Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Havering Placed based partnership development update
Board Lead:	Luke Burton, Director of Place based Partnership Development, Havering
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The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

☒ The wider determinants of health

- Increase employment of people with health problems or disabilities
- Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do.
- Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.

☒ Lifestyles and behaviours

- The prevention of obesity
- Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups
- Strengthen early years providers, schools and colleges as health improving settings

☒ The communities and places we live in

- Realising the benefits of regeneration for the health of local residents and the health and social care services available to them
- Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.

☒ Local health and social care services

- Development of integrated health, housing and social care services at locality level.

☒ BHR Integrated Care Partnership Board Transformation Board

- Older people and frailty and end of life
- Long term conditions
- Children and young people
- Mental health
- Planned Care
- Cancer
- Primary Care
- Accident and Emergency Delivery Board
- Transforming Care Programme Board

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SUMMARY

Health, care and community and voluntary sector partners across Havering have come together to work in a more integrated way to deliver improved outcomes for local people, through the Havering Place based Partnership. The key focus of which is to:

- Understand and work with communities more closely
- Join up and coordinate services around the needs of local people
- Address social and economic factors that influence health and wellbeing
- Support improved quality and sustainability of local services

This Place-based Partnership approach builds on our strong history of collaboration and integration between organisations in Havering. The Havering Place based Partnership (PbP) is one of seven within the North East London Integrated Care System and reflects the ambition of our Integrated Care System to put decision making and resource closer to front line staff and local people, based on local needs.

The North East London Integrated Care System was formally established in July 2022, and since this date the Havering Place based Partnership has made significant progress to build strong local relationships, further integration, and respond to challenges such as the Wennington Fire and the cost of living crisis as a collective, to support local people.

This report provides Health and Wellbeing Board members with an update on the progress of the Partnership development in Havering, and how this is making progress to further integration.

RECOMMENDATIONS

Havering Health and Wellbeing Board members are asked to:

- **note** the progress to date of the partnership development in Havering
- **discuss and comment** on the key priorities and progress, and our future plans to further support integration and closer working between health, care and the community and voluntary sector, with the ultimate goal of making care more seamless, improving outcomes for local people, and ensuring that they receive the right support at the right time with a greater emphasis on building resilience and embedding prevention.

REPORT DETAIL

Since the establishment of Integrated Care Boards in July 2022, with a much greater focus on place, the Havering Place based Partnership has made significant progress to build on our history of local collaboration, and utilise the limited resources available to us to progress priorities and projects to further integration and improve outcomes for local people.

A strong brand for Havering is emerging, based on our vision of ensuring that support and resources are directed to the right places within the system, and building on our local ethos of partnership working based on openness and honesty. **Appendix 1** summarises the Havering vision and initial priorities that we're focusing on at place.

The partnership is developing within the context of a system that has constrained finances and resources; both the Local Authority and Health Teams are concurrently undertaking restructures that will see running and management costs reduced over the next two years, in line with the resources available to us. Despite this, partners are being innovative in their approach and are seeking to further integrate our work, and make best use of our resources by looking to establish a joint health and care team at place. We are currently seeking legal and Human Resources advice and will undergo engagement with staff to shape this proposal.

Clinical and Care Leadership Team

Whilst we await the formation of the core team of staff at place level, the Partnership has been given a budget to recruit sessional Clinical and Care Leads to drive forward our workstreams and projects. The Partnership has successfully recruited Clinical and Care leads from a range of backgrounds including; General Practitioners, Nurses, Speech and Language Therapists, Care home Providers, Domiciliary Care providers, those with a pharmacy background, and leads from the community and voluntary sector. We believe this fantastic team reflects our ethos of delivering truly integrated, joined up care, and also reflects the strength of our partnership working that so many high calibre candidates applied from such a varied range of backgrounds and disciplines. **Appendix 2** provides information on the current leads in post, and we will shortly be going out to recruit to the final vacant sessions that we have. These vacancies will be promoted widely across Havering.

Our workstreams

The Havering partnership have started to set out the foundation of our key workstreams, and are progressing our health inequalities projects as part of this. We will eventually shape our projects and programmes, supported by aligned teams, around a life course approach that will include:

- Start well
- Live well
- Age well
- Building resilience
- Enablers and Infrastructure

As a partnership we are looking to create and embed a population health approach to improving services and achieving better outcomes for local people, facilitated by innovative IT solutions.

Each of the workstreams that we are establishing is taking a complete partnership approach, with a focus on integrating services and service delivery to make best use of the resources that we have, and ensure that care delivery and access to care feels more joined up for local people.

Some progress on the initial key projects includes:

- **Establishment of Stop Smoking service**: Through our integrated working, Havering has been able to fund a Stop Smoking service for the

first time in 8 years. This service aims to support 368 people to quit smoking per annum. Partners are also looking to develop targeted smoking cessation support for those with a Learning Disability or mental health challenges.

- **Weight Management Service Pilot**: The prevalence of obesity is not evenly distributed across the borough, children from areas of highest deprivation are twice as likely to be obese than those from the lowest areas of deprivation, and obesity in children is also a significant challenge in Havering, as set out in our joint obesity strategy. This project is aimed at supporting healthier behaviours in the families the programme works with, and subsequently to see a reduced number and proportion of children that are of an unhealthy weight by year 6.
- **Development of a Multidisciplinary Team approach at a Primary Care Network Level**: This project aims to help local health, care and community and voluntary sector teams work in a more integrated way, around the needs of local people. The project is initially focussing on improvement of coordination of care for those with multiple and complex conditions.
- **Support for Housebound residents**: This project adopts a genuinely integrated approach to supporting those who are housebound, bringing together health, community and voluntary sector, and care partners to improve care and service delivery and support for those who are housebound. The project is extending beyond the traditional health and care partners to include housing officers and domiciliary care providers, as well as liaising with those who are housebound and their carers to improve their experiences and outcomes.
- **Support for those who are homeless and Mental Health outreach for those who are homeless/asylum seekers**: Through engagement with those who are homeless and asylum seekers, we have identified a number of challenges that they face which impact on their mental and physical wellbeing. A joint team of health, care and community and voluntary sector partners are working to address this, with investment in mental health outreach workers specifically for this group of people to support them. Wider work is underway to link this group with volunteering opportunities, and community and voluntary sector organisations that can support them to achieve the outcomes and life that they want.
- **Support for informal/unpaid carers**: Partners are developing an strategy for carers for the whole of Havering that will be owned by all, and is being co-developed with local people. Through our engagement on this, local arers have identified that information and advice is something that they would benefit from, and training is therefore being developed, which will be rolled out in the next few months, to carers to better equip them with the challenges that they face on a day to day basis. Through the wide engagement for this training (which will have provision for parent carers, child carers, and those who are caring for an adult with specialist needs),

we hope to reach a wider group of people than we have previously, and increase the number of people registered as carers, and therefore increase their access to the support to which they are entitled.

- **Self service Health Check offer:** established at three hubs across North, Central and South Havering. This aims to help case find 200 additional individuals with hypertension who might otherwise have not been diagnosed/identified. It supports the health inequalities agenda as point of care testing equipment being made available in most deprived parts of the borough at locations that are easily accessible to residents. This scheme has been led by Public Health Colleagues, working with Primary Care partners across the Borough.
- **Learning Disability Strategy**: Havering has not had a Learning Disability strategy for a number of years, and partners are working to not only address this, but ensure that the strategy is developed by local people with learning disabilities, and those who care for them. We intend to work closely with local groups and people to develop and shape a strategy that will work for them, with an action plan that will be owned and delivered by a joint Havering LD and Autism workstream.
- **Community Chest Funding**: : Fifteen community groups are currently receiving more than £80,000 in funding to help Havering residents with their health and wellbeing. The Community Chest gave small-to-medium-sized charities, voluntary, faith groups and social enterprises the chance to bid for up to £10,000 funding from money provided by the Havering Place-based Partnership, in collaboration with the NHS. The applications for funding were reviewed by an integrated panel of health, local authority and Healthwatch partners, will benefit a range of organisations whose proposals focused on tackling the cost of living and supporting people with learning difficulties and disabilities, long-term conditions and mental health.
- **St Georges development**: An integrated team of health, care and community and voluntary sector partners have come together to develop the proposals for the integrated wellbeing hub that is being built on the St Georges site in Hornchurch. This will include not only Primary Care provision, alongside community services delivered by NELFT, but will encompass an integrated way of working that will see all of the services housed at the site working as an integrated team, focussed on meeting the needs of the local population. Community and voluntary sector groups will have real ownership of the space, and will be able to deliver a range of wider wellbeing services to local people to truly tackle the underlying wider determinants of health.
- **Cost of Living support**: Health and Care partners have come together to jointly fund and deliver support to those who need it most relating to the impact of the cost of living increases across the borough. This has included working closely with the community and voluntary sector to establish a number of ‘warm hubs’ across the borough from which a number of wider

wellbeing activities are delivered. Our acute partners are also testing outreach into these hubs to deliver paediatric support and advice to families and children within the hubs. Partners have also innovatively used data to target those with life saving equipment at home, to enable them to apply for one off funding to help to pay for this.

- **Havering Integrated Care Coordination and Social Prescribing Network**: This multi partner group is chaired by Cllr Ford, our lead member for Health, and brings together the various roles that are aimed at supporting local people to access wider health and wellbeing services across the borough. We have a wide range of Community, Voluntary, Health and Care partners engaged in the group, sharing the work that is underway, and seeking to develop a common approach to the promotion and utilisation of these roles to ensure that as many local people as possible can benefit from them. This group will eventually oversee the development and roll out of the Joy app, including the 'marketplace' element of this, to ensure that local people, staff, and all of the roles aimed at connecting local people to support, are able to easily access a single version of the support services available.
- **Havering Core Connector Programme**: Havering is the pilot site in North East London For the 'Core Connector Programme' – a pilot aimed at supporting the most deprived populations within the borough to access health and care information. Initial feedback from the national team overseeing the pilots, is that the Havering service that is emerging, which has been overseen by an integrated team of health, care and community and voluntary sector partners, is significantly ahead of the other pilots in the country.
- **Infrastructure Planning and Population Growth**: The Place Based Partnership in Havering is working with colleagues from North East London and across Havering to develop a single public sector estate and infrastructure plan for Havering. This is in response to the predicted and current population changes in Havering as well as ensuring partners have a common vison for integrated health and care provision. A Local Infrastructure Group has been set up and is developing a joint plan for infrastructure and new models of care across Havering and North East London.

Coproduction and engagement

The Havering Place based Partnership sub-committee are working to embed an approach that will ensure that all of our work programmes and projects are shaped by the experiences, needs and suggestions of local people. This includes:

- For each one of our workstreams, we are embedding engagement with local people and service users as a first step – capturing and understanding their experiences, and then using these to shape our priorities and programmes of work. We believe that the experiences of local people are

the most powerful tool that we have to set out the case for change where this is needed, and will continue to embed this approach in all of our work going forward.

- A review of the way in which our Patient Engagement Forums operate, with a view to ensuring that these are supported by effective Patient Engagement Forums at a PCN level who are able to listen, and respond to feedback from local people on the things that need to improve within each network.
- Capturing qualitative feedback from local people on the impact of the changes that we are putting in place and using this to drive further service improvement.
- We have also launched a series of 'show case events' which are promoted widely across staff working in health, care and the Community and Voluntary sector in Havering, inviting them to come and hear more about the projects we're developing in more detail, and providing them with the opportunity to shape these projects, and get involved.
- Alongside this, as much as our limited resource will allow, we have been visiting and engaging with Community and Voluntary sector groups across the Borough, hearing out the fantastic work that they're doing, and understanding how we can better integrate the way that we work. Through this we were able to promote the Community Chest fund widely, and received a significant amount of high quality bids for this funding.

The Partnership has progressed significantly since its inception less than a year ago, primarily because of the fantastic relationships that already exist within Havering, and the culture of coming together to do what is in the best interests of local people. The Partnership will continue to foster and develop this culture, and we anticipate that we will be able to achieve significantly more when the restructures of the council and NHS teams are complete and we have a more comprehensive team at Place.

IMPLICATIONS AND RISKS

Our most immediate risks relate to funding and capacity:

- Our Local Authority partners have articulated clearly their financial deficit that they are working to address. As a partnership, there is a risk to our ability to deliver projects and programmes of work without access to funding to support this. We will also require finance and contacting support to enable the necessary joint commissioning arrangements to take place to make the best use of the resources that we have, and create joined up, seamless services for local people.
- The sub-committee, and Place team do not have the capacity to deliver our full ambition around our key workstreams, although we have made significant progress to get our workstreams mapped and the foundations of the work programmes in place. We are currently not able to progress some key projects that will be instrumental in improving the experiences of staff and local people, such as the full development and roll out of the Joy App to deliver a single database of services in Havering that all are able to access. We anticipate however than once the restructures of the NHS and Local

Authority are complete, we will have the necessary resource at place to take forward our identified priorities.
BACKGROUND PAPERS
Appendix 1 Havering Place based Partnership vision and initial priorities at place **Appendix 2**: introduction to the Havering Clinical and Care Leadership Team