

# Havering Place Based Partnership



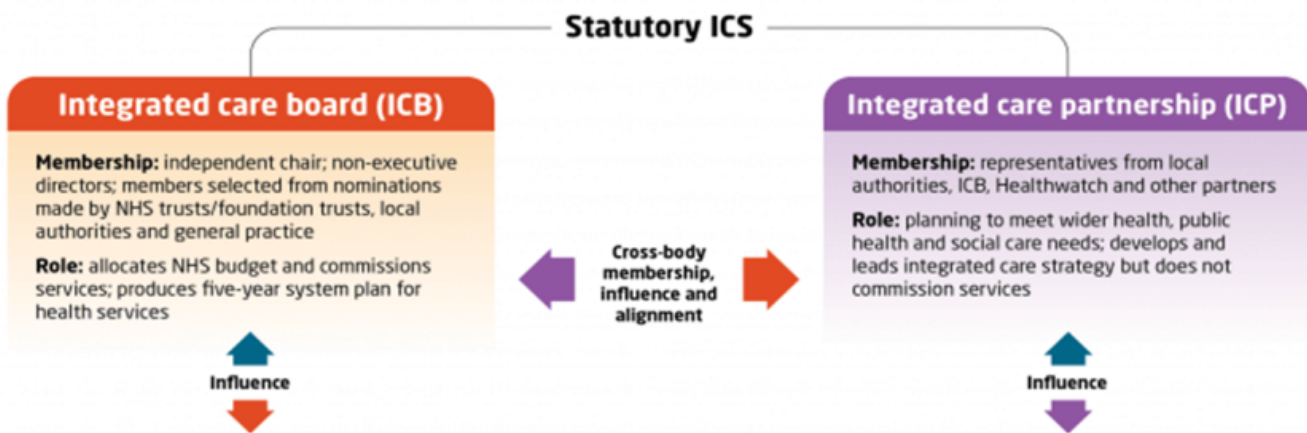
# Integrated Care Systems

## Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

**NHS England**  
Performance manages and supports the NHS bodies working with and through the ICS

**Care Quality Commission**  
Independently reviews and rates the ICS



Partnership and delivery structures		
Geographical footprint	Name	Participating organisations
<b>System</b> Usually covers a population of 1-2 million	<b>Provider collaboratives</b>	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
<b>Place</b> Usually covers a population of 250-500,000	<b>Health and wellbeing boards</b>	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	<b>Place-based partnerships</b>	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
<b>Neighbourhood</b> Usually covers a population of 30-50,000	<b>Primary care networks</b>	General practice, community pharmacy, dentistry, opticians

## Key functions of a place based partnership

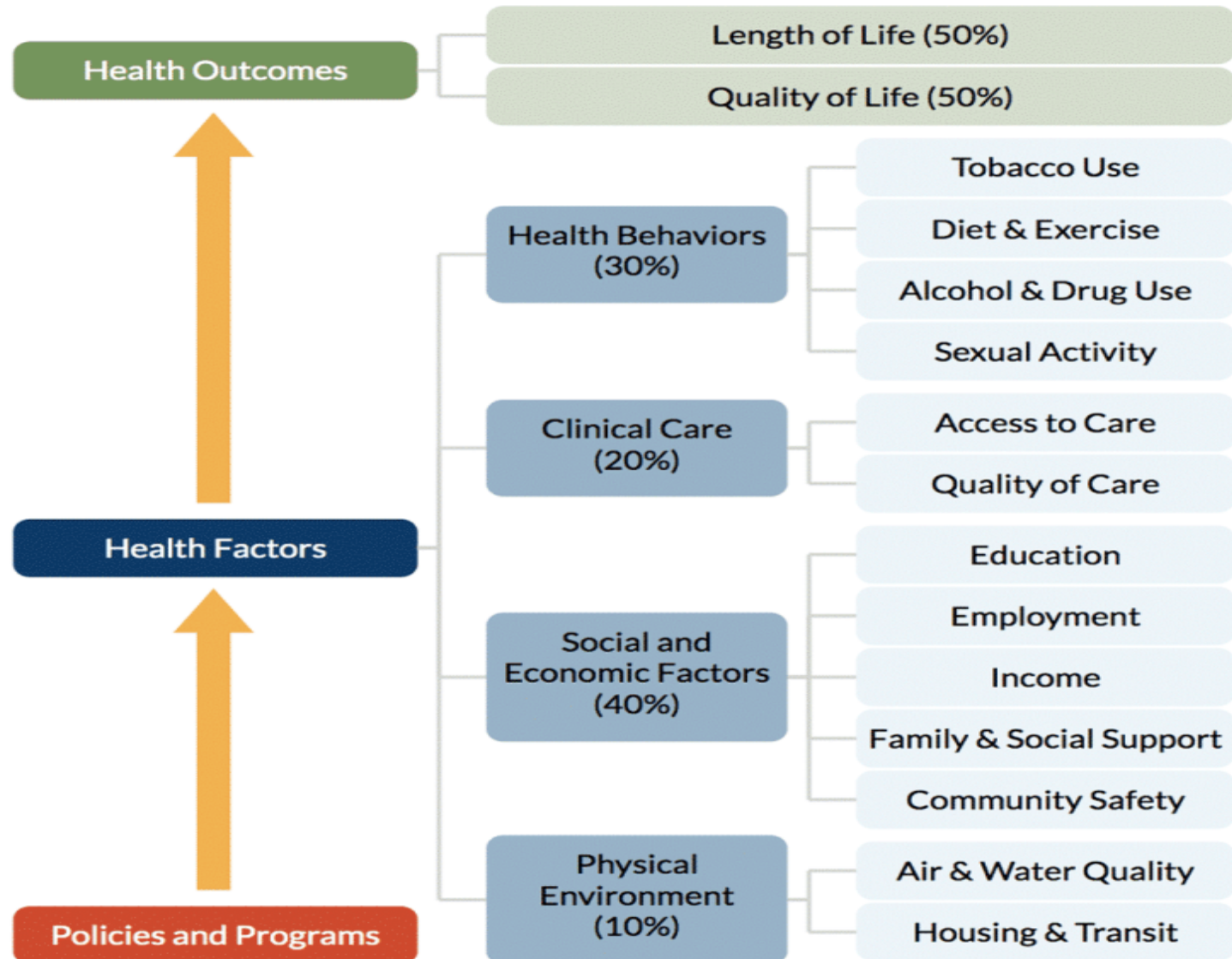
- Understanding and working with communities
  - Developing an in depth knowledge of local needs
  - Connecting with communities
- Joining up and coordinating services around people's needs
  - Jointly planning and coordinating services
  - Driving service transformation
- Addressing social and economic factors that influence health and well being
  - Collectively focusing on wider determinants of health
  - Mobilising local communities and building community leadership
- Supporting quality and sustainability of local services
  - Making best use of financial resources
  - Supporting local workforce development
  - Driving improvement through local oversight of quality and performance

**These functions are where there is greatest potential to add value over and above the contributions of individual organisations or entire systems.**

# Wider Determinants of Health

If we get the best clinical care possible e.g. 100% efficiency. We will still only be affecting 20% of someone's life

The 80% happens outside traditional clinical settings



# Havering PbP – Priority Programmes on a page

The infographic below illustrates the key priorities being taken forward by the Havering Place based Partnership currently within the resource available. There are a number of wider priorities that have been identified for us to progress once resource is more clear:

**Aligning Social Prescribing**  
 Progressing Care Connectors Pilot and aligning social prescribing work around Harold Hill Health Centre, including opportunities to build a local network and design training programmes

**Designing a new approach to Quality**  
 Workshop held in July to design the local approach to Quality in Havering. Working group being established to take this forward.

**New approach to engagement**  
 Designing a new approach to ongoing engagement with local people and staff that will embed experience based design in transformation.

**Joined up data/insights/ PHM**  
 Joined up data and insights, supported by strong Information Governance and enabled by IT.



**Addressing health inequalities**  
 Tackling Health Inequalities and embedding prevention through a Population Health Management Approach, informed by local insights. Current key projects include:

- AF
- Mental Health
- Health Checks
- HTN
- MSK (BHR)
- Diabetes
- Healthy Havering Approach
- Community Chest funding targeted on local need
- Virtual clinics LTC support

**Leadership / workforce development**  
 Leadership sessions with key partners, Setting up c o workforce development and projects with frontline staff

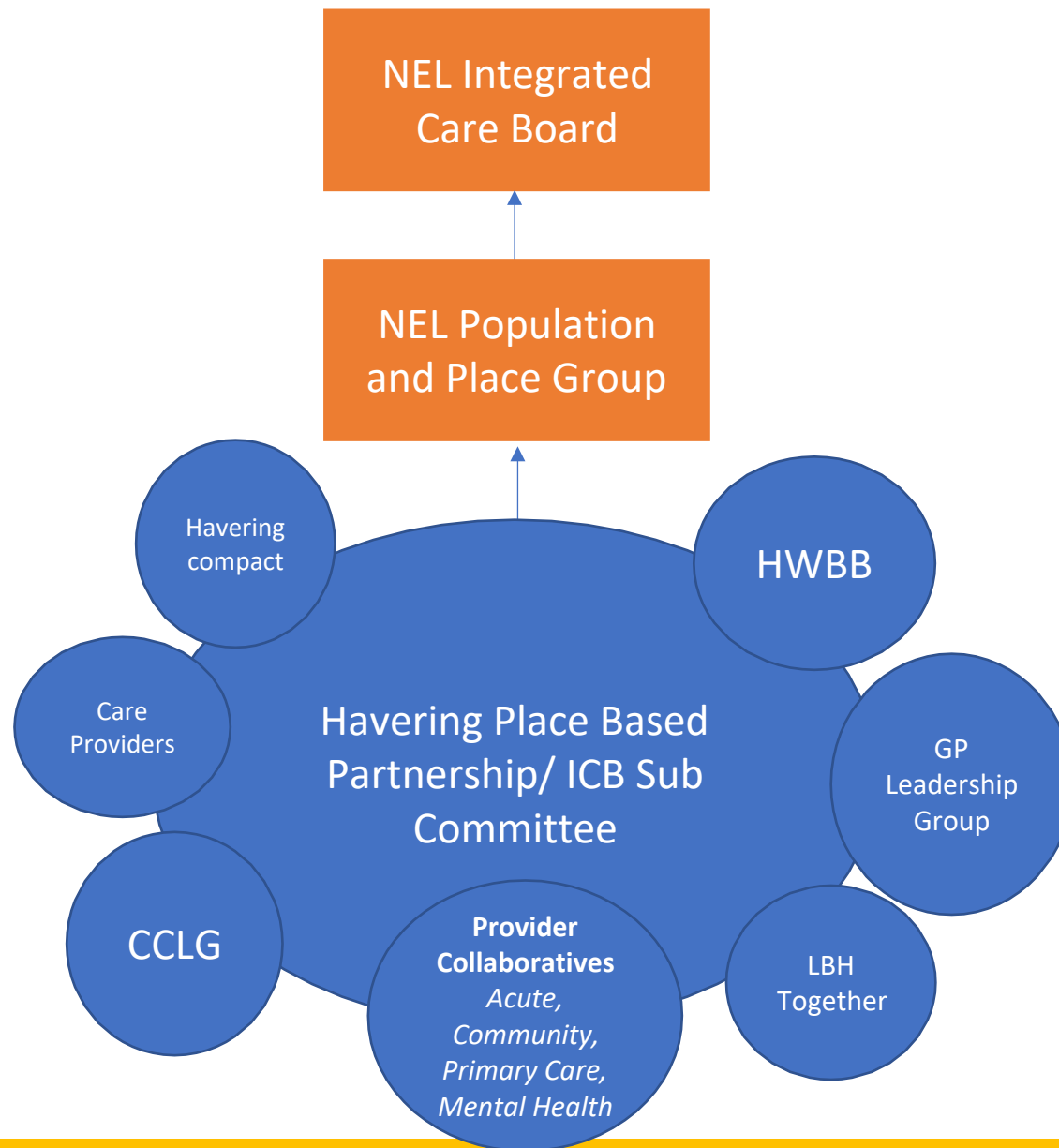
**Winter keeping people at home**  
 Joined up community led approach to admission avoidance



**Cost of Living**  
 Local partners working together around fuel poverty and cost of living

**Clinical and care leadership**  
 Engaging with wider clinical and care Workforce

# PROPOSED governance arrangements post July 2022 PHASE 1



Partnership Workstreams – Health Inequalities – LAC – Prevention – (more added one partnership develops) Elements of BHR work to be place based – Enabling Finance, Digital, Contracts

# Havering PbP Matrix Team – Core Leads

Area	Lead	Role title
<b>Place Lead</b>	Andrew Blake-Herbert	Chief Executive, LBH
<b>Place Director</b>	Luke Burton	Director of Place based Partnership development
<b>Place Clinical Care Lead</b>	Dr Kullar	Clinical Care Director
<b>Lead Member for Health</b>	Cllr Gillian Ford	Lead member for Health, Havering Council
<b>Communications</b>	Jackie McMillan	BHR Head of Comms and Engagement
<b>Engagement</b>	Annie Robertson	Senior Engagement and Community Communications Manager (BHR)
<b>PMO</b>	Matt Henry	Programme Manager / PMO
	Shibbir Ahmed	Project Support
	Jenny King	Project Support
	VACANT	Senior Commissioning Manager (LBH)
	Sandy Foskett	Commissioning Manager (LBH)
	Emily Plane	Head of Strategy and System Development – BHR
	Judith Smy	Business Manager
<b>Quality Leads</b>	Sandra Moore	Head of Quality
	Rosie Eadon	Havering Quality Lead
<b>CVS lead</b>	Paul Rose	Chair of Havering Compact
<b>Finance</b>	Julia Summers	Head of CCG finance
<b>Estates</b>	Carolyn BotField / Dean Musk	Director of Estates / Head of Estates and Capital Programmes
<b>Analytics (BI)</b>	tbc	
<b>Digital</b>	tbc	