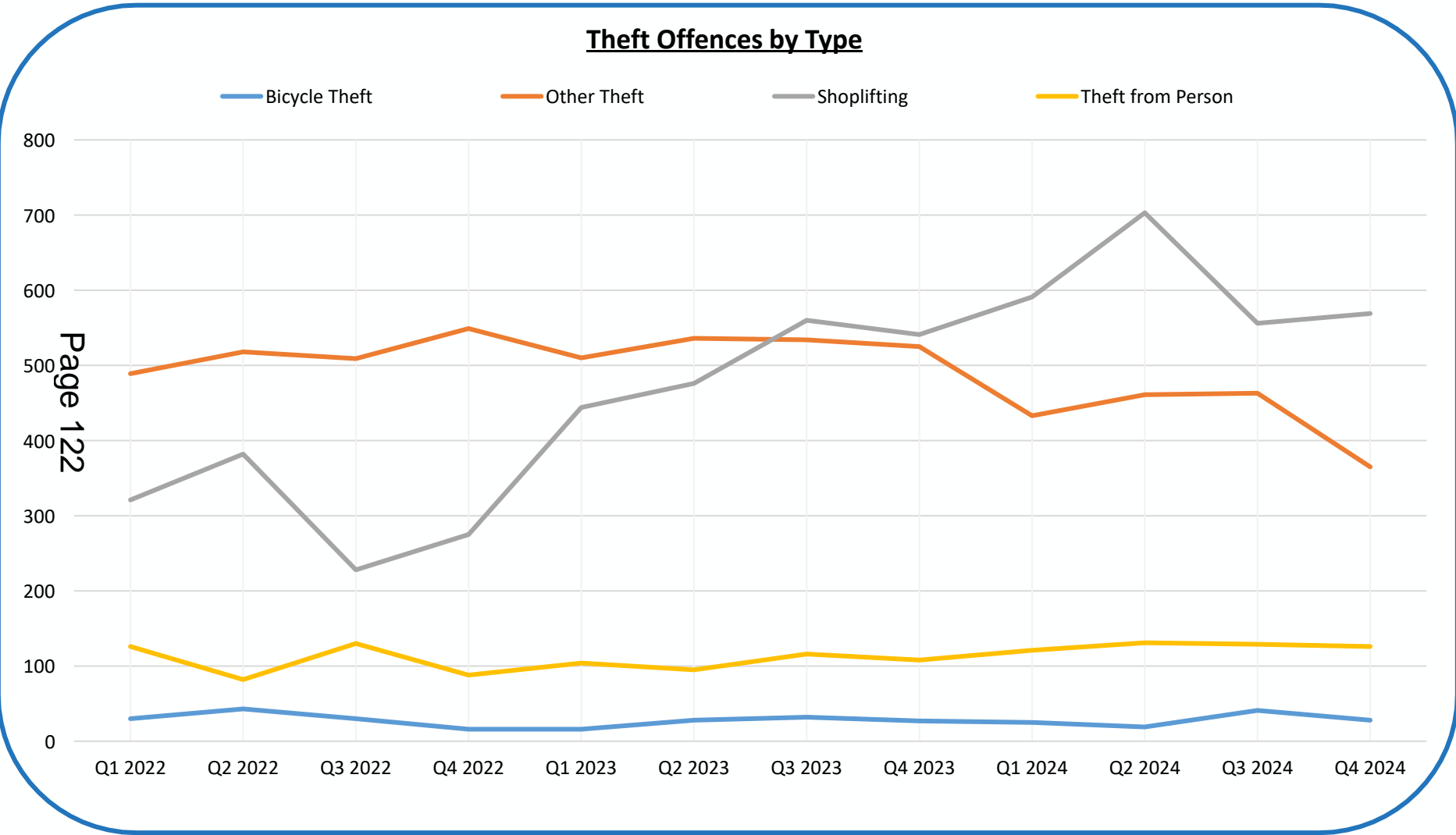
OFFICIAL - RESTRICTED

Ward	Population	Count of Offences	Rate ▼
St Edward's	10,423	2,871	275.4
Beam Park	4,883	714	146.2
St Alban's	8,737	845	96.7
Heaton	17,211	1,608	93.4
St Andrew's	14,654	1,132	77.2
Rush Green & Crowlands	16,022	1,222	76.3
Rainham & Wennington	13,567	1,027	75.7
Gooshays	17,780	1,340	75.4
Harold Wood	13,807	980	71.0
Elm Park	16,646	1,048	63.0
Havering-atte-Bower	16,374	1,003	61.3
Hylands & Harrow Lodge	13,758	789	57.3
Upminster	13,347	748	56.0
Mawneys	14,478	809	55.9
Marshalls & Rise Park	12,954	707	54.6
South Hornchurch	10,884	533	49.0
Squirrels Heath	15,517	740	47.7
Emerson Park	9,535	321	33.7
Hacton	8,489	257	30.3
Cranham	12,987	344	26.5
Total	262,053	19,038	72.6



OFFICIAL - RESTRICTED

Theft Offences by Type



OFFICIAL - RESTRICTED

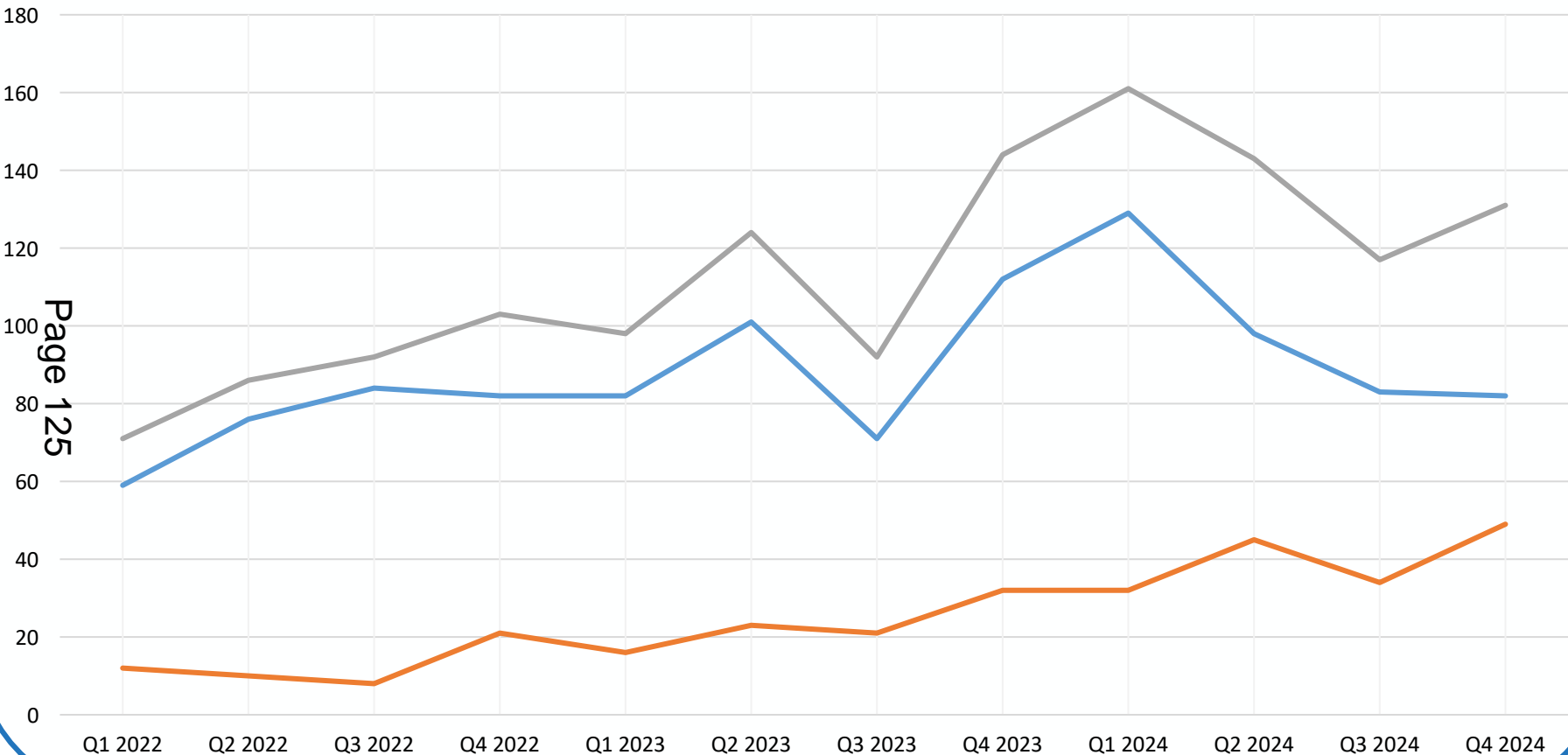
Ward	Count ▼	Rate (per '000)
St Edward's	1,012	97.1
St Andrew's	427	29.1
Heaton	346	20.1
Elm Park	308	18.5
Harold Wood	289	20.9
Hylands & Harrow Lodge	253	18.4
Havering-atte-Bower	236	14.4
Upminster	195	14.6
Marshalls & Rise Park	178	13.7
Rainham & Wennington	172	12.7
Mawneys	165	11.4
Rush Green & Crowlands	146	9.1
St Alban's	144	16.5
Beam Park	124	25.4
Gooshays	120	6.7
Squirrels Heath	107	6.9
South Hornchurch	63	5.8
Emerson Park	43	4.5
Cranham	32	2.5
Hacton	31	3.7
Total	4,391	16.8

		Hour																									
		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total	
Day	Mon	22	5	0	3	0	1	5	13	18	21	37	54	59	69	76	63	72	71	44	35	26	17	10	14	735	
	Tue	20	4	4	4	2	2	3	13	14	26	33	39	55	61	41	35	71	71	43	42	36	25	17	6	667	
	Wed	21	6	8	6	4	1	5	14	22	30	38	56	68	76	63	57	52	47	43	43	27	31	17	5	740	
	Thu	16	6	1	7	2	5	4	11	25	24	38	48	72	53	65	67	57	52	37	29	32	27	14	6	698	
	Fri	18	4	2	3	2	1	11	3	19	25	26	53	56	59	65	59	47	50	39	39	34	26	28	11	680	
	Sat	22	5	9	3	4	0	7	11	19	23	29	36	55	49	59	47	56	68	43	30	29	27	26	11	668	
	Sun	18	2	9	2	6	3	3	8	5	15	22	29	37	41	51	53	42	54	28	44	42	30	19	10	573	
	Total	137	32	33	28	20	13	38	73	122	164	223	315	402	408	420	381	397	413	277	262	226	183	131	63	4,761	

OFFICIAL - RESTRICTED

Robbery Offences by Type

Robbery of Personal Property Robbery of Business Property Total Robbery



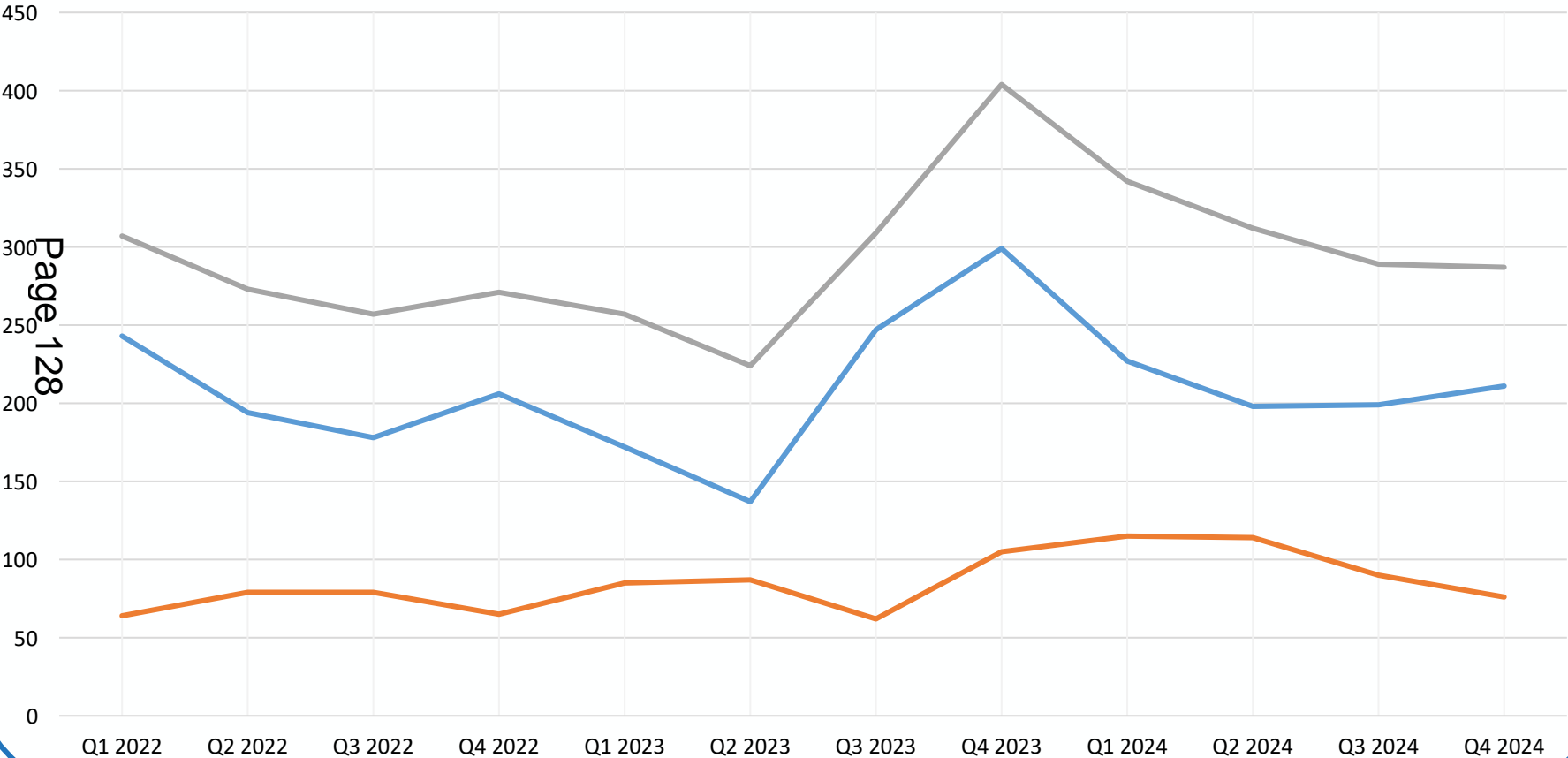
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Ward	Count ▼	Rate (per '000)
St Edward's	107	10.3
Elm Park	54	3.2
Heaton	38	2.2
St Andrew's	37	2.5
Rainham & Wennington	35	2.6
St Alban's	30	3.4
Upminster	27	2.0
Mawneys	24	1.7
Squirrels Heath	24	1.5
Rush Green & Crowlands	22	1.4
Gooshays	21	1.2
Harold Wood	20	1.4
Beam Park	19	3.9
Marshalls & Rise Park	14	1.1
South Hornchurch	14	1.3
Havering-atte-Bower	13	0.8
Hylands & Harrow Lodge	12	0.9
Cranham	9	0.7
Hacton	7	0.8
Emerson Park	5	0.5
Total	532	2.0

The Havering you want to be part of

Burglary Offences by Type

Domestic Burglary Business & Community Burglary Total Burglary



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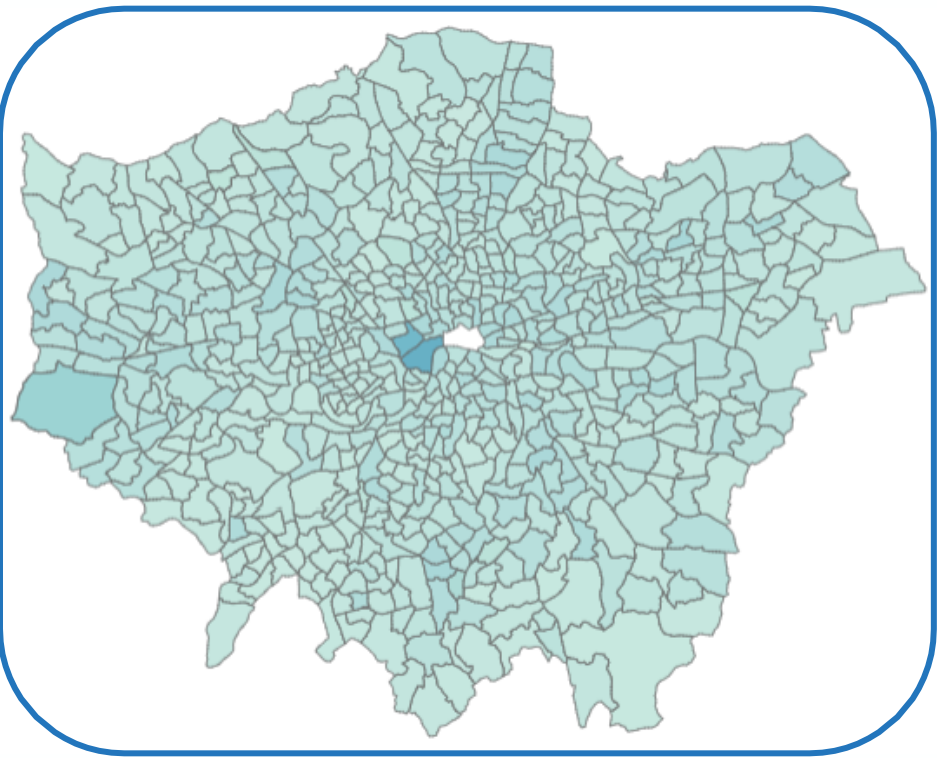
Ward	Count ▼	Rate (per '000)
Heaton	101	5.9
St Edward's	100	9.6
Gooshays	95	5.3
Harold Wood	93	6.7
Rush Green & Crowlands	79	4.9
Marshalls & Rise Park	64	4.9
Mawneys	61	4.2
Upminster	60	4.5
St Alban's	57	6.5
Rainham & Wennington	54	4.0
Hylands & Harrow Lodge	53	3.9
Havering-atte-Bower	49	3.0
Beam Park	48	9.8
St Andrew's	46	3.1
Elm Park	45	2.7
Squirrels Heath	43	2.8
Emerson Park	36	3.8
South Hornchurch	35	3.2
Cranham	27	2.1
Hacton	21	2.5
Total	1,167	4.5

OFFICIAL - RESTRICTED

		Hour																								Total
		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Day	Mon	15	7	6	12	19	9	2	6	5	1	7	10	13	8	5	10	9	3	3	3	3	6	0	11	173
	Tue	22	5	9	3	16	6	4	4	3	4	4	2	8	4	7	7	4	7	11	12	3	7	11	10	173
	Wed	14	5	18	20	8	7	8	1	5	2	3	2	9	8	4	5	5	7	10	4	9	6	11	6	177
	Thurs	13	6	13	7	23	7	2	5	2	8	3	6	8	5	6	7	10	17	14	10	9	8	5	9	203
	Fri	17	9	8	6	6	9	4	1	5	3	4	2	17	5	5	10	6	12	8	17	5	4	4	9	176
	Sat	13	14	6	8	12	10	5	2	2	6	8	4	7	4	5	7	12	15	9	10	15	5	8	12	199
	Sun	10	5	9	10	5	4	6	0	3	2	5	3	7	1	6	8	5	3	6	6	6	6	3	10	129
	Total	104	51	69	66	89	52	31	19	25	26	34	29	69	35	38	54	51	64	61	62	50	42	42	67	1,230

OFFICIAL - RESTRICTED

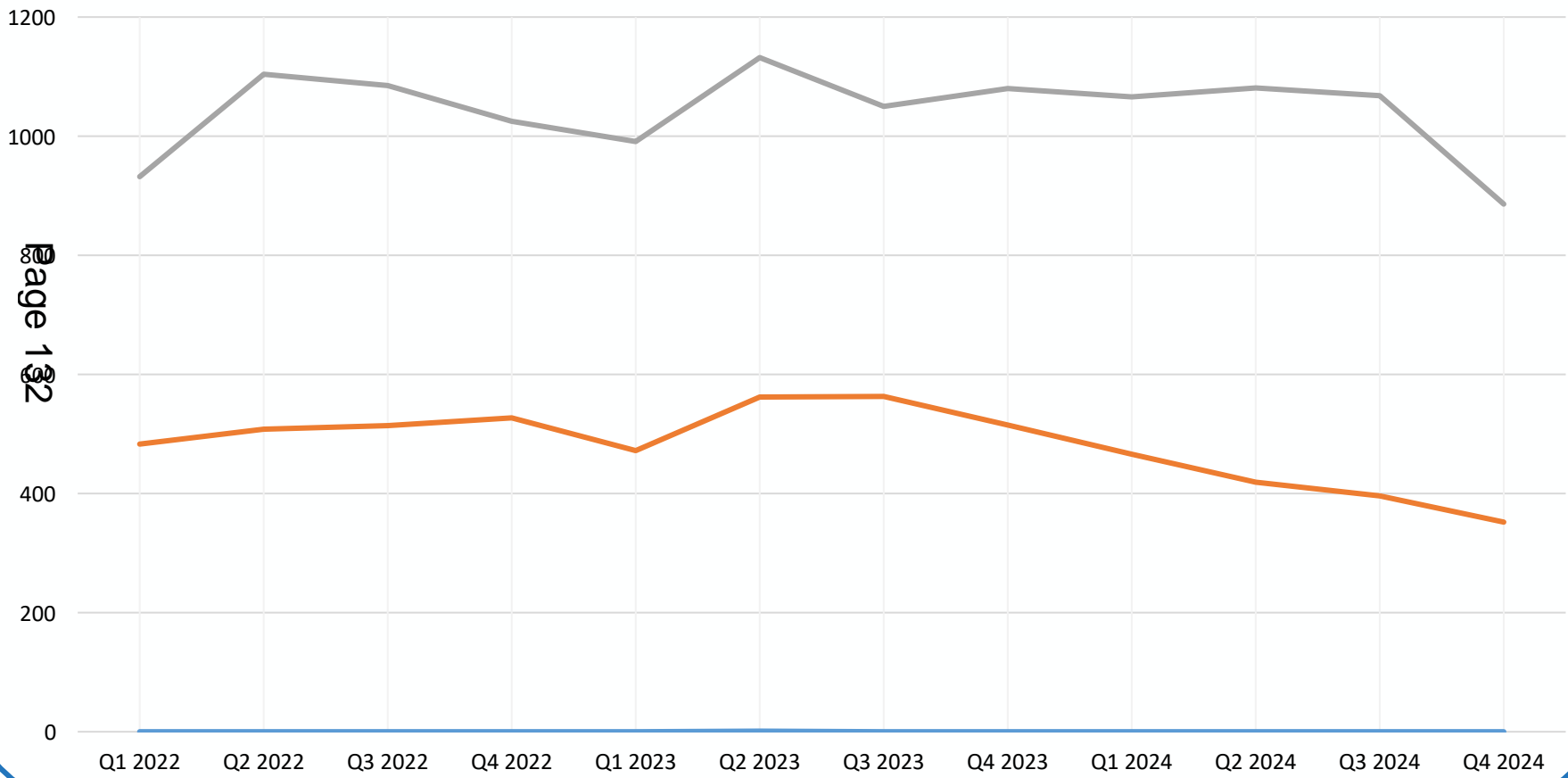
Rank	Ward	Borough	Count
1	St James's	Westminster	2,705
2	West End	Westminster	2,290
3	Fairfield	Croydon	1,090
4	Seven Kings	Redbridge	863
5	Broad Green	Croydon	835
6	Heathrow Villages	Hillingdon	828
7	Waterloo & South Bank	Lambeth	801
8	Rushey Green	Lewisham	787
9	Uxbridge	Hillingdon	772
10	West Thornton	Croydon	772
11	Stonebridge	Brent	751
12	Bloomsbury	Camden	745
13	Edmonton Green	Enfield	742
14	St Edward's	Havering	733
15	Hoxton East & Shoreditch	Hackney	727



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Violence Against the Person Offences by Type

Homicide Violence With Injury Violence Without Injury



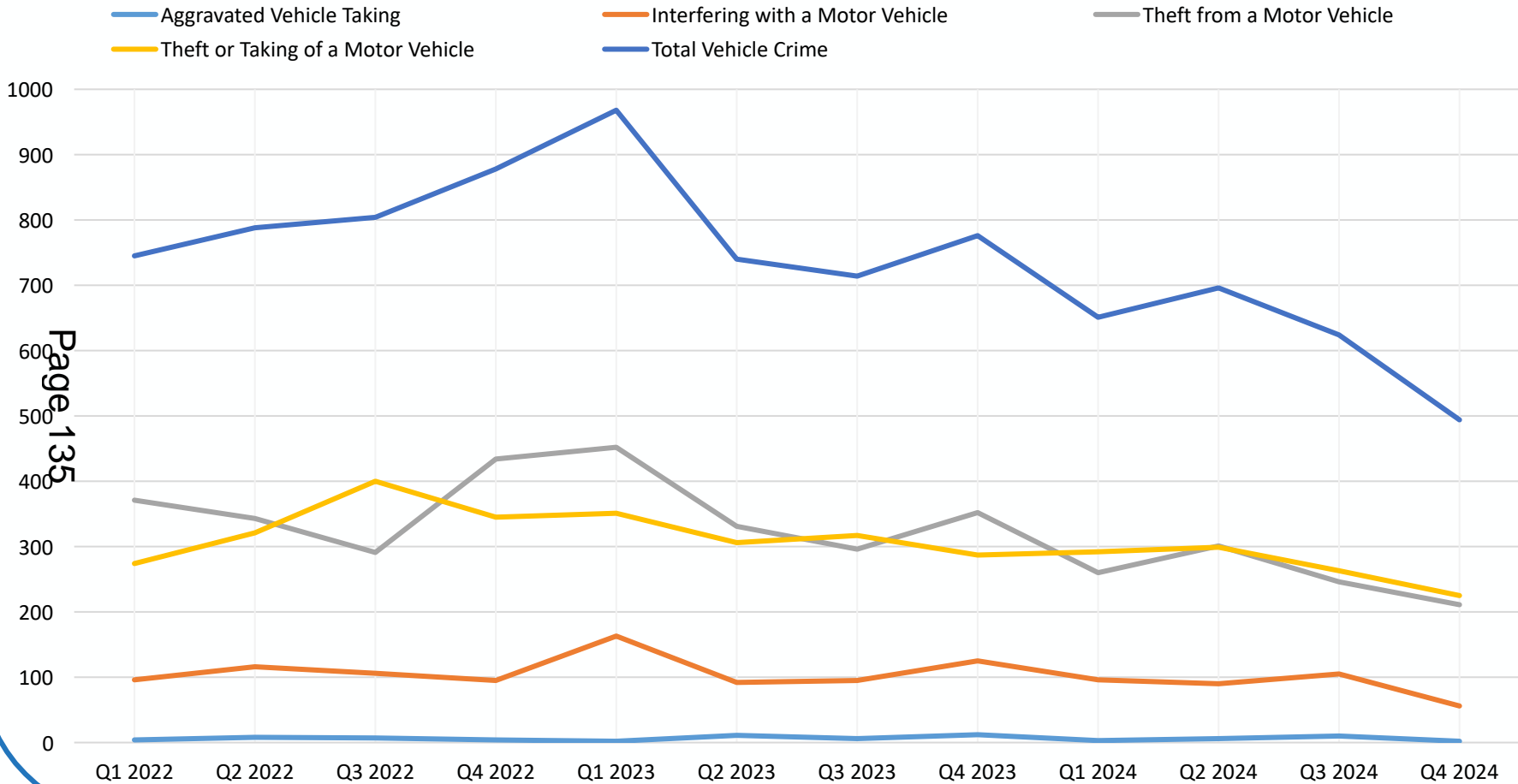
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Ward	Count ▼	Rate (per '000)
St Edward's	733	70.3
Heaton	550	32.0
Gooshays	498	28.0
Rush Green & Crowlands	456	28.5
Havering-atte-Bower	308	18.8
Rainham & Wennington	307	22.6
Elm Park	286	17.2
St Andrew's	280	19.1
St Alban's	267	30.6
Squirrels Heath	248	16.0
Harold Wood	246	17.8
Mawneys	246	17.0
Beam Park	223	45.7
Marshalls & Rise Park	188	14.5
Hylands & Harrow Lodge	187	13.6
South Hornchurch	160	14.7
Upminster	145	10.9
Cranham	123	9.5
Emerson Park	107	11.2
Hacton	86	10.1
Total	5,644	21.5

		Hour																								Total
		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Day	Mon	77	19	14	10	7	6	5	13	29	47	39	38	64	35	33	44	54	58	52	45	58	31	30	28	836
	Tue	47	12	14	7	8	11	5	5	15	40	39	37	51	48	39	52	53	61	49	58	43	34	33	23	784
	Wed	51	12	12	9	7	4	6	15	20	43	41	34	64	48	28	53	61	52	41	47	54	41	36	24	803
	Thurs	37	20	16	4	6	3	7	13	35	46	31	28	56	40	39	51	68	49	54	42	34	31	49	33	792
	Fri	51	21	14	7	5	5	14	15	28	50	36	35	72	33	47	47	45	54	50	43	46	38	38	43	837
	Sat	78	29	32	26	15	6	8	17	14	28	26	29	78	36	55	53	54	41	49	41	48	42	49	45	899
	Sun	72	47	42	34	26	12	4	13	15	23	17	21	59	27	39	42	45	44	45	23	44	31	28	30	783
	Total	413	160	144	97	74	47	49	91	156	277	229	222	444	267	280	342	380	359	340	299	327	248	263	226	5,734

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Vehicle Offences by Type



OFFICIAL - RESTRICTED

Ward	Count ▼	Rate (per '000)
Rainham & Wennington	164	12.1
St Andrew's	156	10.6
Rush Green & Crowlands	148	9.2
Gooshays	144	8.1
Heaton	130	7.6
Upminster	127	9.5
Havering-atte-Bower	124	7.6
Hylands & Harrow Lodge	119	8.6
Squirrels Heath	115	7.4
Harold Wood	110	8.0
St Edward's	96	9.2
Marshalls & Rise Park	86	6.6
South Hornchurch	85	7.8
St Alban's	85	9.7
Elm Park	84	5.0
Beam Park	83	17.0
Mawneys	80	5.5
Hacton	63	7.4
Cranham	62	4.8
Emerson Park	62	6.5
Total	2,123	8.1

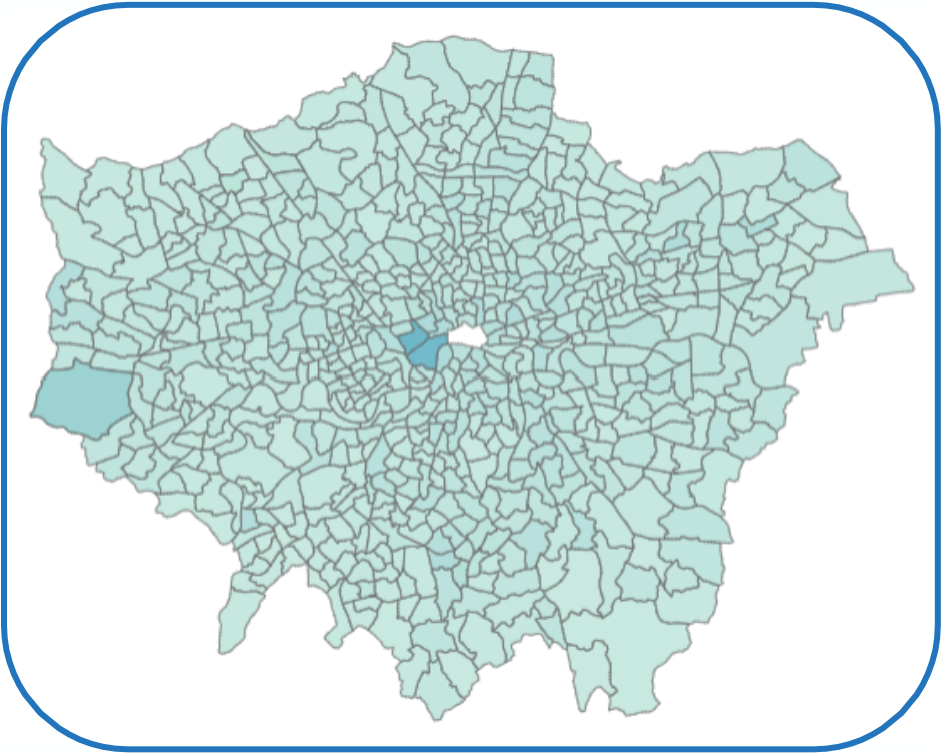
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		Hour																								
		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Day	Mon	38	12	17	15	27	10	4	10	10	13	10	10	14	11	11	14	13	16	31	24	20	22	21	18	391
	Tue	40	16	9	15	10	12	10	8	13	17	22	16	18	10	6	8	17	15	24	32	25	26	20	26	415
	Wed	39	15	20	12	18	6	6	7	15	10	20	16	18	20	5	12	10	14	15	17	22	12	30	15	374
	Thu	31	19	6	13	8	8	5	13	13	13	18	30	16	18	10	10	13	17	11	19	22	28	16	20	377
	Fri	37	14	16	23	12	7	11	7	9	10	9	13	10	12	9	8	11	28	21	14	17	13	14	16	341
	Sat	19	16	12	13	17	8	4	4	6	7	11	6	18	11	7	8	12	17	9	10	9	19	13	21	277
	Sun	26	15	15	11	12	8	6	1	4	5	5	6	8	9	8	7	12	21	17	15	24	18	13	24	290
	Total	230	107	95	102	104	59	46	50	70	75	95	97	102	91	56	67	88	128	128	131	139	138	127	140	2,465

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Rank	Ward	Borough	Count
1	West End Town Centre	Westminster	354
2	St James'	Westminster	337
3	Heathrow Villages	Hillingdon	119
4	Waterloo & South Bank	Lambeth	109
5	Fairfield	Croydon	100
6	Bloomsbury	Camden	96
7	St Edward's	Havering	94
8	Hoxton East & Shoreditch	Hackney	90
9	Holborn & Covent Garden	Camden	87
10	Seven Kings	Redbridge	84

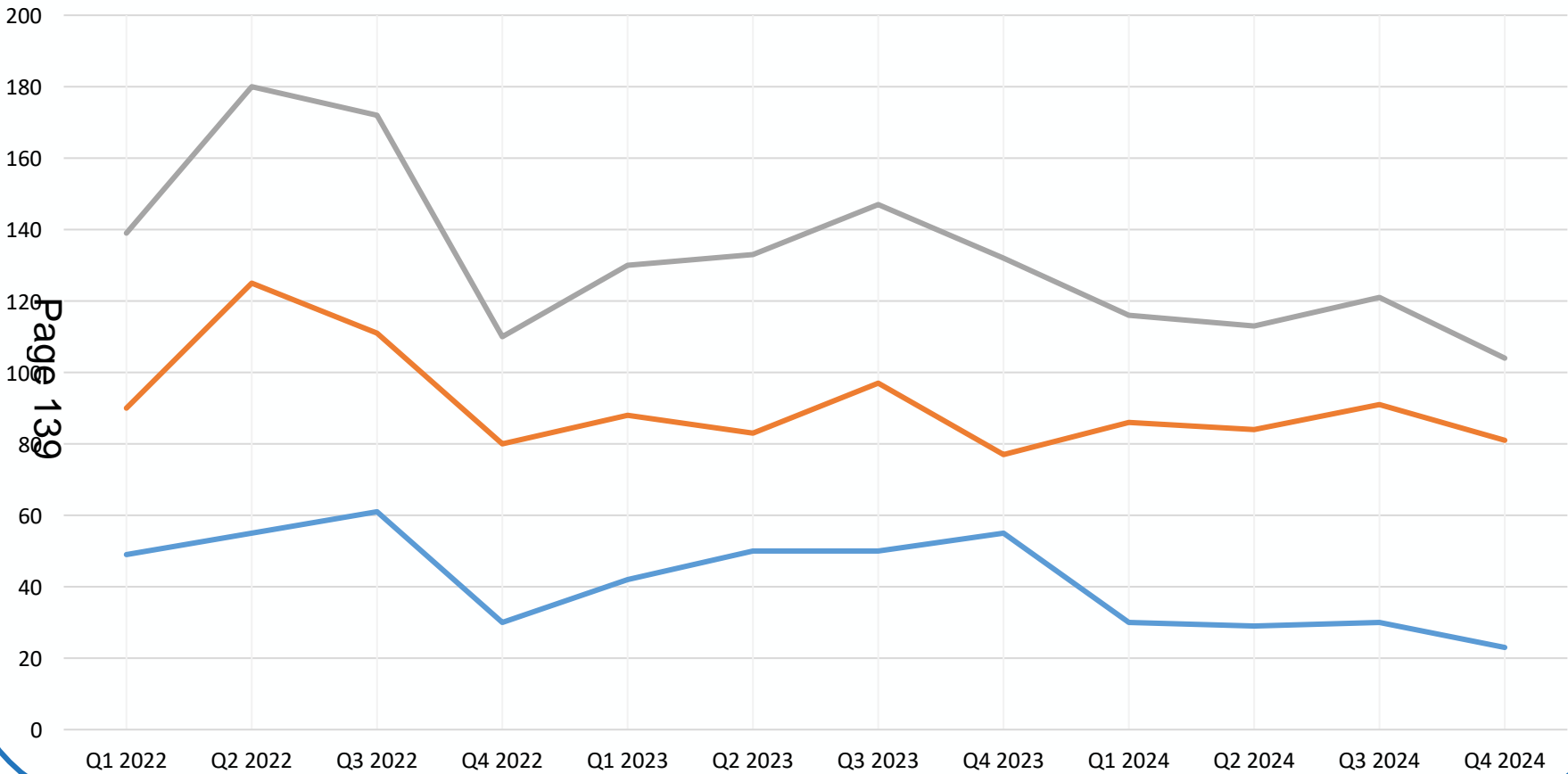
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Sexual Offences by Type

Rape Other Sexual Offences Total Sexual Offences



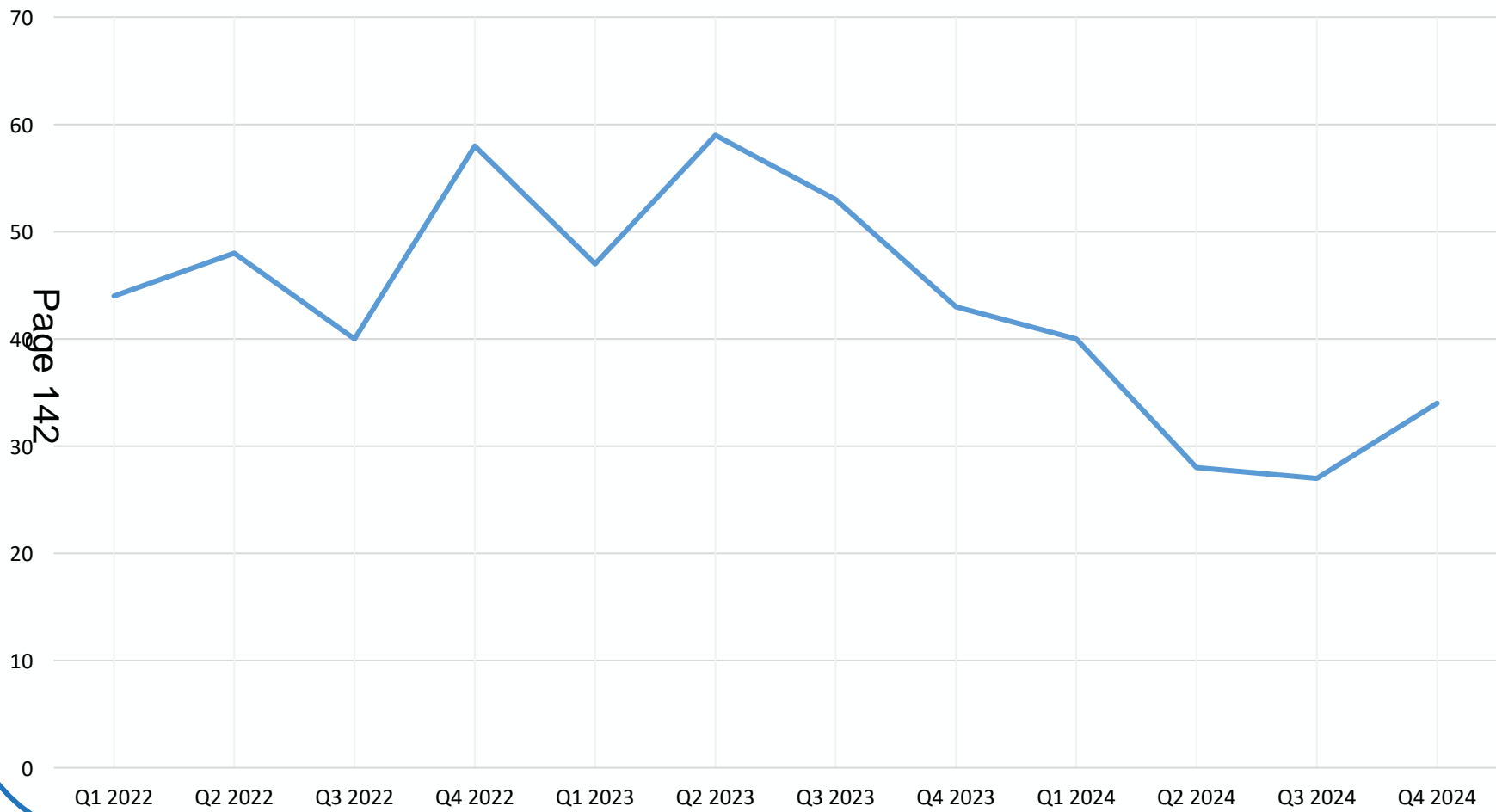
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Ward	Count ▼	Rate (per '000)
St Edward's	94	5.6
Rush Green & Crowlands	45	5.3
Gooshays	34	2.5
Heaton	32	1.8
Elm Park	26	1.8
Rainham & Wennington	26	1.5
St Alban's	26	2.7
Upminster	20	1.5
Havering-atte-Bower	19	1.4
South Hornchurch	18	1.2
Squirrels Heath	17	1.3
Hylands & Harrow Lodge	15	1.1
Harold Wood	14	1.3
Marshalls & Rise Park	12	1.1
Beam Park	11	2.3
St Andrew's	11	0.8
Mawneys	9	0.5
Cranham	6	0.4
Emerson Park	4	0.5
Hacton	4	0.2
Total	443	1.7

		Hour																								
		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Day	Mon	10	0	1	0	0	2	0	2	0	3	2	4	9	4	4	6	6	2	2	8	4	3	6	2	80
	Tue	4	2	0	2	0	0	0	3	1	3	7	2	9	3	4	2	5	3	4	2	2	2	1	0	61
	Wed	5	1	0	0	0	0	0	2	0	5	3	3	7	4	3	3	6	5	0	2	4	0	4	1	58
	Thurs	9	4	1	2	0	1	0	0	1	7	2	5	6	6	5	1	1	6	6	2	1	1	1	2	70
	Fri	4	2	1	1	1	0	1	1	2	3	3	2	7	1	2	8	4	1	8	3	3	3	3	6	70
	Sat	4	5	6	6	3	3	0	0	1	1	2	0	6	1	0	4	5	0	1	2	4	2	4	4	64
	Sun	7	6	1	4	4	0	0	1	1	3	0	0	5	3	1	3	2	4	0	2	1	2	1	0	51
	Total	43	20	10	15	8	6	1	9	6	25	19	16	49	22	19	27	29	21	21	21	19	13	20	15	454

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Total Possession of Weapons Offences



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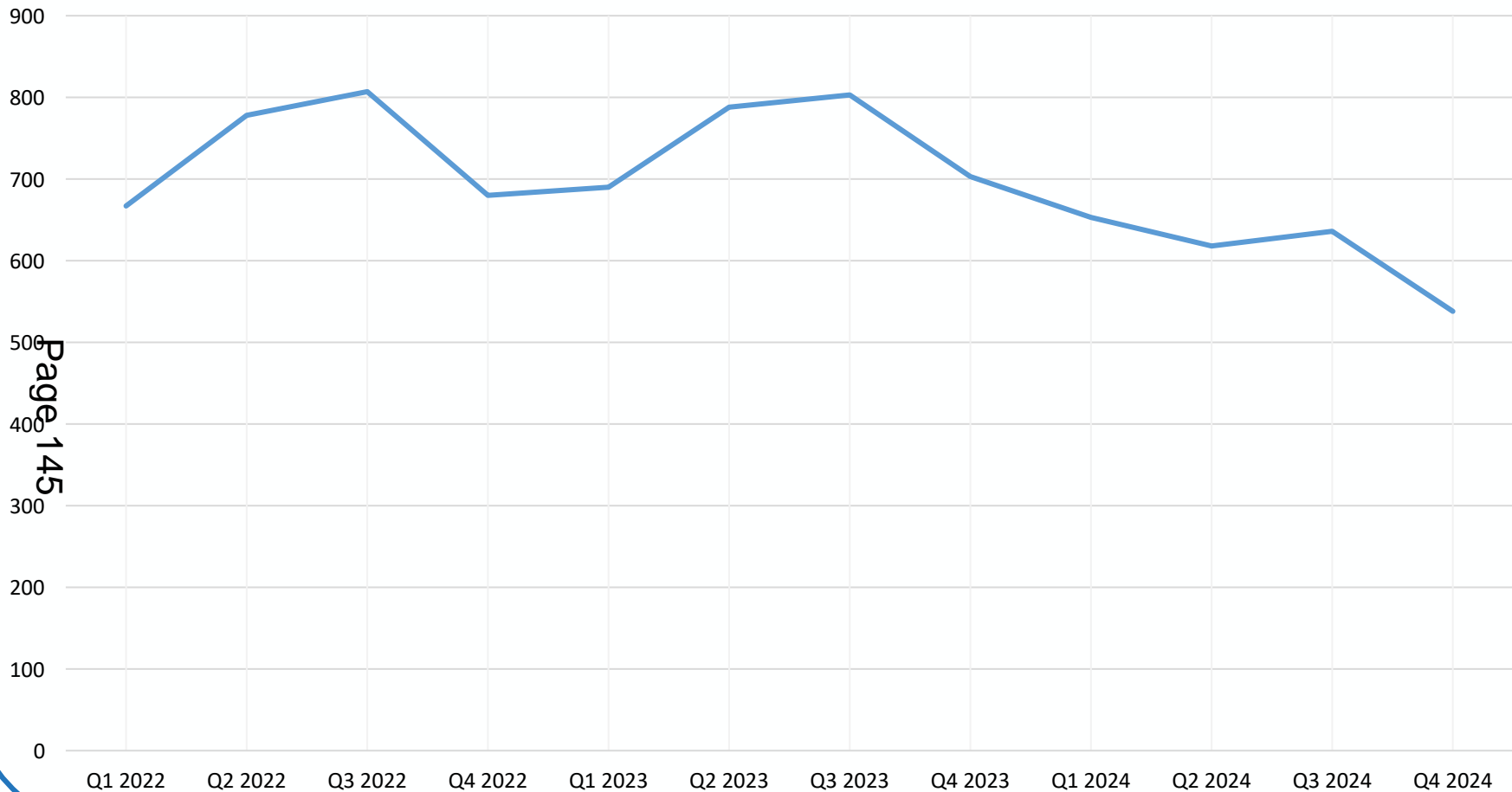
Ward	Count ▼	Rate (per '000)
St Edward's	26	1.6
St Alban's	14	1.5
Heaton	13	0.7
Rainham & Wennington	9	0.5
Squirrels Heath	8	0.6
Beam Park	7	1.4
Rush Green & Crowlands	7	0.8
St Andrew's	7	0.5
Elm Park	6	0.4
Havering-atte-Bower	6	0.4
Hylands & Harrow Lodge	5	0.4
Gooshays	4	0.3
Marshalls & Rise Park	4	0.4
Harold Wood	3	0.3
Upminster	3	0.2
Emerson Park	2	0.2
Mawneys	2	0.1
South Hornchurch	2	0.1
Cranham	1	0.1
Hacton	0	0.0
Total	129	0.5

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		Hour																								Total
		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Day	Mon	2	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	1	2	0	3	1	1	1	0	14
	Tue	3	0	0	0	0	0	0	0	0	0	2	0	3	2	1	3	1	1	1	1	0	3	0	1	22
	Wed	2	0	1	0	0	1	2	1	0	0	1	1	0	2	4	1	2	4	2	1	1	0	1	1	28
	Thurs	1	1	0	0	0	2	0	0	0	0	0	1	0	3	1	1	1	1	0	2	0	2	0	0	16
	Fri	1	1	0	0	0	0	0	0	1	2	0	1	1	0	0	3	0	1	1	0	2	3	2	1	20
	Sat	2	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	1	1	2	2	13
	Sun	0	1	0	0	3	1	0	0	0	0	0	1	0	1	0	1	1	1	0	1	2	0	2	1	16
	Total	11	3	2	1	3	4	2	1	2	2	4	4	4	8	8	9	6	10	5	9	7	10	8	6	129

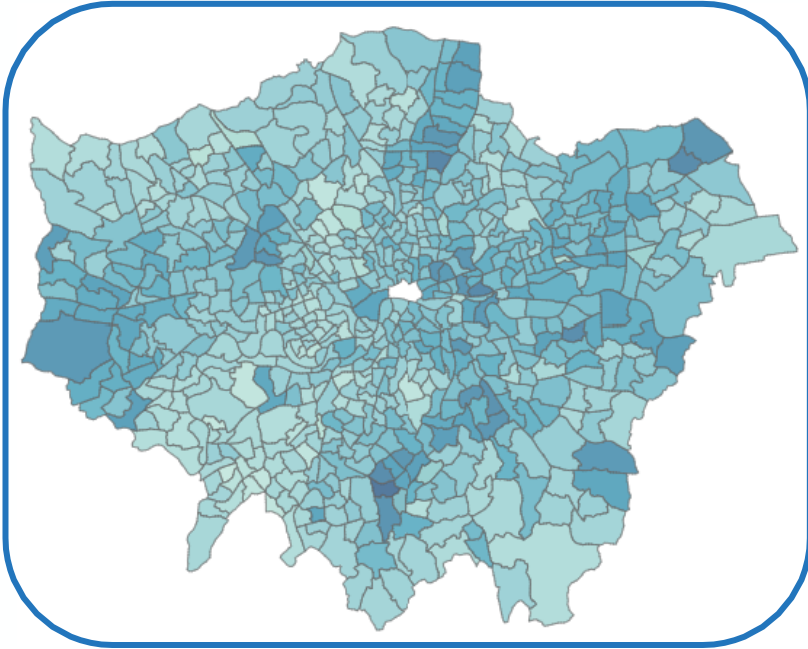
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All Domestic Abuse



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Rank	Ward	Borough	Count
1	Broad Green	Croydon	325
2	Northumberland Park	Haringey	301
3	Lansbury	Croydon	285
4	Fairfield	Croydon	284
5	West Thornton	Croydon	281
6	Plumstead & Glyndon	Greenwich	278
7	Heaton	Havering	274
8	Waddon	Croydon	264
9	Mile End	Tower Hamlets	263
10	Hither Green	Lewisham	262
11	Bow East	Tower Hamlets	257
12	Edmonton Green	Enfield	255
13	Harlesden & Kensal Green	Brent	253
14	Thornton Heath	Croydon	252
15	Deptford	Lewisham	250
	Downham	Lewisham	250
16	Gooshays	Havering	246
	Rushey Green	Lewisham	246



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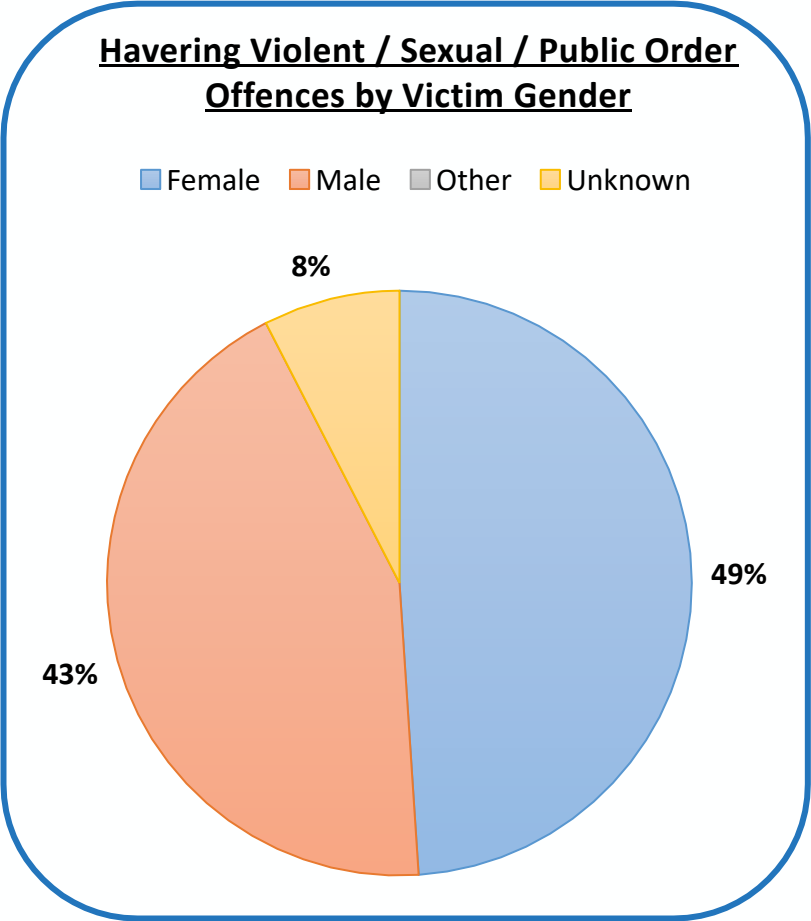
Ward	Count ▼	Rate (per '000)
Heaton	274	15.4
Gooshays	246	18.4
Rush Green & Crowlands	205	24.1
St Edward's	160	9.6
Havering-atte-Bower	145	10.5
Elm Park	138	9.4
Rainham & Wennington	135	7.8
Squirrels Heath	134	10.3
Beam Park	128	26.2
Marshalls & Rise Park	109	10.0
Mawneys	106	6.5
St Andrew's	104	7.2
Harold Wood	102	9.8
South Hornchurch	83	5.3
Hylands & Harrow Lodge	78	5.6
St Alban's	74	7.8
Upminster	59	4.5
Cranham	56	4.1
Hacton	49	3.1
Emerson Park	46	5.3
Total	2,431	9.3

OFFICIAL - RESTRICTED

		Hour																								Total
		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Day	Mon	38	10	6	5	8	2	4	10	6	16	19	16	35	18	22	6	19	23	24	20	25	6	14	13	365
	Tue	28	8	6	6	8	3	0	4	5	17	17	10	24	13	16	16	14	32	16	28	19	16	19	16	341
	Wed	32	4	7	12	3	3	3	2	7	21	14	8	18	19	8	21	19	18	17	20	21	20	20	9	326
	Thurs	22	11	5	2	4	1	5	3	12	16	15	9	18	10	12	12	22	11	25	16	19	14	27	19	310
	Fri	31	8	5	3	3	2	6	5	12	21	11	10	34	15	13	15	13	15	18	18	15	18	19	18	328
	Sat	36	15	11	10	5	2	4	8	5	17	15	12	32	16	22	14	15	15	24	23	23	21	11	21	377
	Sun	31	19	25	16	13	7	2	10	4	17	11	9	33	15	17	21	23	22	19	19	16	15	19	15	398
	Total	218	75	65	54	44	20	24	42	51	125	102	74	194	106	110	105	125	136	143	144	138	110	129	111	2,445

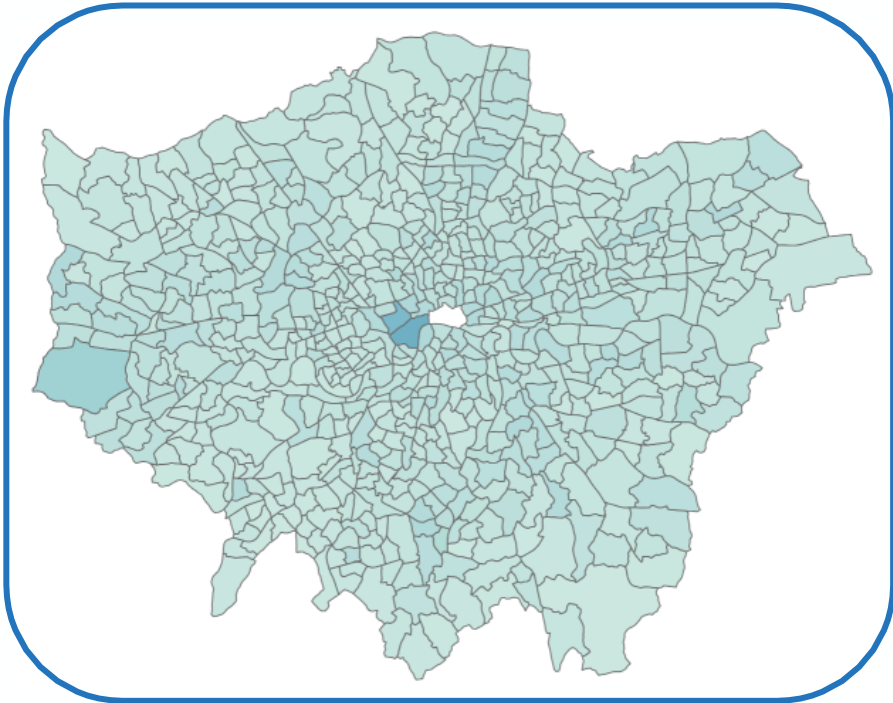
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Borough	Female ▼	Male	Other	Unknown
Barnet	10,381	5,448	0	1,108
Croydon	9,316	7,810	0	1,395
Lewisham	9,225	8,702	0	1,159
Tower Hamlets	8,919	8,058	0	1,712
Westminster	7,938	10,980	0	2,591
Newham	7,776	8,302	0	1,407
Greenwich	7,594	6,773	0	1,184
Islington	7,466	5,329	0	1,124
Ealing	7,379	8,013	0	1,274
Lambeth	7,312	7,594	0	1,383
Enfield	7,231	6,305	0	955
Brent	7,039	7,369	0	1,484
Hounslow	6,878	7,524	0	1,443
Southwark	6,565	6,827	0	1,086
Hackney	6,512	7,120	2	1,395
Hillingdon	6,466	6,342	0	1,449
Barking and Dagenham	6,150	5,519	0	779
Haringey	6,066	5,414	0	1,025
Redbridge	5,988	5,702	0	1,021
Bromley	5,618	4,880	0	813
Camden	5,572	6,616	0	1,291
Wandsworth	5,516	5,525	0	1,009
Waltham Forest	5,505	4,702	0	825
Havering	5,220	4,637	0	806
Bexley	4,650	3,909	0	617
Hammersmith and Fulham	4,467	4,746	1	1,078
Sutton	3,975	3,407	1	548
Harrow	3,698	4,231	0	752
Kensington and Chelsea	3,598	3,588	0	834
Merton	3,320	3,275	0	560
Kingston upon Thames	2,561	2,503	0	399
Richmond upon Thames	2,350	2,158	0	370



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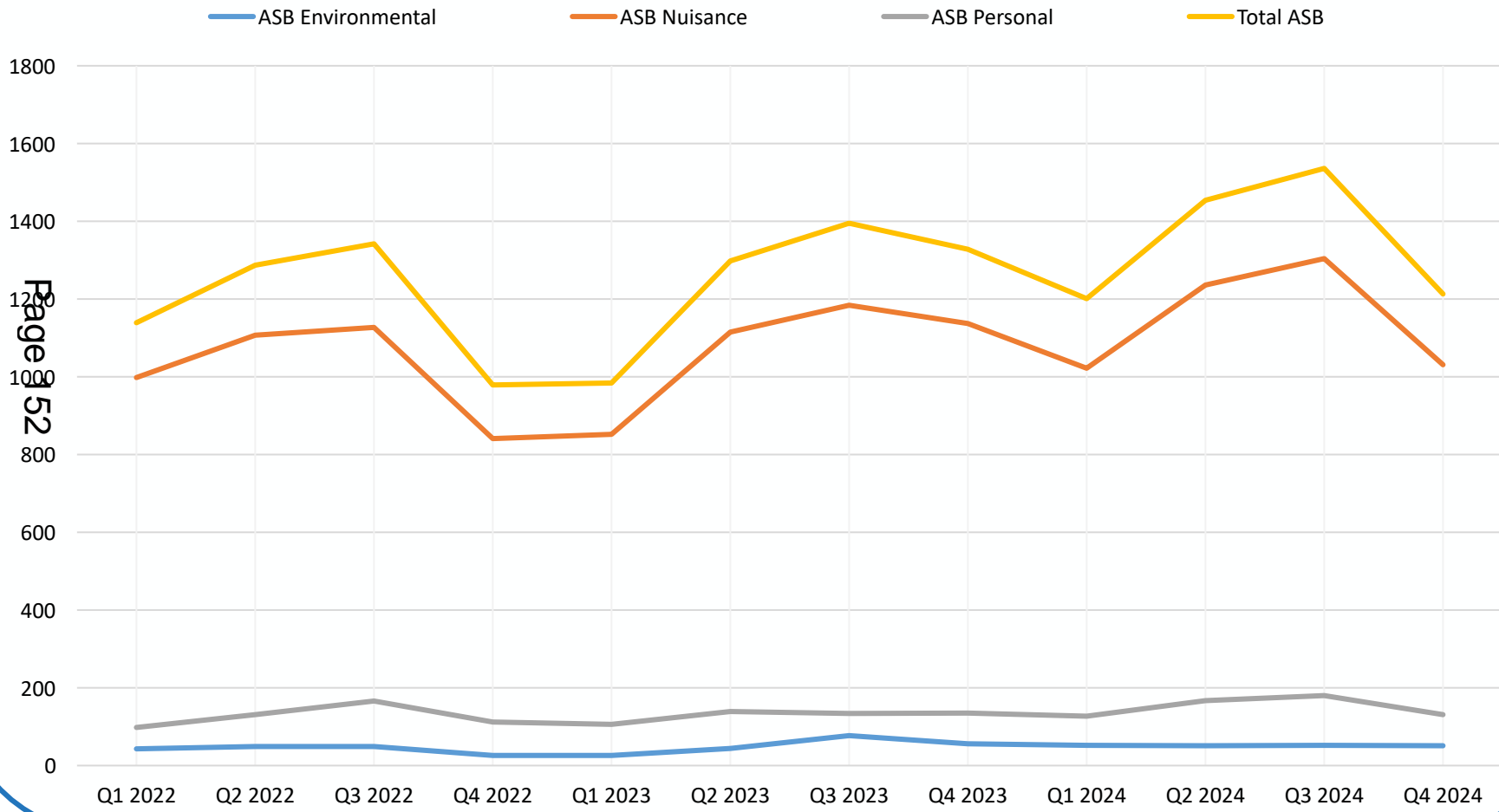
Rank	Ward	Borough	Count
1	Childs Hill	Barnet	5,010
2	Canonbury	Islington	2,198
3	St James's	Westminster	2,073
4	West End	Westminster	1,595
5	Weavers	Tower Hamlets	1,282
Page 45 of 50	New Cross Gate	Lewisham	1,251
	Feltham West	Hounslow	786
	Plumstead & Glyndon	Greenwich	771
	Fairfield	Croydon	760
	Seven Kings	Redbridge	731
10	Broad Green	Croydon	683
11	Colham & Cowley	Hillingdon	669
12	Cathall	Waltham Forest	655
14	St Edward's	Havering	653
	West Thornton	Croydon	653
15	Rushey Green	Lewisham	647



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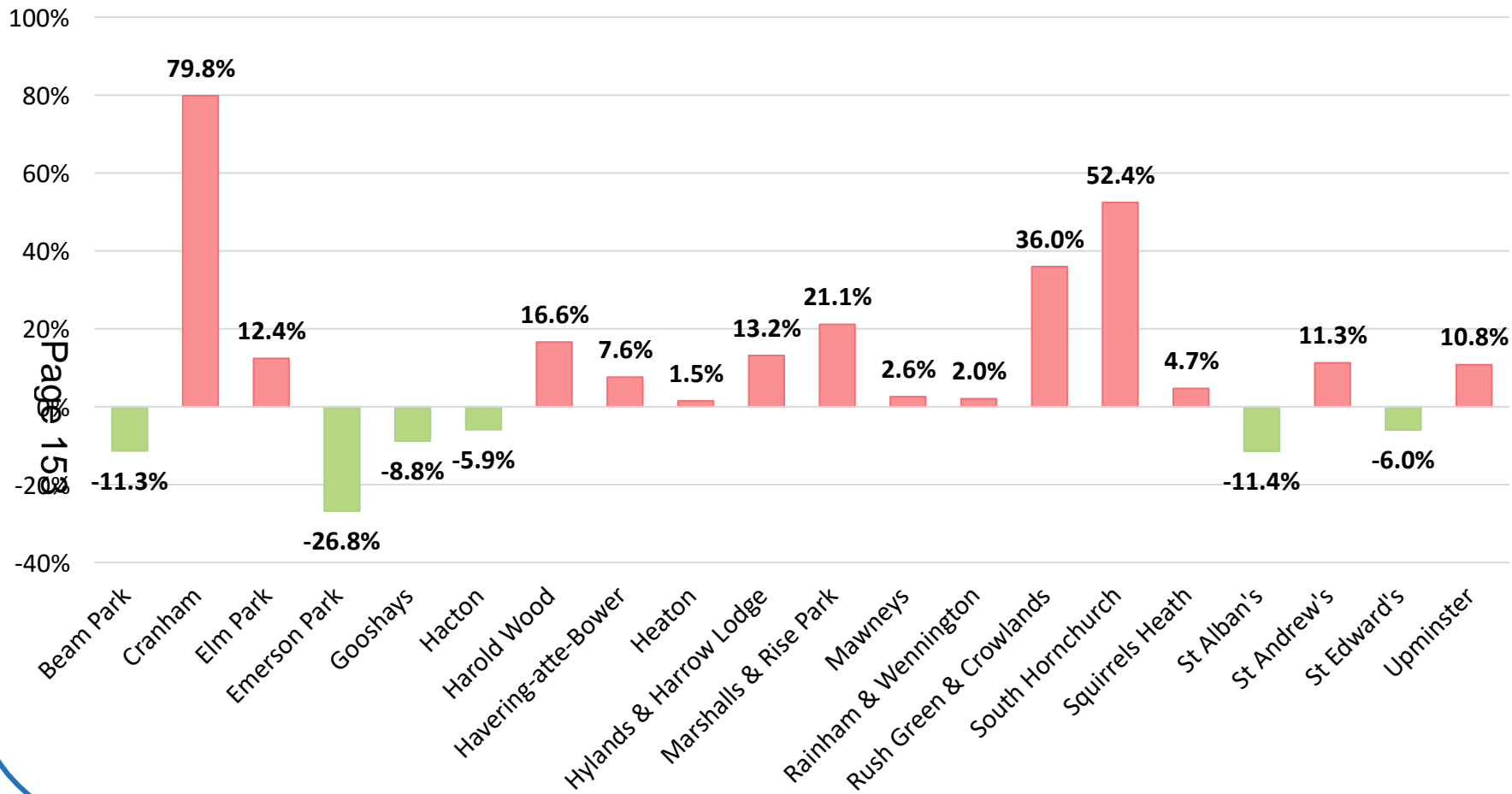
Ward	Count ▼	Rate (per '000 female population)
St Edward's	653	120.2
Heaton	513	57.4
Rush Green & Crowlands	455	54.5
Gooshays	434	47.2
Havering-atte-Bower	342	39.8
Mawneys	274	36.3
Marshalls & Rise Park	244	37.1
Rainham & Wennington	234	33.3
Beam Park	233	92.4
Harold Wood	230	32.2
St Alban's	229	50.5
Elm Park	226	26.2
St Andrew's	220	29.0
Squirrels Heath	211	26.4
Hylands & Harrow Lodge	151	21.2
South Hornchurch	146	26.4
Upminster	145	21.0
Cranham	92	13.5
Emerson Park	64	13.2
Hacton	61	14.0
Total	5,157	38.0

ASB Calls to Police by Type



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ASB by Ward - % change 2023 / 2024



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Ward	Count ▼	Rate (per '000)
St Edward's	568	34.1
Heaton	477	26.8
Rush Green & Crowlands	465	54.8
Gooshays	362	27.1
Havering-atte-Bower	326	23.7
Rainham & Wennington	300	17.4
Harold Wood	288	27.6
Marshalls & Rise Park	258	23.7
South Hornchurch	250	16.1
St Andrew's	247	17.1
Squirrels Heath	246	19.0
Elm Park	245	16.7
Mawneys	239	14.6
Hylands & Harrow Lodge	232	16.8
St Alban's	217	22.8
Cranham	214	15.8
Upminster	185	14.2
Beam Park	180	36.9
Hacton	64	4.0
Emerson Park	41	4.7
Total	5,404	20.6

		Hour																									
		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total	
Day	Mon	26	14	7	8	9	5	16	14	14	27	34	38	30	49	37	47	53	52	70	64	57	41	49	38	799	
	Tue	17	11	14	11	12	7	11	7	21	27	27	38	36	38	30	31	72	49	63	72	54	32	46	24	750	
	Wed	17	15	14	7	9	15	10	11	13	30	19	27	31	28	33	43	58	49	61	51	52	45	44	30	712	
	Thurs	23	11	20	11	8	2	5	13	21	28	30	33	36	30	38	37	39	57	70	65	46	60	44	40	767	
	Fri	40	14	13	14	5	10	10	13	14	36	26	29	30	22	37	44	59	46	54	56	48	42	54	50	766	
	Sat	47	26	15	17	14	19	9	13	14	26	33	35	40	30	49	48	54	61	49	53	47	59	41	48	847	
	Sun	34	39	52	24	9	9	11	6	20	20	17	23	23	46	39	41	57	47	53	44	37	39	47	26	763	
	Total	204	130	135	92	66	67	72	77	117	194	186	223	226	243	263	291	392	361	420	405	341	318	325	256	5,404	

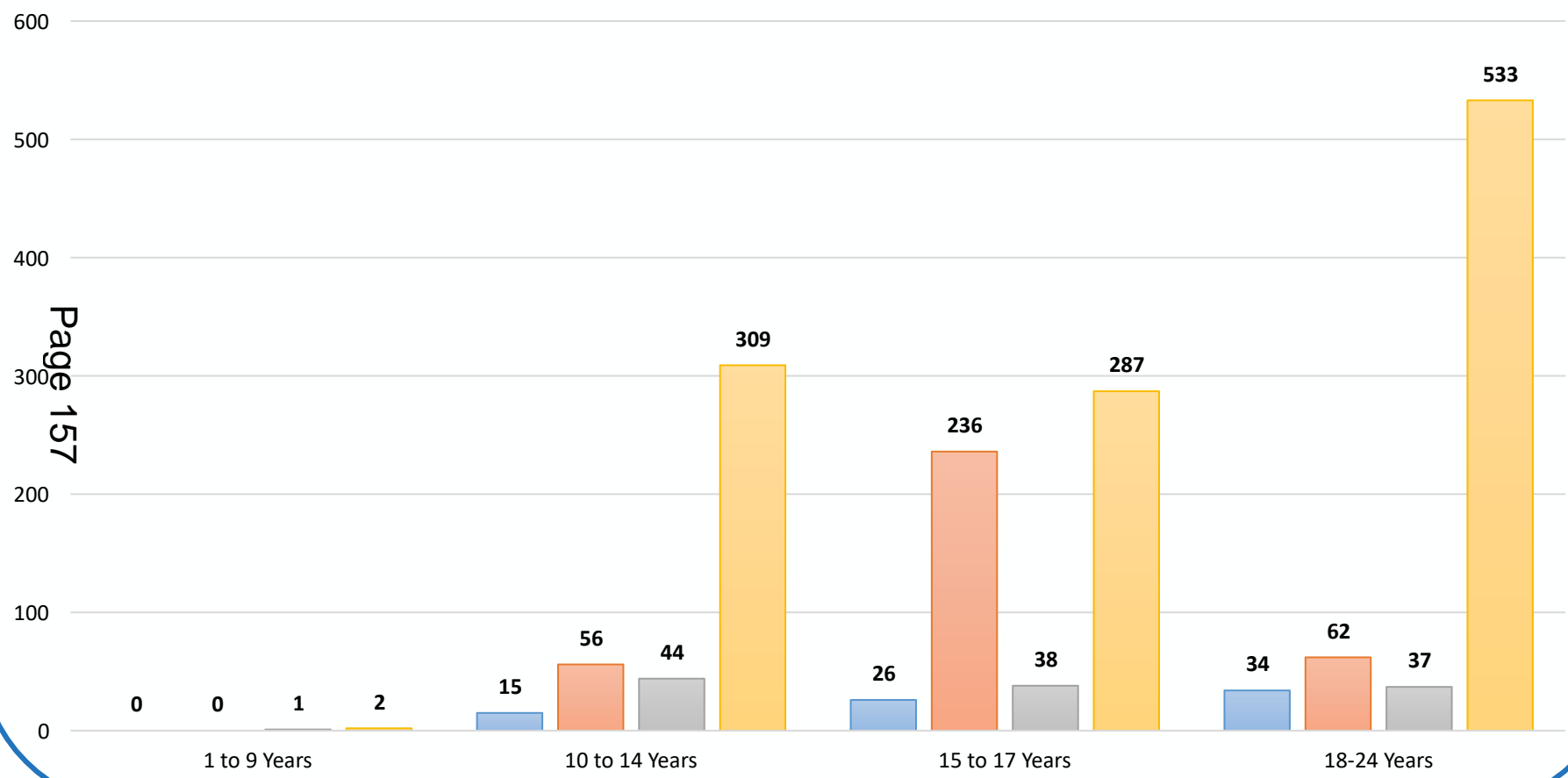
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Borough	Possession of Weapons	Robbery	Sexual Offences	Violence Against the Person	Total ▼
Croydon	128	504	165	2,020	2,817
Newham	127	441	125	1,668	2,361
Westminster	121	450	130	1,430	2,131
Lewisham	114	200	107	1,703	2,124
Greenwich	121	288	114	1,495	2,018
Enfield	131	272	127	1,473	2,003
Tower Hamlets	101	242	125	1,512	1,980
Southwark	129	492	113	1,228	1,962
Lambeth	124	417	83	1,259	1,883
Hackney	86	492	104	1,161	1,843
Barking & Dagenham	72	274	101	1,322	1,769
Hounslow	75	114	86	1,456	1,731
Ealing	68	209	106	1,326	1,709
Redbridge	84	120	110	1,371	1,685
Havering	75	354	120	1,131	1,680
Brent	77	192	111	1,267	1,647
Bromley	52	253	94	1,230	1,629
Hillingdon	46	134	85	1,339	1,604
Wandsworth	42	264	67	1,190	1,563
Haringey	86	288	83	985	1,442
Barnet	39	194	114	1,086	1,433
Bexley	48	155	85	1,094	1,382
Camden	57	274	100	922	1,353
Waltham Forest	111	170	79	944	1,304
Islington	55	250	62	920	1,287
Hammersmith & Fulham	73	162	49	821	1,105
Sutton	31	156	75	841	1,103
Harrow	41	114	45	744	944
Kensington & Chelsea	75	165	52	639	931
Merton	47	116	57	621	841
Kingston upon Thames	34	104	66	588	792
Richmond upon Thames	14	124	47	527	712

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Youth Violence by Offence

Possession of Weapons Robbery Sexual Offences Violence Against the Person



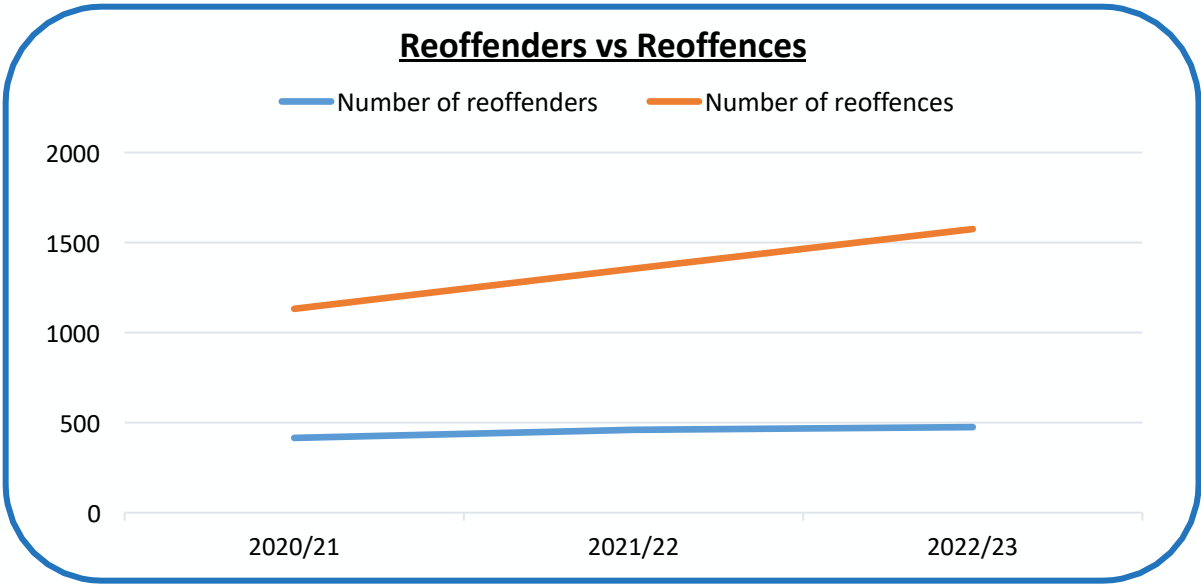
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Ward	Count ▼	Rate (per '000)
St Edward's	410	24.6
Gooshays	128	9.6
Heaton	121	6.8
Havering-atte-Bower	112	8.1
Elm Park	89	6.1
Rush Green & Crowlands	89	10.5
St Alban's	81	8.5
Squirrels Heath	78	6.0
Marshalls & Rise Park	71	6.5
Mawneys	63	3.8
Rainham & Wennington	57	3.3
Cranham	54	4.0
Harold Wood	54	5.2
St Andrew's	45	3.1
South Hornchurch	42	2.7
Upminster	41	3.2
Hacton	37	2.3
Beam Park	36	7.4
Emerson Park	31	3.5
Hylands & Harrow Lodge	24	1.7
Total	1,663	6.3

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		Hour																								Total
		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Day	Mon	14	2	4	10	1	3	1	9	2	5	6	18	33	10	8	22	31	15	10	9	6	13	10	10	252
	Tue	10	2	1	1	3	1	0	6	1	3	12	8	10	19	13	19	34	27	11	27	17	8	3	18	254
	Wed	6	2	3	2	1	2	1	2	4	5	9	8	24	14	20	12	13	19	9	8	7	6	14	0	191
	Thurs	7	7	2	1	2	2	1	0	5	29	6	8	16	12	7	17	20	23	11	17	4	6	9	5	217
	Fri	7	6	2	2	2	0	1	1	4	7	4	8	10	7	26	19	14	10	25	8	18	16	10	9	216
	Sat	15	8	15	6	3	1	2	0	2	3	6	9	27	30	10	27	30	10	10	11	10	2	22	14	273
	Sun	11	6	9	11	7	5	1	3	4	3	2	1	9	3	6	32	23	12	9	17	84	8	4	7	277
	Total	70	33	36	33	19	14	7	21	22	55	45	60	129	95	90	148	165	116	85	97	146	59	72	63	1,680

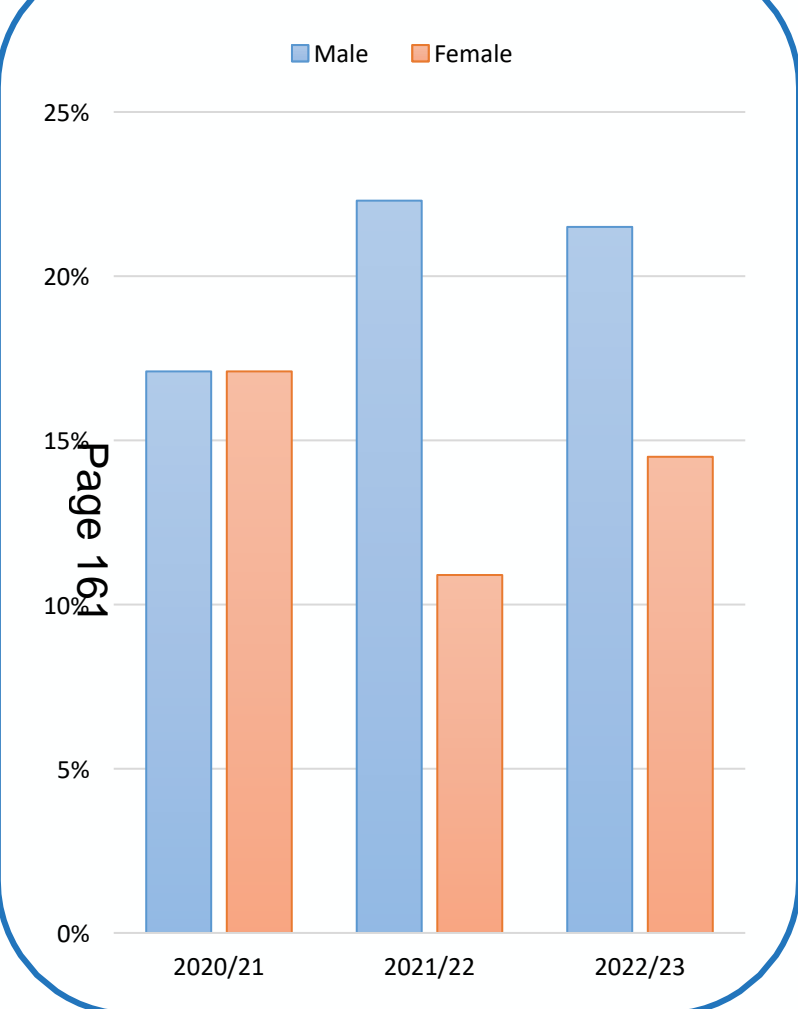
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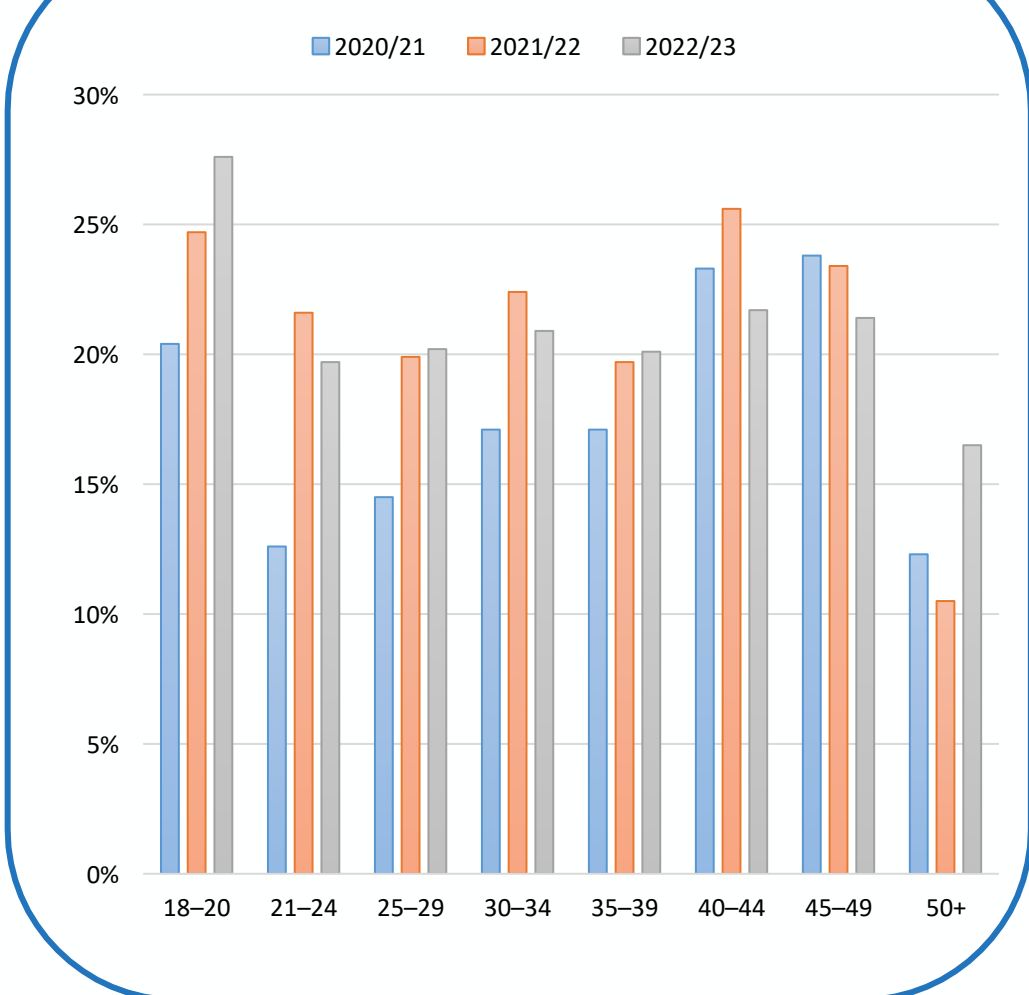
	Oct 2020 - Sep 2021	Oct 2021 - Sep 2022	Oct 2022 - Sep 2023
Proportion of offenders who reoffend	18.1%	20.9%	20.9%
Average number of reoffences per reoffender	2.73	2.95	3.32
Number of reoffences	1,132	1,355	1,575
Number of reoffenders	415	460	475
Number of offenders in cohort	2,294	2,196	2,268
Average number of previous offences per offender	11.01	13.07	14.40

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Reoffending Rate by Gender

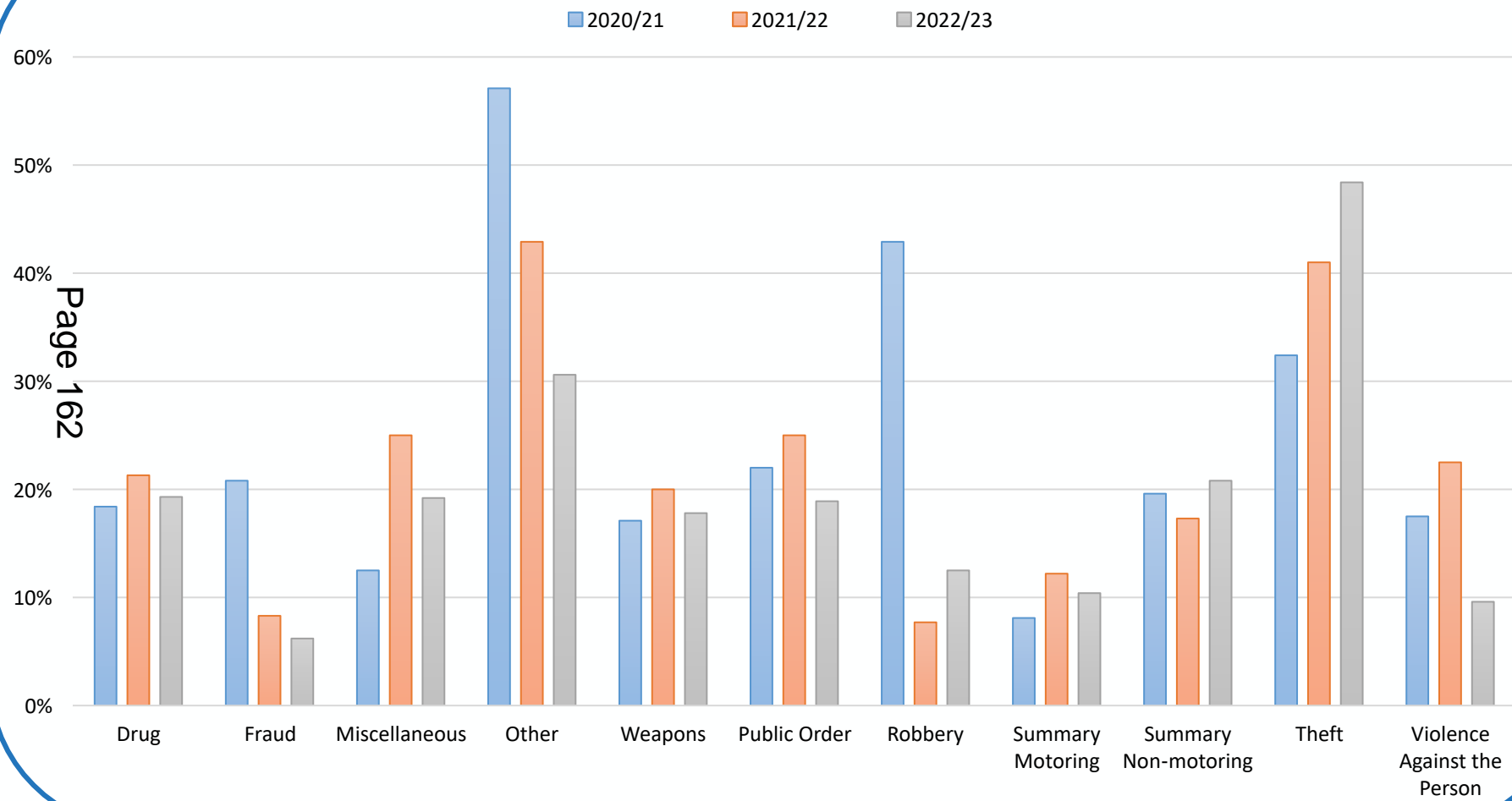


Reoffending Rate by Age



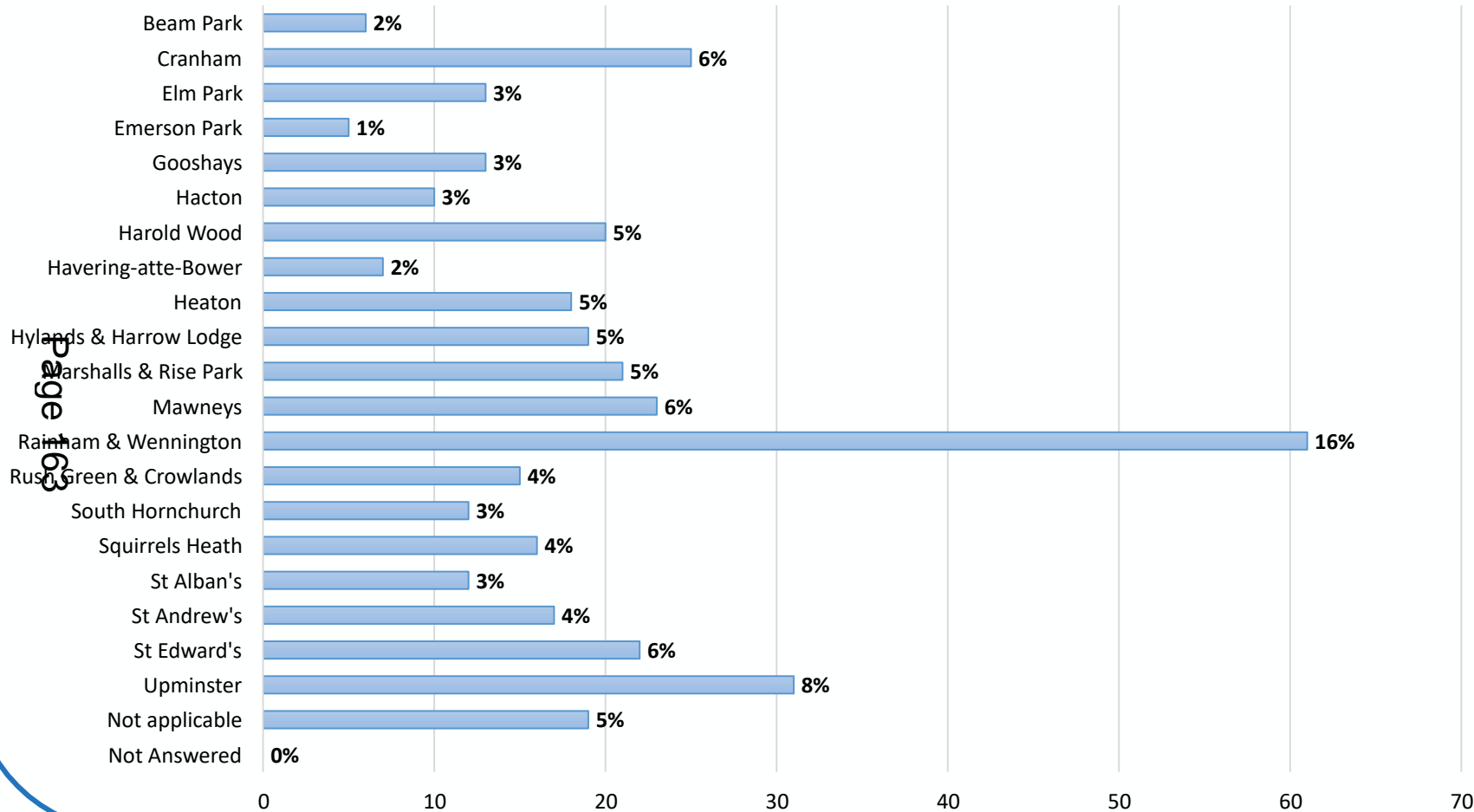
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Reoffending Rate by Index Offence



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No. of Responses per Resident / Work Based Ward



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Satisfaction & Safety

- 43% of residents are satisfied with their neighbourhood (↓5% from 2024).
- 49% feel fairly or very safe (↑17% from 2024); 35% feel unsafe (↓14%).

Crime Perceptions

- 42% say crime is high / very high (↓8% from 2024).
- 74% believe crime increased in the last year (↓7%).

Drivers of Perception

- 73% cite personal or close contacts' experience.
- 67% influenced by social media and news.

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**‘What would make you
and your family feel
safer in your
neighbourhood?’**

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The Havering you want to be part of

www.havering.gov.uk

HCSP Strategic Priorities	Key Findings	Recommendations
<div>Page 165</div> <div>Reducing Violence</div>	<ul style="list-style-type: none">• Violence against the person made up just over 30% of all recorded crimes in Havering in 2024.• Violent offences decreased by 6.9% compared to the previous year, but incidents remain concentrated in specific wards (St Edward's and Heaton).• Havering ranks 15th out of 32 London boroughs for youth violence related offences.• Havering's overall crime rate is among the lowest in London, but there has been a slight increase in violence against the person, indicating emerging challenges.• Youth violence is most prevalent among 15–17 year olds (robbery) and 18–24 year olds (weapon possession).• Violence and related offences show seasonal peaks and are concentrated in certain areas, supporting the need for targeted days of action and hotspot interventions.	<ul style="list-style-type: none">• Delivery of the Violence Reduction Plan, to be refreshed annually.• Maintain night marshal service in Romford Town Centre through March 2029.• Run targeted days of action in violence hotspots.• Deliver the My Ends programme and targeted youth provision in Romford Town Centre and other identified hotspot areas.• Further roll out of the Safe Haven scheme.• Explore funding to install more knife bins across Havering.• Continue rolling out bleed kits borough-wide.• Secure funding to further expand youth diversionary activities.

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HCSP Strategic Priorities	Key Findings	Recommendations
<div>Page 167</div> <p>Tackling Violence Against Women and Girls (VAWG)</p>	<ul style="list-style-type: none">Domestic abuse accounted for 12% of all Total Notifiable Crimes (TNOs) in 2024VAWG offences (sexual offences, violence against the person, and public order offences with female victims) made up 26% of all notifiable offences in 2024.St Edward’s ward ranked joint 14th out of 686 London wards for VAWG offences; Havering overall ranked 24th out of 32 London boroughs for VAWG offences.Heaton ward ranked 7th and Gooshays joint 16th for domestic abuse offences; Havering overall ranked 19th of 32 boroughs for domestic abuseDomestic abuse offences showed a steady reduction throughout 2024, falling from 653 in Q1 to 538 in Q4—the lowest in three years.	<ul style="list-style-type: none">Delivery of a 4-year VAWG action plan.Continued provision of Refuge accommodation within Havering.Delivery of Domestic Abuse awareness training.Delivery of a Domestic Abuse Perpetrator programme for Havering.Delivery of a weekly Domestic Abuse Multi Agency Risk Assessment Conference (DA MARAC) to support high-risk victims.Embed lessons learnt from Domestic Homicide Reviews (DHR).Explore opportunities to further tackle stalking, harassment and misogyny.Increase community engagement to raise VAWG awareness across the borough.

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HCSP Strategic Priorities	Key Findings	Recommendations
<div>Page 168</div> <div>Reducing Reoffending</div>	<ul style="list-style-type: none">• The proportion of offenders who reoffend was 20.9% in both 2021/22 and 2022/23, up from 18.1% in 2020/21.• Average number of reoffences per reoffender increased from 2.73 (2020/21) to 3.32 (2022/23), indicating that those who reoffend are doing so more frequently.• Young adults (18–20) are most likely to reoffend, but the largest share of repeat crimes comes from those aged 30–44.• Men constitute the majority of reoffenders and have a slightly higher reoffending rate than women.• Nearly half of those whose index offence was theft, reoffend and the commit more repeat offences than any other group.• Recent trends show the number of people reoffending has stabilized, but the harm caused by repeat offenders is increasing.	<ul style="list-style-type: none">• Continue the Integrated Offender Management (IOM) Scheme, with audits to ensure best practice in Havering.• Continue Multi-Agency Public Protection Arrangements (MAPPA).• Continued delivery of the Criminal Behaviour Order panel.• Partner collaboration to address substance misuse through the Combatting Drugs and Alcohol partnership.• Explore creating a Havering IOM Hub for co-located, multi-agency offender support.

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HCSP Strategic Priorities	Key Findings	Recommendations
<div>Page 169</div> <div>Tackling Anti-Social Behaviour</div>	<ul style="list-style-type: none">• ASB calls in Havering rose 8% in 2024 to a three-year high.• Nuisance ASB made up 85% of all reports.• ASB peaks in summer, dips in autumn/winter.• 14 of 20 wards saw increases; Cranham (+80%), South Hornchurch (+52%), Rush Green & Crowlands (+36%) rose most.• St Edward’s had the highest ASB count (568), Rush Green & Crowlands the highest rate (54.8/1,000).• ASB is most common late afternoon/evening, especially Saturdays.• Borough rate: 20.6 per 1,000; local hotspots require targeted action.	<ul style="list-style-type: none">• Refresh ASB policy to strengthen use of powers borough-wide.• Consider establishing a dedicated ASB Team.• Continue Joint Enforcement Tasking for timely ASB case response.• Expand Junior Citizen Scheme to senior schools.• Targeted action to tackle fly-tipping and environmental crime• Use Community MARAC for high-risk ASB victims and best practice audits.• Promotion of the ASB case review process and establishment of a panel• Refresh of the Romford Town Centre Public Space Protection Order (PSPO).• Update the HARM panel on ASB hotspots and youth involvement.

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HCSP Strategic Priorities	Key Findings	Recommendations
<div>Page 170</div> <div>Tackling Acquisitive Crime</div>	<ul style="list-style-type: none">• Theft is the most common offence and continues to rise year-on-year.• Shoplifting and other thefts are the main drivers of overall theft volumes.• Robbery rose sharply by 16.6% in 2024, with 552 offences, mostly personal robbery.• Burglary showed relative stability, but business / community burglary increased.• Acquisitive crime peaks in spring and summer, with Q2 the highest and Q4 the lowest.• St Edward’s ward is the main hotspot for theft and robbery, both in volume and rate• Beam Park and Rush Green & Crowlands also experience high per capita rates for certain acquisitive crimes.• Theft and robbery are most prevalent midday to early evening, especially on weekdays.	<ul style="list-style-type: none">• Establish an Acquisitive Crime Working Group to lead delivery of a targeted action plan.• Strengthen community engagement by Police and the Community Safety Team to raise safety awareness among residents, schools, and businesses.• Implement targeted enforcement against acquisitive crime offenders.• Maximise use of ASB legislation to address shoplifting.• Organise property-marking events for residents and local businesses.

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HCSP Strategic Priorities	Key Findings	Recommendations
Improving Feelings of Safety and Public Confidence	<ul style="list-style-type: none">42% of survey participants stated that they were dissatisfied with their neighbourhood in 2025—a 5% decrease in satisfaction from the previous year.Perceptions of safety improved: 49% of residents felt fairly or very safe in their neighbourhood, up 17% from 2024.Visible policing and rapid response remain top public priorities; with 42% citing enforcement and visibility as key to feeling safer.Concerns about ASB, noise, harassment, and environmental issues increased sharply in 2025.74% of residents felt crime had increased in their area over the past year, though this is a 7% decrease from 2024.Social media and personal experience are now the main drivers of public perceptions about rising crime.	<ul style="list-style-type: none">Continued delivery of the annual Crime Summit.Continued delivery of the annual Community Safety Residents Survey to inform the refresh of the Community Safety Plan.Continue supporting the Havering Safer Neighbourhood Board.Roll out of Met Engage across the boroughIncrease delivery of community engagement roadshows.Delivery of the quarterly Safer Havering newsletter.

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Safe and resilient overall



Partnerships delivering results



**Next steps: visible,
responsive, place-based**



Risk isn't even—focus our hotspots



VAWG & Youth: below London overall, but concentrated

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